

# Essentials NPF 4-Tier (N4) Formulary Drug List Effective 01-01-2026

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## How to use this list:

Your drugs will fall into 5 tiers: ACA Preventive (0), Generic (1), Preferred Brand (2), Non-Preferred Brand (3), and Specialty (4).

Please see the chart on page 3 for information.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

## What is the list of covered drugs (Formulary Drug list)?

This document contains a list of generic, brand, and specialty drugs covered under your plan.

## How is the list of covered drugs developed?

The formulary drug list is developed with an independent committee of physicians, pharmacists, and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

## How do I use the Formulary Drug list?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, 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.

## How does the Formulary Drug List help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

## Will the Formulary Drug List change?

The formulary drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the “Drug List Changes” page.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include

- **Age Limits:** Some drugs have age limits due to Food and Drug Administration (FDA) approved indications. For example, Drug A is limited to ages 2 through 5 years of age.
- **Prior Authorization:** Some drugs require prior approval before they are covered.
- **Quantity Limits:** For some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** For some drugs we require that you 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

## Essentials NPF 4-Tier (N4) Formulary Drug list

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., metformin oral tablet).

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

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

## Essentials NPF (N4) Formulary Drug list

| Drug Tier               | Includes                                                                                                                                                                                                                                                                                                             |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACA Preventive (0)      | Tier 0 are drugs provided at no cost sharing to you under the Affordable Care Act (ACA) requirements that do not have age limits. ACA drugs with age limits will be listed with a tier (other than zero) and "ACA PV" in the Requirements/Limits column.                                                             |
| Generic (1)             | Tier 1 is the lowest tier and includes preferred generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive.                                                                                                                                         |
| Preferred Brand (2)     | Tier 2 includes preferred brand drugs. Considered "preferred" when there is no generic, and/or because of their value and effectiveness.                                                                                                                                                                             |
| Non-Preferred Brand (3) | Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives in tiers 1 and 2.                                                                                                                                                                                               |
| Specialty (4)           | <p>Tier 4 includes specialty drugs. In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support.</p> <p>Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.</p> |

### COVERAGE AND ABBREVIATIONS

| ABBREVIATION                               | DESCRIPTION                     | EXPLANATION                                                                                                                                                                      |
|--------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>UTILIZATION MANAGEMENT RESTRICTIONS</b> |                                 |                                                                                                                                                                                  |
| AGE                                        | Age Limit Restriction           | We limit the use of a drug to certain ages. The prescription is covered if your age is within the specific age range.                                                            |
| PA                                         | Prior Authorization Restriction | You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.     |
| QL                                         | Quantity Limit Restriction      | We limit the amount of this drug that is covered per prescription, or within a specific time frame.                                                                              |
| ST                                         | Step Therapy Restriction        | Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you. |

## OTHER SPECIAL REQUIREMENTS FOR COVERAGE

|        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACA PV | Affordable Care Act (ACA) Preventive Medication | <p>The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B."</p> <p><i>The coverage in full for some drugs is limited to the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.</i></li> <li>• <i>Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.</i></li> <li>• <i>Fluoride: Covered in full for persons 6 months old through 16 years old</i></li> <li>• <i>Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.</i></li> <li>• <i>Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.</i></li> </ul> <p><i>Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.</i></p> |
| EX     | Excluded Drug                                   | <p>This drug is excluded from the Essentials formulary. You will be responsible for the full cost of the drug at the pharmacy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| LA     | Limited Access Drug                             | <p>Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|     |                    |                                                                                                                                                                                                                                                                       |
|-----|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OCh | Oral Chemo         | Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.                                                                                                                    |
| SP  | Specialty Pharmacy | In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details. |

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 am to 8 pm Pacific time.

| Drug Name                                                                | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------------|-----------|-----------------------------|
| <b>ANTI - INFECTIVES</b>                                                 |           |                             |
| <b>ANTIFUNGAL AGENTS</b>                                                 |           |                             |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG                                      | 3         | PA                          |
| BREXAFEMME ORAL TABLET 150 MG                                            | 3         | ST; QL (4 Tablet Per fill)  |
| <i>clotrimazole mucous membrane troche 10 mg</i>                         | 1         |                             |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                    | 2         | PA                          |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                     | 3         |                             |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | 1         |                             |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>                     | 1         |                             |
| <i>fluconazole oral tablet 150 mg</i>                                    | 1         | QL (2 Unit Per fill)        |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                           | 1         | PA                          |
| <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>                                  | 1         | QL (30 Capsule Per fill)    |
| <i>itraconazole oral solution 10 mg/ml</i>                               | 1         | QL (300 Mililiter per fill) |
| <i>ketoconazole oral tablet 200 mg</i>                                   | 1         |                             |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG                      | 2         | PA                          |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)                           | 3         | PA                          |
| <i>nystatin oral suspension 100,000 unit/ml</i>                          | 1         |                             |
| <i>nystatin oral tablet 500,000 unit</i>                                 | 1         |                             |
| ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG                                 | 3         |                             |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>               | 1         | PA                          |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>          | 1         | PA                          |
| SPORANOX ORAL CAPSULE 100 MG                                             | 3         | QL (30 Capsule Per fill)    |
| <i>terbinafine hcl oral tablet 250 mg</i>                                | 1         |                             |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG                             | EX        |                             |

| Drug Name                                                                     | Drug Tier | Requirements / Limits            |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)               | 3         | PA                               |
| VIVJOA ORAL CAPSULE 150 MG                                                    | 4         | PA; QL (18 Capsule Per fill); SP |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 1         | PA                               |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                                 | 1         | PA                               |
| <b>ANTIVIRALS</b>                                                             |           |                                  |
| <i>abacavir oral solution 20 mg/ml</i>                                        | 1         |                                  |
| <i>abacavir oral tablet 300 mg</i>                                            | 1         |                                  |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i>                             | 1         |                                  |
| <i>acyclovir oral capsule 200 mg</i>                                          | 1         |                                  |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                  | 1         |                                  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                   | 1         |                                  |
| <i>adefovir oral tablet 10 mg</i>                                             | 1         |                                  |
| <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         |                                  |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)   | 0         | PA; SP; ACA                      |
| APTIVUS ORAL CAPSULE 250 MG                                                   | 2         |                                  |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>                         | 1         |                                  |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                            | 2         |                                  |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG                                            | EX        |                                  |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                       | 2         | VAC; ACA                         |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                               | 2         |                                  |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML  | 4         | PA; SP; QL (1 per 23 days)       |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML  | 4         | PA; SP; QL (1 per 45 days)       |
| CIMDUO ORAL TABLET 300-300 MG                                                 | 2         |                                  |
| COMPLERA ORAL TABLET 200-25-300 MG                                            | EX        |                                  |
| <i>darunavir oral tablet 600 mg, 800 mg</i>                                   | 1         |                                  |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                          | EX        |                                  |

| Drug Name                                                                                                 | Drug Tier | Requirements / Limits    |
|-----------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| DESCOVY ORAL TABLET 120-15 MG                                                                             | 2         |                          |
| DESCOVY ORAL TABLET 200-25 MG                                                                             | 0         | ACA                      |
| DOVATO ORAL TABLET 50-300 MG                                                                              | 2         |                          |
| EDURANT ORAL TABLET 25 MG                                                                                 | 2         |                          |
| EDURANT PED ORAL TABLET FOR<br>SUSPENSION 2.5 MG                                                          | 2         |                          |
| <i>efavirenz oral tablet 600 mg</i>                                                                       | 1         |                          |
| <i>efavirenz-emtricitabin-tenofovir oral tablet 600-<br/>200-300 mg</i>                                   | 1         |                          |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-<br/>300-300 mg, 600-300-300 mg</i> | 1         |                          |
| <i>emtricitabine oral capsule 200 mg</i>                                                                  | 1         |                          |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150<br/>mg, 133-200 mg, 167-250 mg</i>                   | 1         |                          |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300<br/>mg</i>                                           | 0         | ACA                      |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate oral tablet 200-25-<br/>300 mg</i>             | 2         |                          |
| EMTRIVA ORAL CAPSULE 200 MG                                                                               | 3         |                          |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                                            | 2         |                          |
| ENFLONIA INTRAMUSCULAR SYRINGE<br>105 MG/0.7 ML                                                           | 4         | SP; VAC; ACA             |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                                 | 1         |                          |
| EPCLUSA ORAL PELLETS IN PACKET 150-<br>37.5 MG, 200-50 MG                                                 | 4         | SP; QL (84 per 365 days) |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100<br>MG                                                              | 4         | SP; QL (84 per 365 days) |
| EPIVIR ORAL SOLUTION 10 MG/ML                                                                             | 3         |                          |
| EPIVIR ORAL TABLET 150 MG, 300 MG                                                                         | 3         |                          |
| <i>etravirine oral tablet 100 mg, 200 mg</i>                                                              | 1         |                          |
| EVOTAZ ORAL TABLET 300-150 MG                                                                             | 3         |                          |
| <i>famciclovir oral tablet 125 mg, 500 mg</i>                                                             | 1         | QL (21 Unit Per fill)    |
| <i>famciclovir oral tablet 250 mg</i>                                                                     | 1         | QL (60 Tablet Per fill)  |
| FLUMADINE ORAL TABLET 100 MG                                                                              | 3         |                          |
| <i>fosamprenavir oral tablet 700 mg</i>                                                                   | 1         |                          |
| GENVOYA ORAL TABLET 150-150-200-10<br>MG                                                                  | 2         |                          |

| Drug Name                                                           | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------|-----------|------------------------------|
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG              | 4         | SP; QL (56 per 365 days)     |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG                            | 4         | SP; QL (56 per 365 days)     |
| INTELENCE ORAL TABLET 100 MG, 200 MG                                | 3         |                              |
| INTELENCE ORAL TABLET 25 MG                                         | 2         |                              |
| ISENTRESS HD ORAL TABLET 600 MG                                     | 2         |                              |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                              | 2         |                              |
| ISENTRESS ORAL TABLET 400 MG                                        | 2         |                              |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG                       | 2         |                              |
| JULUCA ORAL TABLET 50-25 MG                                         | 2         |                              |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML                               | 3         |                              |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG                            | 3         |                              |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                  | 2         | QL (40 per 180 days)         |
| <i>lamivudine oral solution 10 mg/ml</i>                            | 1         |                              |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>                | 1         |                              |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                 | 1         |                              |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG                         | EX        |                              |
| LIVTENCITY ORAL TABLET 200 MG                                       | 4         | PA; SP; QL (112 per 21 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>         | 1         |                              |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>                         | 1         |                              |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG                             | EX        |                              |
| MAVYRET ORAL TABLET 100-40 MG                                       | EX        |                              |
| <i>nevirapine oral suspension 50 mg/5 ml</i>                        | 1         |                              |
| <i>nevirapine oral tablet 200 mg</i>                                | 1         |                              |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 1         |                              |
| NORVIR ORAL POWDER IN PACKET 100 MG                                 | 2         |                              |
| NORVIR ORAL TABLET 100 MG                                           | 3         |                              |
| ODEFSEY ORAL TABLET 200-25-25 MG                                    | 2         |                              |
| <i>oseltamivir oral capsule 30 mg</i>                               | 1         | QL (40 per 365 days)         |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| <i>oseltamivir oral capsule 45 mg, 75 mg</i>                    | 1         | QL (20 per 365 days)  |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>   | 1         | QL (360 per 365 days) |
| PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10)       | 2         | QL (20 per 180 days)  |
| PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (6)- 100 MG (5)         | 2         |                       |
| PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG     | 2         | QL (30 per 180 days)  |
| PIFELTRO ORAL TABLET 100 MG                                     | EX        |                       |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG                   | 2         |                       |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                             | 2         | QL (112 per 365 days) |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG                 | EX        |                       |
| PREZISTA ORAL SUSPENSION 100 MG/ML                              | 2         |                       |
| PREZISTA ORAL TABLET 150 MG, 75 MG                              | 2         |                       |
| PREZISTA ORAL TABLET 600 MG, 800 MG                             | 3         |                       |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3         | QL (40 per 365 days)  |
| RETROVIR ORAL CAPSULE 100 MG                                    | 3         |                       |
| RETROVIR ORAL SYRUP 10 MG/ML                                    | 3         |                       |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG                             | 3         |                       |
| REYATAZ ORAL POWDER IN PACKET 50 MG                             | 2         |                       |
| <i>ribavirin inhalation recon soln 6 gram</i>                   | 1         | PA                    |
| <i>ribavirin oral capsule 200 mg</i>                            | 4         | PA; SP                |
| <i>ribavirin oral tablet 200 mg</i>                             | 4         | PA; SP                |
| <i>rimantadine oral tablet 100 mg</i>                           | 1         |                       |
| <i>ritonavir oral tablet 100 mg</i>                             | 1         |                       |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG               | EX        |                       |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                | 2         |                       |
| SELZENTRY ORAL TABLET 150 MG, 300 MG                            | 3         |                       |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG                   | EX        |                       |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG                   | EX        |                       |

| Drug Name                                                          | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------|-----------|-------------------------|
| SOVALDI ORAL TABLET 200 MG, 400 MG                                 | EX        |                         |
| STRIBILD ORAL TABLET 150-150-200-300 MG                            | EX        |                         |
| SUNLENCA ORAL TABLET 300 MG                                        | 4         | PA; SP                  |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                           | 4         | PA; SP                  |
| SYMFI ORAL TABLET 600-300-300 MG                                   | 2         |                         |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                              | 2         |                         |
| TAMIFLU ORAL CAPSULE 30 MG                                         | 3         | QL (40 per 365 days)    |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG                                  | 3         | QL (20 per 365 days)    |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML                 | 3         | QL (360 per 365 days)   |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                   | 3         |                         |
| TEMBEXA ORAL TABLET 100 MG                                         | 3         |                         |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>            | 1         |                         |
| TIVICAY ORAL TABLET 50 MG                                          | 2         |                         |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                         | 2         |                         |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                  | 2         |                         |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                   | 2         |                         |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | EX        |                         |
| TYBOST ORAL TABLET 150 MG                                          | 3         |                         |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i>                     | 1         | QL (30 Tablet Per fill) |
| VALCYTE ORAL RECON SOLN 50 MG/ML                                   | 3         |                         |
| VALCYTE ORAL TABLET 450 MG                                         | 3         |                         |
| <i>valganciclovir oral recon soln 50 mg/ml</i>                     | 1         |                         |
| <i>valganciclovir oral tablet 450 mg</i>                           | 1         |                         |
| VALTREX ORAL TABLET 1 GRAM, 500 MG                                 | EX        |                         |
| VEMLIDY ORAL TABLET 25 MG                                          | 2         |                         |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                | 2         |                         |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                        | 2         |                         |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                          | 2         |                         |
| VIREAD ORAL TABLET 300 MG                                          | 3         |                         |

| Drug Name                                                                                   | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------------------------------|-----------|--------------------------|
| VOSEVI ORAL TABLET 400-100-100 MG                                                           | 4         | SP; QL (84 per 365 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                            | 3         | QL (2 per 365 days)      |
| YEZTUGO ORAL TABLET 300 MG                                                                  | 0         | SP; ACA                  |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML                                                     | 0         | SP; ACA                  |
| ZEPATIER ORAL TABLET 50-100 MG                                                              | 4         | SP; QL (84 per 365 days) |
| ZIAGEN ORAL SOLUTION 20 MG/ML                                                               | 3         |                          |
| <i>zidovudine oral capsule 100 mg</i>                                                       | 1         |                          |
| <i>zidovudine oral syrup 10 mg/ml</i>                                                       | 1         |                          |
| <i>zidovudine oral tablet 300 mg</i>                                                        | 1         |                          |
| <b>CEPHALOSPORINS</b>                                                                       |           |                          |
| <i>ceftazidime oral capsule 250 mg, 500 mg</i>                                              | 1         |                          |
| <i>ceftazidime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1         |                          |
| <i>ceftazidime oral tablet extended release 12 hr 500 mg</i>                                | 1         |                          |
| <i>cefadroxil oral capsule 500 mg</i>                                                       | 1         |                          |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>               | 1         |                          |
| <i>cefadroxil oral tablet 1 gram</i>                                                        | 1         |                          |
| <i>cefazolin injection recon soln 1 gram, 3 gram</i>                                        | 1         | PA                       |
| <i>cefepime oral capsule 300 mg</i>                                                         | 1         |                          |
| <i>cefepime oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</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>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>ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg</i>                              | 1         | PA                       |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                         | 1         |                          |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                       | 1         |                          |

| Drug Name                                                                                      | Drug Tier | Requirements / Limits     |
|------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                  | 1         |                           |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                   | 1         |                           |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                                                    |           |                           |
| <i>azithromycin oral packet 1 gram</i>                                                         | 1         |                           |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>                | 1         |                           |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                                         | 1         |                           |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | 1         |                           |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                               | 1         |                           |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                | 1         |                           |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                            | 3         | QL (1 Unit Per fill)      |
| DIFICID ORAL TABLET 200 MG                                                                     | 3         | QL (20 Tablet Per fill)   |
| <i>e.e.s. oral tablet 400 mg</i>                                                               | 1         |                           |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML                                 | 3         |                           |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML                                      | 3         |                           |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML                                      | 3         |                           |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>                             | 1         |                           |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                                            | 3         |                           |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                                             | 1         |                           |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | 1         |                           |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                          | 1         |                           |
| <i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>                               | 1         |                           |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                                 | 1         |                           |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>                | 1         |                           |
| <i>fidaxomicin oral tablet 200 mg</i>                                                          | 2         | QL ( 20 tablets per fill) |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML                                       | 3         |                           |

| Drug Name                                                       | Drug Tier | Requirements / Limits             |
|-----------------------------------------------------------------|-----------|-----------------------------------|
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                            | 3         |                                   |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG                            | 3         |                                   |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG                              | 3         |                                   |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                             |           |                                   |
| <i>albendazole oral tablet 200 mg</i>                           | 1         | QL (120 per 23 days)              |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML           | 2         | QL (180 per 23 days)              |
| ALINIA ORAL TABLET 500 MG                                       | EX        |                                   |
| <i>amikacin injection solution 500 mg/2 ml</i>                  | 1         | PA                                |
| ARAKODA ORAL TABLET 100 MG                                      | 3         | QL (32 per 180 days)              |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML   | 4         | PA; SP; LA                        |
| <i>atovaquone oral suspension 750 mg/5 ml</i>                   | 1         |                                   |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i>              | 1         | QL (60 per 180 days)              |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i>              | 1         | QL (180 per 180 days)             |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG                        | 2         | QL (720 per 365 days)             |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML        | 4         | QL (224 Milliliter Per fill); SP  |
| BILTRICIDE ORAL TABLET 600 MG                                   | 3         |                                   |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML           | 4         | PA; QL (84 Unit Per fill); SP; LA |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>         | 1         |                                   |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG                  | 3         |                                   |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML                    | 3         |                                   |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>       | 1         |                                   |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>         | 1         |                                   |
| COARTEM ORAL TABLET 20-120 MG                                   | 2         | QL (24 per 23 days)               |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> | 1         | PA                                |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG             | 3         | PA                                |
| <i>cycloserine oral capsule 250 mg</i>                          | 1         |                                   |

| Drug Name                                                            | Drug Tier | Requirements / Limits            |
|----------------------------------------------------------------------|-----------|----------------------------------|
| <i>dapsone oral tablet 100 mg, 25 mg</i>                             | 1         |                                  |
| DARAPRIM ORAL TABLET 25 MG                                           | 4         | PA; SP                           |
| EMVERM ORAL TABLET, CHEWABLE 100 MG                                  | 2         | QL (6 per 23 days)               |
| <i>ethambutol oral tablet 100 mg, 400 mg</i>                         | 1         |                                  |
| <i>gentamicin injection solution 40 mg/ml</i>                        | 1         | PA                               |
| HUMATIN ORAL CAPSULE 250 MG                                          | 4         | SP                               |
| <i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | 1         |                                  |
| IMPAVIDO ORAL CAPSULE 50 MG                                          | 2         | PA; QL (84 per 23 days)          |
| <i>isoniazid oral solution 50 mg/5 ml</i>                            | 1         |                                  |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                          | 1         |                                  |
| <i>ivermectin oral tablet 3 mg</i>                                   | 1         | PA; QL (14 per 23 days)          |
| <i>ivermectin oral tablet 6 mg</i>                                   | 1         | PA; QL (8 per 23 days)           |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML         | 4         | QL (280 Milliliter Per fill); SP |
| KRINTAFEL ORAL TABLET 150 MG                                         | 3         | QL (2 per 23 days)               |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                     | EX        |                                  |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML                                   | EX        |                                  |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>      | 1         |                                  |
| <i>linezolid oral tablet 600 mg</i>                                  | 1         |                                  |
| MALARONE ORAL TABLET 250-100 MG                                      | 3         | QL (60 per 180 days)             |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG                            | 3         | QL (180 per 180 days)            |
| <i>mefloquine oral tablet 250 mg</i>                                 | 1         | QL (13 per 180 days)             |
| MEPRON ORAL SUSPENSION 750 MG/5 ML                                   | 3         |                                  |
| <i>metronidazole oral capsule 375 mg</i>                             | 1         |                                  |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                      | 1         |                                  |
| NEBUPENT INHALATION RECON SOLN 300 MG                                | 3         | QL (1 per 21 days)               |
| <i>neomycin oral tablet 500 mg</i>                                   | 1         |                                  |
| <i>nitazoxanide oral tablet 500 mg</i>                               | 1         | QL (12 per 23 days)              |
| <i>pentamidine inhalation recon soln 300 mg</i>                      | 1         | QL (1 per 21 days)               |
| PLAQUENIL ORAL TABLET 200 MG                                         | EX        |                                  |
| <i>praziquantel oral tablet 600 mg</i>                               | 1         |                                  |
| PRETOMANID ORAL TABLET 200 MG                                        | 3         | PA                               |

| Drug Name                                                                                                | Drug Tier | Requirements / Limits            |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PRIFTIN ORAL TABLET 150 MG                                                                               | 2         |                                  |
| <i>primaquine oral tablet 26.3 mg (15 mg base)</i>                                                       | 1         | QL (120 per 180 days)            |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                   | 1         |                                  |
| <i>pyrimethamine oral tablet 25 mg</i>                                                                   | 1         | PA                               |
| <i>quinine sulfate oral capsule 324 mg</i>                                                               | 1         | QL (42 per 23 days)              |
| <i>rifabutin oral capsule 150 mg</i>                                                                     | 1         |                                  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                              | 1         |                                  |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                                        | 2         | PA; LA                           |
| SIVEXTRO ORAL TABLET 200 MG                                                                              | EX        |                                  |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM                                                       | 2         | QL (1 Unit Per fill)             |
| SOVUNA ORAL TABLET 200 MG, 300 MG                                                                        | EX        |                                  |
| STROMECTOL ORAL TABLET 3 MG                                                                              | 3         | PA; QL (14 per 23 days)          |
| <i>tinidazole oral tablet 250 mg</i>                                                                     | 1         | QL (40 per 23 days)              |
| <i>tinidazole oral tablet 500 mg</i>                                                                     | 1         | QL (20 per 23 days)              |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML                                                    | EX        |                                  |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                                              | 4         | QL (224 Unit Per fill); SP       |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>                       | 4         | QL (280 Unit Per fill); SP       |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>                                       | 4         | QL (224 Mililiter per fill); SP  |
| <i>tobramycin sulfate injection recon soln 1.2 gram</i>                                                  | 1         | PA                               |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML                               | 4         | QL (280 Milliliter Per fill); SP |
| XENLETA ORAL TABLET 600 MG                                                                               | 3         |                                  |
| XIFAXAN ORAL TABLET 200 MG                                                                               | 2         | QL (9 Tablet Per fill)           |
| XIFAXAN ORAL TABLET 550 MG                                                                               | 2         | QL (60 Tablet Per fill)          |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                                                     | 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         |                                  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                            | 1         |                                  |

| Drug Name                                                                                                                                  | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <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, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 1         |                         |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                          | 1         |                         |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>                                                        | 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         |                         |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML                                                                       | 3         |                         |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML                                                                             | 2         |                         |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG                                                                              | 3         |                         |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)                                        | 2         | PA                      |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML                                               | 2         | PA                      |
| <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         |                         |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG                                                                                            | 3         |                         |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                                                                     | 1         |                         |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                                   | 1         |                         |
| <b>QUINOLONES</b>                                                                                                                          |           |                         |
| BAXDELA ORAL TABLET 450 MG                                                                                                                 | 2         | QL (28 Tablet Per fill) |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML                                                                         | 3         |                         |
| CIPRO ORAL TABLET 250 MG, 500 MG                                                                                                           | 3         |                         |

| Drug Name                                                                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                          | 1         |                       |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 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 oral tablet 400 mg</i>                                                               | 1         |                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                          | 1         |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>                                                                  |           |                       |
| BACTRIM DS ORAL TABLET 800-160 MG                                                                    | 3         |                       |
| BACTRIM ORAL TABLET 400-80 MG                                                                        | 3         |                       |
| <i>sulfadiazine oral tablet 500 mg</i>                                                               | 1         |                       |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>                                  | 1         |                       |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                               | 1         |                       |
| <i>sulfatrim oral suspension 200-40 mg/5 ml</i>                                                      | 1         |                       |
| <b>TETRACYCLINES</b>                                                                                 |           |                       |
| AVIDOXY DK KIT 100 MG-2 % -SPF 30                                                                    | 3         | ST                    |
| <i>avidoxy oral tablet 100 mg</i>                                                                    | 1         |                       |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                                                     | 1         |                       |
| DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG                                                 | EX        |                       |
| DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG                                             | EX        |                       |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                                | 1         |                       |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                 | 1         |                       |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                          | 1         | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 1         | ST                    |
| DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG                                       | EX        |                       |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                            | 1         |                       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                            | 1         | ST                    |

| Drug Name                                                                                                       | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>                                     | 1         | ST                      |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>                                    | 1         |                         |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                         | 1         |                         |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                                            | 1         |                         |
| MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG                                            | EX        |                         |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                                             | 1         | ST                      |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | 1         | ST                      |
| <i>mondoxyne nl oral capsule 100 mg</i>                                                                         | 1         |                         |
| <i>mondoxyne nl oral capsule 75 mg</i>                                                                          | 1         | ST                      |
| MORGIDOX 1X 50 KIT 50 MG                                                                                        | 3         | ST                      |
| MORGIDOX 1X100 KIT 100 MG                                                                                       | 3         | ST                      |
| NUZYRA ORAL TABLET 150 MG                                                                                       | 3         | QL (30 Tablet Per fill) |
| ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG                                                              | EX        |                         |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG                                                                       | 3         | ST                      |
| TARGADOX ORAL TABLET 50 MG                                                                                      | 3         | ST                      |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                                                 | 1         |                         |
| <i>tetracycline oral tablet 250 mg, 500 mg</i>                                                                  | 1         | ST                      |
| XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG                                                 | EX        |                         |
| <b>URINARY TRACT AGENTS</b>                                                                                     |           |                         |
| BLUJEPAL ORAL TABLET 750 MG                                                                                     | EX        |                         |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                                               | EX        |                         |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML                                                                           | 3         |                         |
| MACROBID ORAL CAPSULE 100 MG                                                                                    | 3         |                         |
| <i>methenamine hippurate oral tablet 1 gram</i>                                                                 | 1         |                         |
| <i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>                                                       | 1         |                         |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                                            | 1         |                         |

| Drug Name                                                       | Drug Tier | Requirements / Limits        |
|-----------------------------------------------------------------|-----------|------------------------------|
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>       | 1         |                              |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                | 1         |                              |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML                       | EX        |                              |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML                                | 3         |                              |
| <i>trimethoprim oral tablet 100 mg</i>                          | 1         |                              |
| <b>VANCOMYCIN</b>                                               |           |                              |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML                      | EX        |                              |
| VANCOCIN ORAL CAPSULE 125 MG                                    | 3         | PA; QL (40 Capsule Per fill) |
| VANCOCIN ORAL CAPSULE 250 MG                                    | 3         | PA; QL (80 Capsule Per fill) |
| <i>vancomycin oral capsule 125 mg</i>                           | 1         | PA; QL (40 Capsule Per fill) |
| <i>vancomycin oral capsule 250 mg</i>                           | 1         | PA; QL (80 Capsule Per fill) |
| <i>vancomycin oral recon soln 25 mg/ml</i>                      | 1         | QL (300 Milliliter Per fill) |
| <i>vancomycin oral recon soln 50 mg/ml</i>                      | 1         | QL (450 Milliliter Per fill) |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>             |           |                              |
| <b>ADJUNCTIVE AGENTS</b>                                        |           |                              |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 1         |                              |
| MESNEX ORAL TABLET 400 MG                                       | 3         |                              |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                       | 4         | PA; SP                       |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>             |           |                              |
| <i>abiraterone oral tablet 250 mg, 500 mg</i>                   | 4         | SP; Och                      |
| <i>abirtega oral tablet 250 mg</i>                              | 4         | SP; Och                      |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG    | EX        |                              |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG                | EX        |                              |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                        | EX        |                              |
| ALECENSA ORAL CAPSULE 150 MG                                    | 4         | PA; SP; Och                  |
| ALKERAN ORAL TABLET 2 MG                                        | 3         | Och                          |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG                       | 4         | PA; SP; Och                  |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)            | 4         | PA; SP; Och           |
| <i>anastrozole oral tablet 1 mg</i>                                | 1         | Och; ACA              |
| ARIMIDEX ORAL TABLET 1 MG                                          | EX        |                       |
| AROMASIN ORAL TABLET 25 MG                                         | 3         | Och                   |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 3         | ST                    |
| AUGTYRO ORAL CAPSULE 160 MG                                        | 4         | SP; Och               |
| AUGTYRO ORAL CAPSULE 40 MG                                         | 4         | PA; SP; Och           |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG           | 4         | PA; SP; Och; LA       |
| AZASAN ORAL TABLET 100 MG, 75 MG                                   | 3         |                       |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>               | 1         |                       |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                              | 4         | PA; SP; Och; LA       |
| <i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>            | 1         | SP                    |
| <i>bexarotene oral capsule 75 mg</i>                               | 4         | SP; Och               |
| <i>bexarotene topical gel 1 %</i>                                  | 4         | SP                    |
| <i>bicalutamide oral tablet 50 mg</i>                              | 1         | Och                   |
| BORUZU INJECTION SOLUTION 2.5 MG/ML                                | EX        |                       |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG                                 | 4         | PA; SP; Och           |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG                         | 4         | PA; SP; Och           |
| BRAFTOVI ORAL CAPSULE 75 MG                                        | 4         | PA; SP; Och; LA       |
| BRUKINSA ORAL CAPSULE 80 MG                                        | 4         | PA; SP; Och; LA       |
| BRUKINSA ORAL TABLET 160 MG                                        | 4         | PA; SP; Och; LA       |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                          | 4         | PA; SP; Och; LA       |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                   | 4         | PA; SP; Och; LA       |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG                       | EX        |                       |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                     | 4         | SP; Och               |
| CAPRELSA ORAL TABLET 100 MG, 300 MG                                | 4         | PA; SP; Och; LA       |
| CASODEX ORAL TABLET 50 MG                                          | 3         | Och                   |
| CELLCEPT ORAL CAPSULE 250 MG                                       | 3         |                       |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML              | 3         |                       |

| Drug Name                                                                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| CELLCEPT ORAL TABLET 500 MG                                                                                     | 3         |                       |
| COMETRIQ ORAL CAPSULE 100 MG/DAY (80 MG X1-20 MG X1), 140 MG/DAY (80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | 4         | PA; SP; Och           |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                                                              | 4         | PA; SP; Och; LA       |
| COTELLIC ORAL TABLET 20 MG                                                                                      | 4         | PA; SP; Och; LA       |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                               | 1         | Och                   |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                                                                              | 3         | Och                   |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                                                  | 1         |                       |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                                            | 1         |                       |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                                                  | 1         |                       |
| DANZITEN ORAL TABLET 71 MG, 95 MG                                                                               | 4         | PA; SP; Och           |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>                                         | 4         | PA; SP; Och           |
| DAURISMO ORAL TABLET 100 MG, 25 MG                                                                              | 4         | PA; SP; Och           |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                                                      | 2         |                       |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                                                                             | 4         | SP; Och               |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML                                                                         | 4         | PA; SP                |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG                                              | EX        |                       |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML                                                         | EX        |                       |
| ERIVEDGE ORAL CAPSULE 150 MG                                                                                    | 4         | PA; SP; Och           |
| ERLEADA ORAL TABLET 240 MG, 60 MG                                                                               | 4         | PA; SP; Och           |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>                                                              | 4         | PA; SP; Och           |
| <i>etoposide oral capsule 50 mg</i>                                                                             | 1         | Och                   |
| EULEXIN ORAL CAPSULE 125 MG                                                                                     | 3         | Och                   |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>                                      | 4         | SP; Och               |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>                                  | 4         | SP; Och               |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                                | 1         |                       |
| <i>exemestane oral tablet 25 mg</i>                                                                             | 1         | Och; ACA              |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| FARESTON ORAL TABLET 60 MG                                      | 3         | Och                   |
| FEMARA ORAL TABLET 2.5 MG                                       | 3         | Och                   |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                           | EX        |                       |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                | 4         | PA; SP; Och           |
| GAVRETO ORAL CAPSULE 100 MG                                     | 4         | PA; SP; Och; LA       |
| <i>gefitinib oral tablet 250 mg</i>                             | 4         | PA; SP; Och           |
| <i>gengraf oral capsule 100 mg, 25 mg</i>                       | 1         |                       |
| <i>gengraf oral solution 100 mg/ml</i>                          | 1         |                       |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                        | 4         | PA; SP; Och           |
| GLEEVEC ORAL TABLET 100 MG, 400 MG                              | EX        |                       |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                     | 2         | Och                   |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                 | 4         | SP; Och               |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG                         | 4         | SP; Och               |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | EX        |                       |
| HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG                             | 4         | PA; SP; Och           |
| HYDREA ORAL CAPSULE 500 MG                                      | 3         | Och                   |
| <i>hydroxyurea oral capsule 500 mg</i>                          | 1         | Och                   |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                      | 4         | PA; SP; Och           |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                       | 4         | PA; SP; Och           |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                  | 4         | PA; SP; Och           |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                | 4         | PA; SP; Och; LA       |
| <i>imatinib oral tablet 100 mg, 400 mg</i>                      | 4         | SP; Och               |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                            | 4         | SP; Och               |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                              | 4         | SP; Och               |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                    | 4         | SP; Och               |
| IMKELDI ORAL SOLUTION 80 MG/ML                                  | 4         | SP; Och               |
| IMURAN ORAL TABLET 50 MG                                        | 3         |                       |
| INLYTA ORAL TABLET 1 MG, 5 MG                                   | 4         | PA; SP; Och           |
| INQOVI ORAL TABLET 35-100 MG                                    | EX        |                       |

| Drug Name                                                                                                                                                                                                          | Drug Tier | Requirements / Limits             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| INREBIC ORAL CAPSULE 100 MG                                                                                                                                                                                        | EX        |                                   |
| IRESSA ORAL TABLET 250 MG                                                                                                                                                                                          | 4         | PA; SP; Och                       |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                                                                                                                                                                     | EX        |                                   |
| IWILFIN ORAL TABLET 192 MG                                                                                                                                                                                         | 4         | PA; SP; Och; LA                   |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                                                                                                                                                | 4         | PA; SP; Och                       |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                                                                                                                                                                 | EX        |                                   |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                                                                                                                                                      | EX        |                                   |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)                                                                                                                      | 4         | PA; SP; Och                       |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %                                                                                                                                                                    | EX        |                                   |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                                                                                                                                                                 | 4         | PA; SP; Och                       |
| KRAZATI ORAL TABLET 200 MG                                                                                                                                                                                         | EX        |                                   |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>                                                                                                                                                               | 4         | SP; QL (1 per 21 days)            |
| <i>lapatinib oral tablet 250 mg</i>                                                                                                                                                                                | 4         | PA; SP; Och                       |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                                                                                                                                                                                 | 4         | SP; Och; LA                       |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>                                                                                                                                          | 4         | PA; SP; Och                       |
| 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 X 2), 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; SP; Och                       |
| <i>letrozole oral tablet 2.5 mg</i>                                                                                                                                                                                | 1         | Och                               |
| LEUKERAN ORAL TABLET 2 MG                                                                                                                                                                                          | 2         | Och                               |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                                                                                                                                     | 4         | SP                                |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                                                                                                                                                         | 4         | PA; SP; Och                       |
| LORBRENA ORAL TABLET 100 MG, 25 MG                                                                                                                                                                                 | 4         | PA; SP; Och                       |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG                                                                                                                                                                                | 4         | PA; SP; Och                       |
| LUMAKRAS ORAL TABLET 240 MG                                                                                                                                                                                        | 4         | SP; Och                           |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                                                                                                                                                       | 4         | PA; QL (180 Capsule Per fill); SP |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG                                                                                                                                               | EX        |                                   |

| Drug Name                                                                            | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------------------------|-----------|-----------------------------|
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)                     | EX        |                             |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG                                     | EX        |                             |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                  | 4         | PA; SP; Och                 |
| LYSODREN ORAL TABLET 500 MG                                                          | 4         | SP; Och                     |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 4         | PA; SP; Och; LA             |
| MATULANE ORAL CAPSULE 50 MG                                                          | 4         | SP; Och                     |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>    | 1         |                             |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                            | 1         | Och                         |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                  | 4         | PA; SP; Och                 |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                    | 4         | PA; SP; Och                 |
| MEKTOVI ORAL TABLET 15 MG                                                            | 4         | PA; SP; Och; LA             |
| <i>mercaptopurine oral suspension 20 mg/ml</i>                                       | 4         | SP; Och                     |
| <i>mercaptopurine oral tablet 50 mg</i>                                              | 1         | Och                         |
| <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         | Och                         |
| MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG                                  | 4         | SP; LA; QL (56 per 21 days) |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                     | 1         |                             |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>            | 1         |                             |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                      | 1         |                             |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>      | 1         |                             |
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG                         | 3         |                             |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML                                                   | 2         |                             |
| MYLERAN ORAL TABLET 2 MG                                                             | 2         | Och                         |
| NEORAL ORAL CAPSULE 100 MG, 25 MG                                                    | 3         |                             |
| NEORAL ORAL SOLUTION 100 MG/ML                                                       | 3         |                             |

| Drug Name                                                                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| NERLYNX ORAL TABLET 40 MG                                                                                | 4         | PA; SP; Och; LA       |
| NEXAVAR ORAL TABLET 200 MG                                                                               | 4         | SP; Och; LA           |
| NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG                                                  | EX        |                       |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i>                                                         | 4         | PA; SP; Och           |
| <i>nilotinib hcl oral capsule 50 mg</i>                                                                  | 4         | ST; SP; Och           |
| <i>nilutamide oral tablet 150 mg</i>                                                                     | 1         | PA; Och               |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                                  | 4         | PA; SP; Och           |
| NUBEQA ORAL TABLET 300 MG                                                                                | 4         | PA; SP; Och; LA       |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 4         | SP                    |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>       | 4         | SP                    |
| ODOMZO ORAL CAPSULE 200 MG                                                                               | 4         | PA; SP; Och; LA       |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG                                                                | 4         | PA; SP; Och           |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML                                                       | 4         | SP; Och               |
| 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         | SP; Och               |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                               | EX        |                       |
| ONUREG ORAL TABLET 200 MG, 300 MG                                                                        | EX        |                       |
| ORGOVYX ORAL TABLET 120 MG                                                                               | 4         | SP; Och; LA           |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                                                        | 4         | PA; SP; Och           |
| <i>pazopanib oral tablet 200 mg</i>                                                                      | 4         | SP; Och               |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                                               | 4         | PA; SP; Och; LA       |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG                                           | EX        |                       |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)     | 4         | PA; SP; Och           |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                                             | 4         | PA; SP; Och; LA       |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG                                                                  | 3         |                       |

| Drug Name                                                                                     | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------------|
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                                  | 2         |                             |
| PURIXAN ORAL SUSPENSION 20 MG/ML                                                              | 4         | SP; Och                     |
| QINLOCK ORAL TABLET 50 MG                                                                     | EX        |                             |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                                              | 4         | PA; SP; Och; LA             |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG                                | EX        |                             |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                                                    | 4         | SP; Och                     |
| REZLIDHIA ORAL CAPSULE 150 MG                                                                 | EX        |                             |
| REZUROCK ORAL TABLET 200 MG                                                                   | 3         | PA; QL (30 Tablet Per fill) |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | EX        |                             |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                                                     | 4         | SP; Och; LA                 |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                                                         | 4         | PA; SP; Och; LA             |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                                        | 4         | PA; SP; Och; LA             |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                                    | EX        |                             |
| RYDAPT ORAL CAPSULE 25 MG                                                                     | 4         | PA; SP; Och                 |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG                                                         | 3         |                             |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML                              | 4         | SP                          |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG        | EX        |                             |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG                                                     | 4         | PA; SP; Och                 |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG    | EX        |                             |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)           | 4         | PA; SP                      |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG                                                           | EX        |                             |

| Drug Name                                                                       | Drug Tier | Requirements / Limits      |
|---------------------------------------------------------------------------------|-----------|----------------------------|
| <i>sirolimus oral solution 1 mg/ml</i>                                          | 1         |                            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                 | 1         |                            |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                              | 3         | Och; ACA                   |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | 4         | PA; SP; QL (1 per 21 days) |
| <i>sorafenib oral tablet 200 mg</i>                                             | 4         | PA; SP; Och                |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG                  | EX        |                            |
| STIVARGA ORAL TABLET 40 MG                                                      | 4         | PA; SP; Och                |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>             | 4         | SP; Och                    |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG                              | 4         | SP; Och                    |
| TABLOID ORAL TABLET 40 MG                                                       | 3         | Och                        |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                             | 4         | PA; SP; Och                |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                               | 1         |                            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                              | 4         | PA; SP; Och                |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                                       | 4         | PA; SP; Och                |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                               | 4         | PA; SP; Och; LA            |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG           | 4         | PA; SP; Och                |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                       | 1         | Och; ACA                   |
| TARGRETIN ORAL CAPSULE 75 MG                                                    | EX        |                            |
| TARGRETIN TOPICAL GEL 1 %                                                       | 4         | SP                         |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG                                      | EX        |                            |
| TAZVERIK ORAL TABLET 200 MG                                                     | 4         | PA; SP; Och; LA            |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>    | 4         | PA; SP; Och                |
| TEPMETKO ORAL TABLET 225 MG                                                     | EX        |                            |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                             | 4         | PA; SP; Och                |
| TIBSOVO ORAL TABLET 250 MG                                                      | 4         | PA; SP; Och                |
| <i>toremifene oral tablet 60 mg</i>                                             | 1         | Och                        |
| <i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>                          | 4         | SP; Och                    |

| Drug Name                                                                       | Drug Tier | Requirements / Limits       |
|---------------------------------------------------------------------------------|-----------|-----------------------------|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | EX        |                             |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                            | 1         | Och                         |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                                  | EX        |                             |
| TRUQAP ORAL TABLET 160 MG                                                       | 4         | SP; Och                     |
| TRUQAP ORAL TABLET 200 MG                                                       | 4         | PA; SP; Och                 |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                                | 4         | PA; SP; Och; LA             |
| TURALIO ORAL CAPSULE 125 MG                                                     | 4         | PA; SP; Och; LA             |
| TYKERB ORAL TABLET 250 MG                                                       | EX        |                             |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                           | EX        |                             |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                                      | 4         | PA; SP; Och; LA             |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG             | 4         | PA; SP; Och                 |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                              | 4         | PA; SP; Och; LA             |
| VIJOICE ORAL GRANULES IN PACKET 50 MG                                           | 4         | PA; SP; QL (28 per 21 days) |
| VIJOICE ORAL TABLET 125 MG, 50 MG                                               | 4         | PA; SP; QL (28 per 21 days) |
| VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)                             | 4         | PA; SP; QL (56 per 21 days) |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                             | 4         | PA; SP; Och; LA             |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                                 | 4         | PA; SP; Och; LA             |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                        | 4         | PA; SP; Och                 |
| VONJO ORAL CAPSULE 100 MG                                                       | 4         | PA; SP; Och                 |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                               | 4         | SP; Och                     |
| VOTRIENT ORAL TABLET 200 MG                                                     | 4         | SP; Och                     |
| WAYRILZ ORAL TABLET 400 MG                                                      | EX        |                             |
| WELIREG ORAL TABLET 40 MG                                                       | 4         | PA; SP; Och; LA             |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                             | 4         | PA; SP; Och                 |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG                                       | 4         | PA; SP; Och                 |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                  | EX        |                             |
| XELODA ORAL TABLET 150 MG, 500 MG                                               | 4         | SP; Och                     |

| Drug Name                                                                                                                                                                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| XERMELO ORAL TABLET 250 MG                                                                                                                                                                                    | 4         | PA; SP; LA            |
| XOSPATA ORAL TABLET 40 MG                                                                                                                                                                                     | 4         | PA; SP; Och; LA       |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | EX        |                       |
| XROMI ORAL SOLUTION 100 MG/ML                                                                                                                                                                                 | EX        |                       |
| XTANDI ORAL CAPSULE 40 MG                                                                                                                                                                                     | 4         | PA; SP; Och           |
| XTANDI ORAL TABLET 40 MG, 80 MG                                                                                                                                                                               | 4         | PA; SP; Och           |
| YONSA ORAL TABLET 125 MG                                                                                                                                                                                      | 4         | PA; SP; Och           |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                                                                                                                                                                     | EX        |                       |
| ZELBORAF ORAL TABLET 240 MG                                                                                                                                                                                   | 4         | PA; SP; Och           |
| ZOLINZA ORAL CAPSULE 100 MG                                                                                                                                                                                   | 4         | PA; SP; Och           |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG                                                                                                                                                           | 3         |                       |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                                                                                                                                                            | 4         | PA; SP; Och           |
| ZYKADIA ORAL TABLET 150 MG                                                                                                                                                                                    | 4         | PA; SP; Och           |
| ZYTIGA ORAL TABLET 250 MG, 500 MG                                                                                                                                                                             | EX        |                       |

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

|                                                                                |    |    |
|--------------------------------------------------------------------------------|----|----|
| APTiom ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG                              | 3  |    |
| BANZEL ORAL SUSPENSION 40 MG/ML                                                | EX |    |
| BANZEL ORAL TABLET 200 MG, 400 MG                                              | EX |    |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                | 3  | ST |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                        | 3  | ST |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>  | 1  |    |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>                 | 1  |    |
| <i>carbamazepine oral tablet 200 mg</i>                                        | 1  |    |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 1  |    |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                              | 1  |    |

| Drug Name                                                                           | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG                                          | 3         |                       |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG                  | 3         |                       |
| CELONTIN ORAL CAPSULE 300 MG                                                        | 3         |                       |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                           | 1         | PA                    |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                            | 1         | PA                    |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | 1         |                       |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1         |                       |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG                       | 3         | ST                    |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG                | 3         | ST                    |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG                        | 3         | ST                    |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                                | 4         | PA; SP                |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG                                       | 4         | PA; SP                |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                  | 1         |                       |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG                                               | 3         |                       |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG                                       | 3         |                       |
| DILANTIN ORAL CAPSULE 30 MG                                                         | 2         |                       |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML                                            | 3         |                       |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>                         | 1         |                       |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>                 | 1         |                       |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>       | 1         |                       |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG                  | 3         | ST                    |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                   | 4         | PA; SP; LA            |
| EPRONTIA ORAL SOLUTION 25 MG/ML                                                     | EX        |                       |

| Drug Name                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| EQUETRO ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200 MG, 300<br>MG                          | 3         |                       |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg, 600<br/>mg, 800 mg</i>                           | 1         |                       |
| <i>ethosuximide oral capsule 250 mg</i>                                                         | 1         |                       |
| <i>ethosuximide oral solution 250 mg/5 ml</i>                                                   | 1         |                       |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                                    | 1         |                       |
| <i>felbamate oral tablet 400 mg</i>                                                             | 2         |                       |
| <i>felbamate oral tablet 600 mg</i>                                                             | 1         |                       |
| FELBATOL ORAL TABLET 400 MG, 600 MG                                                             | 3         |                       |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                                | EX        |                       |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                               | 2         |                       |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2<br>MG, 4 MG, 6 MG, 8 MG                                     | 2         |                       |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>                                                   | 1         |                       |
| <i>gabapentin oral solution 250 mg/5 ml</i>                                                     | 1         |                       |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>                                              | 2         |                       |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                    | 1         |                       |
| <i>gabapentin oral tablet extended release 24 hr 300<br/>mg, 450 mg, 600 mg, 750 mg, 900 mg</i> | 1         | ST                    |
| GABARONE ORAL TABLET 100 MG, 400 MG                                                             | EX        |                       |
| GRALISE ORAL TABLET EXTENDED<br>RELEASE 24 HR 300 MG, 450 MG, 600 MG,<br>750 MG, 900 MG         | 3         | ST                    |
| KEPPRA ORAL SOLUTION 100 MG/ML                                                                  | EX        |                       |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG,<br>500 MG, 750 MG                                          | EX        |                       |
| KEPPRA XR ORAL TABLET EXTENDED<br>RELEASE 24 HR 500 MG, 750 MG                                  | EX        |                       |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2<br>MG                                                      | EX        |                       |
| <i>lacosamide oral solution 10 mg/ml</i>                                                        | 1         |                       |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg,<br/>50 mg</i>                                 | 2         |                       |
| LAMICTAL ODT ORAL TABLET,<br>DISINTEGRATING 100 MG, 200 MG, 25 MG,<br>50 MG                     | EX        |                       |

| Drug Name                                                                                                                              | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)                                                  | EX        |                       |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)                                               | EX        |                       |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)                                      | EX        |                       |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG                                                                                     | EX        |                       |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG                                                                                 | EX        |                       |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)                                                                         | EX        |                       |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)                                                           | EX        |                       |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)                                                           | EX        |                       |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG                                             | EX        |                       |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7)                                                   | 3         | ST                    |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)                                        | 3         | ST                    |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7)                                        | 3         | ST                    |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                                           | 1         |                       |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 1         |                       |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                                      | 1         |                       |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>                                                                       | 1         |                       |

| Drug Name                                                                                              | Drug Tier | Requirements / Limits    |
|--------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>                            | 1         |                          |
| <i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | 1         |                          |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>                                       | 1         |                          |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>                                      | 1         |                          |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>                                 | 1         |                          |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG                                                        | 3         | ST                       |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG                                   | EX        |                          |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG                        | EX        |                          |
| LYRICA ORAL SOLUTION 20 MG/ML                                                                          | EX        |                          |
| <i>methsuximide oral capsule 300 mg</i>                                                                | 1         |                          |
| MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                                  | EX        |                          |
| MYSOLINE ORAL TABLET 250 MG, 50 MG                                                                     | 3         |                          |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                  | 2         | PA; QL (2 Unit Per fill) |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG                                                          | EX        |                          |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML                                                                    | EX        |                          |
| NEURONTIN ORAL TABLET 600 MG, 800 MG                                                                   | EX        |                          |
| ONFI ORAL SUSPENSION 2.5 MG/ML                                                                         | EX        |                          |
| ONFI ORAL TABLET 10 MG, 20 MG                                                                          | EX        |                          |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>                                            | 1         |                          |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                                | 1         |                          |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>                         | 1         |                          |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG                                  | EX        |                          |
| <i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                     | 2         |                          |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                                  | 1         |                          |

| 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         |                       |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                             | 3         |                       |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                                     | 1         |                       |
| <i>phenytoin oral tablet, chewable 50 mg</i>                                                     | 1         |                       |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                             | 1         |                       |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>       | 1         |                       |
| <i>pregabalin oral solution 20 mg/ml</i>                                                         | 1         |                       |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>                     | 1         | ST                    |
| PRIMIDONE ORAL TABLET 125 MG                                                                     | EX        |                       |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                       | 1         |                       |
| <i>roweepra oral tablet 500 mg</i>                                                               | 1         |                       |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                       | 1         | PA                    |
| <i>rufinamide oral tablet 200 mg, 400 mg</i>                                                     | 1         | PA                    |
| SABRIL ORAL POWDER IN PACKET 500 MG                                                              | EX        |                       |
| SABRIL ORAL TABLET 500 MG                                                                        | EX        |                       |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG                              | 3         | ST                    |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                       | 1         |                       |
| <i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>                           | 1         |                       |
| <i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>             | 1         |                       |
| <i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>             | 1         |                       |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG                                                            | 3         | PA                    |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML                                                             | 3         |                       |
| TEGRETOL ORAL TABLET 200 MG                                                                      | 3         |                       |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG                            | 3         |                       |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                            | 1         |                       |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG                                                      | EX        |                       |

| Drug Name                                                                                                                                | Drug Tier | Requirements / Limits                |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG                                                                                         | EX        |                                      |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                                                                    | 1         |                                      |
| <i>topiramate oral capsule, sprinkle 50 mg</i>                                                                                           | 2         |                                      |
| <i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>                                                       | 1         | ST                                   |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>                                                   | 1         | ST                                   |
| <i>topiramate oral solution 25 mg/ml</i>                                                                                                 | 2         |                                      |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                               | 1         |                                      |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)                                                                                         | EX        |                                      |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG                                                                                             | EX        |                                      |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG                                                             | 3         | ST                                   |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>                                                    | 1         |                                      |
| <i>valproic acid oral capsule 250 mg</i>                                                                                                 | 1         |                                      |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 2         | QL (2 Unit Per fill)                 |
| <i>vigabatrin oral powder in packet 500 mg</i>                                                                                           | 4         | PA; QL (150 Unit Per fill); SP; LA   |
| <i>vigabatrin oral tablet 500 mg</i>                                                                                                     | 4         | PA; QL (180 Tablet Per fill); SP; LA |
| <i>vigadrone oral powder in packet 500 mg</i>                                                                                            | 4         | PA; QL (150 Unit Per fill); SP       |
| <i>vigadrone oral tablet 500 mg</i>                                                                                                      | 4         | PA; QL (180 Tablet Per fill); SP     |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                                                                                         | EX        |                                      |
| VIMPAT ORAL SOLUTION 10 MG/ML                                                                                                            | EX        |                                      |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                                                                                         | EX        |                                      |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)                                      | 3         | QL (56 Tablet Per fill)              |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG                                                                                  | 3         | QL (30 Tablet Per fill)              |

| Drug Name                                                                                                                                         | Drug Tier | Requirements / Limits             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)                      | 3         | QL (28 Tablet Per fill)           |
| ZARONTIN ORAL CAPSULE 250 MG                                                                                                                      | 3         |                                   |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML                                                                                                                | 3         |                                   |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG                                                                                                               | EX        |                                   |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                                                                              | EX        |                                   |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                               | 1         |                                   |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                                                                   | 4         | PA; SP; LA                        |
| <b>ANTIPARKINSONISM AGENTS</b>                                                                                                                    |           |                                   |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML                                                                                                            | EX        |                                   |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i>                                                                                                | 4         | PA; SP; QL (30 per 23 days)       |
| AZILECT ORAL TABLET 0.5 MG, 1 MG                                                                                                                  | 3         | PA                                |
| <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>carbidopa oral tablet 25 mg</i>                                                                                                                | 1         | PA                                |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                             | 1         |                                   |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>                                                                       | 1         |                                   |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>                                                             | 1         |                                   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 1         |                                   |
| DHIVY ORAL TABLET 25-100 MG                                                                                                                       | EX        |                                   |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML                                                                                             | 4         | PA; SP                            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | 1         |                                   |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG                                                                                       | EX        |                                   |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG                                                                                             | 4         | PA; QL (300 Capsule Per fill); SP |
| LODOSYN ORAL TABLET 25 MG                                                                                                                         | 3         | PA                                |

| Drug Name                                                                                                           | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 3         |                              |
| NOURIANZ ORAL TABLET 20 MG, 40 MG                                                                                   | EX        |                              |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                                                                                  | 3         | PA; QL (30 Capsule Per fill) |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                     | 1         |                              |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>     | 1         |                              |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i>                                                                          | 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         |                              |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG                         | 3         |                              |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                             | 1         |                              |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                              | 1         |                              |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                                                                            | 3         |                              |
| TASMAR ORAL TABLET 100 MG                                                                                           | 3         | PA                           |
| <i>tolcapone oral tablet 100 mg</i>                                                                                 | 1         | PA                           |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                                                        | 1         |                              |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                                                       | 1         |                              |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML                                                          | EX        |                              |
| XADAGO ORAL TABLET 100 MG, 50 MG                                                                                    | EX        |                              |
| ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG                                                                         | EX        |                              |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>                                                                      |           |                              |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML                                                 | 2         | PA; QL (1 per 23 days)       |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML                                                         | 2         | PA; QL (1.5 per 23 days)     |
| AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML                                                                            | 2         | PA; QL (1 per 23 days)       |

| Drug Name                                                                    | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>almotriptan malate oral tablet 12.5 mg</i>                                | 1         | ST; QL (24 per 21 days) |
| <i>almotriptan malate oral tablet 6.25 mg</i>                                | 1         | ST; QL (18 per 21 days) |
| BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML                                   | EX        |                         |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                          | 1         |                         |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 1         | ST; QL (8 per 21 days)  |
| <i>eletriptan oral tablet 20 mg, 40 mg</i>                                   | 1         | QL (18 per 21 days)     |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)                                | EX        |                         |
| EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML                                 | 2         | PA; QL (1 per 23 days)  |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                              | 2         | PA; QL (1 per 23 days)  |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)            | 2         | PA; QL (3 per 23 days)  |
| ERGOMAR SUBLINGUAL TABLET 2 MG                                               | 3         |                         |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                              | 1         |                         |
| FROVA ORAL TABLET 2.5 MG                                                     | 3         | ST; QL (27 per 21 days) |
| <i>frovatriptan oral tablet 2.5 mg</i>                                       | 1         | ST; QL (27 per 21 days) |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG                                     | EX        |                         |
| IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML          | EX        |                         |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML      | EX        |                         |
| MAXALT ORAL TABLET 10 MG                                                     | EX        |                         |
| MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG                                 | EX        |                         |
| <i>migergot rectal suppository 2-100 mg</i>                                  | 1         |                         |
| MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)                 | 3         | ST; QL (8 per 21 days)  |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                  | 1         | QL (18 per 21 days)     |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG                                 | 2         | PA; QL (16 per 21 days) |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG                     | EX        |                         |

| Drug Name                                                          | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------|-----------|-------------------------|
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                            | 2         | PA; QL (30 per 23 days) |
| RELPAZ ORAL TABLET 20 MG, 40 MG                                    | EX        |                         |
| REYVOW ORAL TABLET 100 MG                                          | 3         | PA; QL (16 per 21 days) |
| REYVOW ORAL TABLET 50 MG                                           | 3         | PA; QL (8 per 21 days)  |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i>                         | 1         | QL (36 per 21 days)     |
| <i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>         | 1         | QL (36 per 21 days)     |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>        | 1         | QL (18 per 21 days)     |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>         | 1         | QL (36 per 21 days)     |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>      | 1         | QL (18 per 21 days)     |
| <i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>    | 1         | QL (8 per 21 days)      |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 1         | QL (8 per 21 days)      |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>     | 1         | QL (8 per 21 days)      |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i>                  | EX        |                         |
| TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                   | 3         | ST; QL (24 per 21 days) |
| TREXIMET ORAL TABLET 85-500 MG                                     | EX        |                         |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)     | EX        |                         |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                  | 2         | PA; QL (20 per 21 days) |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                  | EX        |                         |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML            | 3         | ST; QL (16 per 21 days) |
| ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG                       | 3         | PA; QL (18 per 21 days) |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i>                  | 1         | ST; QL (18 per 21 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                       | 1         | QL (18 per 21 days)     |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>       | 1         | QL (18 per 21 days)     |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG                              | 2         | PA; QL (18 per 21 days) |

| Drug Name                                                                                           | Drug Tier | Requirements / Limits              |
|-----------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG                                                                 | 3         | ST; QL (18 per 21 days)            |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG                                                                      | EX        |                                    |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                                                           |           |                                    |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR                                       | 3         | ST                                 |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG                                                     | EX        |                                    |
| ARICEPT ORAL TABLET 10 MG, 5 MG                                                                     | 3         | ST                                 |
| ARICEPT ORAL TABLET 23 MG                                                                           | 3         | PA                                 |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG                                                               | EX        |                                    |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | EX        |                                    |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG                   | EX        |                                    |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i>                                       | 4         | QL (60 Tablet Per fill); SP        |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                                      | EX        |                                    |
| <i>dichlorphenamide oral tablet 50 mg</i>                                                           | 4         | SP                                 |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                                            | 1         |                                    |
| <i>donepezil oral tablet 23 mg</i>                                                                  | 1         | PA                                 |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                                            | 1         |                                    |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML                                                                  | 4         | PA; SP; LA; QL (2480 per 360 days) |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 4.6 MG/24 HOUR                                               | 3         | ST                                 |
| FIRDAPSE ORAL TABLET 10 MG                                                                          | 4         | PA; SP; LA                         |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>                          | 1         |                                    |
| <i>galantamine oral solution 4 mg/ml</i>                                                            | 1         |                                    |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>                                                    | 1         |                                    |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG                                                | 3         | ST                                 |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)                        | 4         | QL (28 Capsule Per fill); SP       |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                                                           | 4         | QL (30 Capsule Per fill); SP; LA   |

| Drug Name                                                                                     | Drug Tier | Requirements / Limits            |
|-----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG                                  | 4         | QL (30 Capsule Per fill); SP; LA |
| KEVEYIS ORAL TABLET 50 MG                                                                     | EX        |                                  |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML                                        | EX        |                                  |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>                    | 1         |                                  |
| <i>memantine oral solution 2 mg/ml</i>                                                        | 1         |                                  |
| <i>memantine oral tablet 10 mg, 5 mg</i>                                                      | 1         |                                  |
| MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG                                                     | 3         |                                  |
| <i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>       | 1         | ST                               |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG                                             | EX        |                                  |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG                                | 3         |                                  |
| NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG                                               | EX        |                                  |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG                | 2         | ST                               |
| NUEDEXTA ORAL CAPSULE 20-10 MG                                                                | 2         | PA                               |
| <i>ormalvi oral tablet 50 mg</i>                                                              | 4         | SP                               |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML                                     | 4         | PA; SP                           |
| <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> | 1         |                                  |
| SKYCLARYS ORAL CAPSULE 50 MG                                                                  | EX        |                                  |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                                      | 4         | QL (120 Tablet Per fill); SP     |
| <i>tetrabenazine oral tablet 25 mg</i>                                                        | 4         | QL (60 Tablet Per fill); SP      |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML                                                | EX        |                                  |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG                                                           | EX        |                                  |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                                  | 4         | PA; QL (30 Capsule Per fill); SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)           | 4         | PA; QL (28 Capsule Per fill); SP |

| Drug Name                                                                     | Drug Tier | Requirements / Limits           |
|-------------------------------------------------------------------------------|-----------|---------------------------------|
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3) | 4         | PA; QL (7 Capsule Per fill); SP |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG               | EX        |                                 |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>                           |           |                                 |
| AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG                        | EX        |                                 |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>                            | EX        |                                 |
| <i>baclofen oral solution 5 mg/5 ml</i>                                       | 1         | ST                              |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>                          | 1         |                                 |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>                         | 1         |                                 |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                                | 1         |                                 |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                            | 1         |                                 |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>                 | 1         |                                 |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>               | 1         |                                 |
| <i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>       | 1         | ST                              |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>                        | 1         |                                 |
| DANTRIUM ORAL CAPSULE 25 MG                                                   | 3         |                                 |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>                           | 1         |                                 |
| FEXMID ORAL TABLET 7.5 MG                                                     | 3         | ST                              |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)                                 | EX        |                                 |
| LORZONE ORAL TABLET 375 MG, 750 MG                                            | 3         | ST                              |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                 | 1         |                                 |
| MESTINON ORAL SYRUP 60 MG/5 ML                                                | EX        |                                 |
| MESTINON ORAL TABLET 60 MG                                                    | EX        |                                 |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG                         | EX        |                                 |
| <i>metaxalone oral tablet 400 mg, 800 mg</i>                                  | 1         |                                 |
| METAXALONE ORAL TABLET 640 MG                                                 | EX        |                                 |
| <i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>                     | 1         |                                 |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG                                       | 3         |                                 |

| Drug Name                                                                        | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| NORGESIC ORAL TABLET 25-385-30 MG                                                | 3         |                       |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                  | 1         |                       |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>                        | 1         |                       |
| <i>orphengesic forte oral tablet 50-770-60 mg</i>                                | 1         |                       |
| OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)                                     | EX        |                       |
| OZOBAX ORAL SOLUTION 5 MG/5 ML                                                   | EX        |                       |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>                              | 1         |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                                         | 3         |                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                  | 1         |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG                       | 3         |                       |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i>                | 1         |                       |
| RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML                                         | EX        |                       |
| SOMA ORAL TABLET 250 MG, 350 MG                                                  | 3         |                       |
| <i>tanlor oral tablet 1,000 mg</i>                                               | 1         |                       |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>                                  | 1         |                       |
| <i>tizanidine oral tablet 2 mg, 4 mg</i>                                         | 1         |                       |
| <i>vanadom oral tablet 350 mg</i>                                                | 1         |                       |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML                   | 4         | SP; LA                |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG                                           | 3         |                       |
| ZANAFLEX ORAL CAPSULE 8 MG                                                       | EX        |                       |
| ZANAFLEX ORAL TABLET 4 MG                                                        | 3         |                       |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML  | EX        |                       |
| <b>NARCOTIC ANALGESICS</b>                                                       |           |                       |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>                 | 1         |                       |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 1         |                       |

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits     |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>                                      | 1         |                           |
| <i>ascomp with codeine oral capsule 30-50-325-40 mg</i>                                                       | 1         |                           |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG                              | 2         | PA; QL (60 Unit Per fill) |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>                                                         | 1         |                           |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 1         | PA                        |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                            | 1         |                           |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                                                        | 1         |                           |
| <i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>                                              | 1         |                           |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>                                  | 1         |                           |
| <i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>                                         | 2         |                           |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>                                                 | 1         |                           |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                                  | 1         |                           |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>                                                   | 1         |                           |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR              | EX        |                           |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>                                                        | 1         |                           |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>                                               | 1         |                           |
| DILAUDID ORAL LIQUID 1 MG/ML                                                                                  | 3         |                           |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG                                                                         | 3         |                           |
| <i>diskets oral tablet, soluble 40 mg</i>                                                                     | 1         | PA                        |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG                                                                 | 3         |                           |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                                        | 1         |                           |

| Drug Name                                                                                                                                     | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.125 %</i>                                                | 1         |                         |
| FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 600 MCG, 800 MCG                                                                        | 3         | PA; QL (90 per 23 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | 1         | PA; QL (15 per 23 days) |
| FIORICET ORAL CAPSULE 50-300-40 MG                                                                                                            | 3         | ST                      |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                                       | 1         | PA; QL (90 per 23 days) |
| <i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>                         | 1         | PA; QL (60 per 23 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>                                      | 1         |                         |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>                     | 1         |                         |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                                                      | 1         |                         |
| <i>hydromorphone oral liquid 1 mg/ml</i>                                                                                                      | 1         |                         |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>                                                                                             | 1         |                         |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                                                             | 1         | PA; QL (60 per 23 days) |
| <i>hydromorphone rectal suppository 3 mg</i>                                                                                                  | 1         |                         |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                                                   | 3         | PA; QL (60 per 23 days) |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>                                                                                            | EX        |                         |
| <i>meperidine oral solution 50 mg/5 ml</i>                                                                                                    | 1         |                         |
| <i>meperidine oral tablet 50 mg</i>                                                                                                           | 1         |                         |
| <i>methadone oral concentrate 10 mg/ml</i>                                                                                                    | 1         | PA                      |
| <i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                                                          | 1         | PA                      |
| <i>methadone oral tablet 10 mg, 5 mg</i>                                                                                                      | 1         | PA                      |
| <i>methadone oral tablet, soluble 40 mg</i>                                                                                                   | 1         | PA                      |
| <i>methadose oral concentrate 10 mg/ml</i>                                                                                                    | 1         | PA                      |
| <i>methadose oral tablet, soluble 40 mg</i>                                                                                                   | 1         | PA                      |

| Drug Name                                                                                                                           | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                                                    | 1         |                          |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>                                         | 1         | PA; QL (60 per 23 days)  |
| <i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>                               | 1         | PA; QL (90 per 23 days)  |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                                                                      | 1         |                          |
| <i>morphine oral tablet 15 mg, 30 mg</i>                                                                                            | 1         |                          |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                                                    | 1         | PA; QL (120 per 23 days) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                                                        | 1         |                          |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG                                                                          | 3         | PA; QL (120 per 23 days) |
| NALOCET ORAL TABLET 2.5-300 MG                                                                                                      | 3         |                          |
| <i>oxycodone oral capsule 5 mg</i>                                                                                                  | 1         |                          |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                                                          | 1         |                          |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                                                            | 1         |                          |
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                                                       | 1         |                          |
| OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG                                                                          | EX        |                          |
| OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG, 80 MG                                                                 | EX        |                          |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                                                                         | 1         |                          |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1         |                          |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                                     | EX        |                          |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>                                                                                          | 1         |                          |
| <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         | PA; QL (90 per 23 days)  |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG                                                                                | EX        |                          |
| PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG                                                                                 | EX        |                          |

| Drug Name                                                                            | Drug Tier | Requirements / Limits  |
|--------------------------------------------------------------------------------------|-----------|------------------------|
| PROLATE ORAL SOLUTION 10-300 MG/5 ML                                                 | EX        |                        |
| <i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>                           | 1         |                        |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                                                  | 3         |                        |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG                            | EX        |                        |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML   | 4         | SP                     |
| <i>tencon oral tablet 50-325 mg</i>                                                  | 1         |                        |
| TREZIX ORAL CAPSULE 320.5-30-16 MG                                                   | 3         |                        |
| XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | EX        |                        |
| <b>NON-NARCOTIC ANALGESICS</b>                                                       |           |                        |
| <i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>              | 0         | ACA                    |
| ANAPROX DS ORAL TABLET 550 MG                                                        | 3         | ST                     |
| ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG                    | 3         | ST                     |
| ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG                    | 3         | ST                     |
| <i>aspirin childrens oral tablet, chewable 81 mg</i>                                 | 0         | ACA                    |
| <i>aspirin oral tablet 325 mg</i>                                                    | 1         |                        |
| <i>aspirin oral tablet 81 mg</i>                                                     | 1         | ACA                    |
| <i>aspirin oral tablet, chewable 81 mg</i>                                           | 0         | ACA                    |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>                            | 0         | ACA                    |
| BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG                                             | 2         |                        |
| <i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>             | 0         | ACA                    |
| <i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>      | 1         |                        |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>                     | 1         |                        |
| <i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>                                 | 1         | QL (5 per 21 days)     |
| CAMBIA ORAL POWDER IN PACKET 50 MG                                                   | 3         | ST; QL (9 per 21 days) |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG                                  | EX        |                        |

| Drug Name                                                                                         | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                       | 1         |                          |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG                                                | EX        |                          |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG                                        | EX        |                          |
| COXANTO ORAL CAPSULE 300 MG                                                                       | EX        |                          |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %                                              | EX        |                          |
| <i>diclofenac potassium oral capsule 25 mg</i>                                                    | 1         | ST                       |
| <i>diclofenac potassium oral powder in packet 50 mg</i>                                           | 1         | ST; QL (9 per 21 days)   |
| <i>diclofenac potassium oral tablet 25 mg</i>                                                     | 1         | ST                       |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                     | 1         |                          |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                                | 1         |                          |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>                 | 1         |                          |
| <i>diclofenac sodium topical drops 1.5 %</i>                                                      | 1         | QL (150 per 21 days)     |
| <i>diclofenac sodium topical gel 1 %</i>                                                          | 1         | QL (500 per 21 days)     |
| <i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>         | 1         | ST; QL (112 per 21 days) |
| DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG                                                       | EX        |                          |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 1         |                          |
| DICLOGEN TOPICAL KIT 1.5-10-4 %                                                                   | 3         |                          |
| <i>diflunisal oral tablet 500 mg</i>                                                              | 1         |                          |
| DISALCID ORAL TABLET 500 MG, 750 MG                                                               | 3         |                          |
| DOLOBID ORAL TABLET 250 MG, 375 MG                                                                | EX        |                          |
| DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML                                                       | EX        |                          |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG                                   | 3         | ST                       |
| <i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>                            | 0         | ACA                      |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                       | 1         |                          |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                        | 1         |                          |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                         | 1         |                          |

| Drug Name                                                      | Drug Tier | Requirements / Limits      |
|----------------------------------------------------------------|-----------|----------------------------|
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) | EX        |                            |
| FENOPROFEN ORAL CAPSULE 200 MG                                 | EX        |                            |
| <i>fenopropfen oral capsule 400 mg</i>                         | 1         | ST                         |
| <i>fenopropfen oral tablet 600 mg</i>                          | 1         | ST                         |
| FENOPRON ORAL CAPSULE 300 MG                                   | EX        |                            |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %                        | 2         | ST; QL (60 Unit Per fill)  |
| <i>flurbiprofen oral tablet 100 mg</i>                         | 1         |                            |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>                  | 1         |                            |
| <i>ibuprofen oral suspension 100 mg/5 ml</i>                   | 1         |                            |
| <i>ibuprofen oral tablet 300 mg, 600 mg</i>                    | 2         |                            |
| <i>ibuprofen oral tablet 400 mg, 800 mg</i>                    | 1         |                            |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>            | EX        |                            |
| INDOCIN ORAL SUSPENSION 25 MG/5 ML                             | EX        |                            |
| INDOCIN RECTAL SUPPOSITORY 50 MG                               | EX        |                            |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                  | 1         |                            |
| <i>indomethacin oral capsule, extended release 75 mg</i>       | 1         |                            |
| <i>indomethacin oral suspension 25 mg/5 ml</i>                 | 1         | ST                         |
| <i>indomethacin rectal suppository 50 mg</i>                   | 1         |                            |
| JOURNAVX ORAL TABLET 50 MG                                     | 3         | QL (30 per 68 days)        |
| <i>ketoprofen oral capsule 25 mg</i>                           | 1         | ST                         |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                    | 1         |                            |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>  | 1         | ST                         |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>  | 1         |                            |
| <i>ketorolac injection solution 30 mg/ml</i>                   | 2         |                            |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>          | 1         |                            |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>             | 1         |                            |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>              | 1         |                            |
| <i>ketorolac oral tablet 10 mg</i>                             | 1         | QL (20 Unit Per fill)      |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION               | 2         | QL (2 Unit Per fill)       |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %                         | 2         | ST; QL (30 Patch Per fill) |

| Drug Name                                                              | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------------------|-----------|------------------------------|
| LIXOFEN TOPICAL KIT 1.5 %                                              | 3         |                              |
| LODINE ORAL TABLET 400 MG                                              | 3         | ST                           |
| <i>lofena oral tablet 25 mg</i>                                        | 1         | ST                           |
| <i>lofexidine oral tablet 0.18 mg</i>                                  | 1         | PA; QL (224 Tablet Per fill) |
| LUCEMYRA ORAL TABLET 0.18 MG                                           | EX        |                              |
| <i>lurbiro oral tablet 100 mg</i>                                      | 1         |                              |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                        | 1         |                              |
| <i>mefenamic acid oral capsule 250 mg</i>                              | 1         |                              |
| MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML                                  | EX        |                              |
| <i>meloxicam oral tablet 15 mg</i>                                     | 1         | QL (30 Tablet Per fill)      |
| <i>meloxicam oral tablet 7.5 mg</i>                                    | 1         | QL (30 Unit Per fill)        |
| <i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>                | 1         | ST; QL (30 Capsule Per fill) |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                           | 1         |                              |
| NALFON ORAL CAPSULE 400 MG                                             | EX        |                              |
| NALFON ORAL TABLET 600 MG                                              | 3         | ST                           |
| <i>naloxone injection solution 0.4 mg/ml</i>                           | 1         |                              |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>                   | 1         |                              |
| <i>naltrexone oral tablet 50 mg</i>                                    | 1         |                              |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG    | 3         | ST                           |
| NAPROSYN ORAL SUSPENSION 125 MG/5 ML                                   | 3         | ST                           |
| NAPROSYN ORAL TABLET 500 MG                                            | 3         | ST                           |
| <i>naproxen oral suspension 125 mg/5 ml</i>                            | 1         | ST                           |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                     | 1         |                              |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>            | 1         |                              |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>            | 1         | ST                           |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                      | 1         |                              |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i>         | 1         | PA; ST                       |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg, 750 mg</i> | 1         | ST                           |

| Drug Name                                                                                | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i> | EX        |                          |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                                           | 3         | QL (2 Unit Per fill)     |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG      | EX        |                          |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG                                                 | EX        |                          |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                                          | 3         |                          |
| OXAPROZIN ORAL CAPSULE 300 MG                                                            | EX        |                          |
| <i>oxaprozin oral tablet 600 mg</i>                                                      | 1         |                          |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                        | 1         |                          |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                               | 1         |                          |
| RELAFEN DS ORAL TABLET 1, 000 MG                                                         | EX        |                          |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION                                          | 2         | QL (2 Unit Per fill)     |
| <i>salsalate oral tablet 500 mg, 750 mg</i>                                              | 1         |                          |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY                                            | EX        |                          |
| <i>st joseph aspirin oral tablet, chewable 81 mg</i>                                     | 0         | ACA                      |
| <i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>                     | 0         | ACA                      |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG                               | EX        |                          |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                               | 1         |                          |
| TOLECTIN 600 ORAL TABLET 600 MG                                                          | 3         | ST                       |
| <i>tolmetin oral capsule 400 mg</i>                                                      | 1         | ST                       |
| <i>tolmetin oral tablet 600 mg</i>                                                       | 1         | ST                       |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG                                     | EX        |                          |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG                             | EX        |                          |
| TRAMADOL ORAL SOLUTION 5 MG/ML                                                           | EX        |                          |
| <i>tramadol oral tablet 100 mg</i>                                                       | 1         | QL (120 Tablet Per fill) |
| TRAMADOL ORAL TABLET 25 MG, 75 MG                                                        | EX        |                          |
| <i>tramadol oral tablet 50 mg</i>                                                        | 1         | QL (240 Unit Per fill)   |

| Drug Name                                                                                             | Drug Tier | Requirements / Limits     |
|-------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>                             | 1         | PA; QL (30 Unit Per fill) |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>                               | 1         | PA; QL (30 Unit Per fill) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                                 | 1         | QL (240 Unit Per fill)    |
| VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML                                                              | EX        |                           |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG                                          | 4         | SP                        |
| VIVLODEX ORAL CAPSULE 10 MG, 5 MG                                                                     | EX        |                           |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                                                                   | EX        |                           |
| ZIPSOR ORAL CAPSULE 25 MG                                                                             | EX        |                           |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG                                                                    | EX        |                           |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG  | 2         |                           |
| ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML                                                          | EX        |                           |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                                                                        |           |                           |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML          | 2         |                           |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG                          | 2         |                           |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG                         | 2         |                           |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG                                            | EX        |                           |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG                                               | 3         |                           |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG                                | EX        |                           |
| ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG               | EX        |                           |
| ADDYI ORAL TABLET 100 MG                                                                              | 3         | PA                        |
| ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG | 3         | ST                        |

| Drug Name                                                                                                           | Drug Tier | Requirements / Limits   |
|---------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>alprazolam intensol oral concentrate 1 mg/ml</i>                                                                 | 1         |                         |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                           | 1         |                         |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>                                       | 1         |                         |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                           | 1         |                         |
| AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG                                                      | EX        |                         |
| AMBIEN ORAL TABLET 10 MG, 5 MG                                                                                      | EX        |                         |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>                                                 | 1         |                         |
| <i>amitriptyline oral tablet 150 mg</i>                                                                             | 2         |                         |
| <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         |                         |
| AMPHETAMINE ORAL TABLET, DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG                    | EX        |                         |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                  | 1         |                         |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG                                                                          | 3         |                         |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG                                                  | EX        |                         |
| APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG                   | EX        |                         |
| <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>                                              | 1         | QL (30 Tablet Per fill) |
| <i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>                                                        | 1         | QL (60 Tablet Per fill) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML                                         | 2         |                         |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | 2         |                         |

| Drug Name                                                                        | Drug Tier | Requirements / Limits       |
|----------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                     | 1         | PA; QL (30 Tablet Per fill) |
| <i>asenapine maleate sublingual tablet 10 mg, 5 mg</i>                           | 1         | QL (60 Tablet Per fill)     |
| <i>asenapine maleate sublingual tablet 2.5 mg</i>                                | 2         | QL ( 60 tablets per fill)   |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG                                            | 3         |                             |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | 1         |                             |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                              | 3         | PA; QL (60 Tablet Per fill) |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG         | 2         | ST                          |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                   | 3         | ST; QL (15 per 23 days)     |
| <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>           | 1         | QL (30 Tablet Per fill)     |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                          | EX        |                             |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>  | 1         | QL (60 Tablet Per fill)     |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                    | 1         |                             |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                       | 3         | QL (30 Capsule Per fill)    |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG                                           | EX        |                             |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                      | 1         |                             |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                       | 1         |                             |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>            | 1         |                             |
| CITALOPRAM ORAL CAPSULE 30 MG                                                    | EX        |                             |
| <i>citalopram oral solution 10 mg/5 ml</i>                                       | 1         |                             |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>                                | 1         | QL (30 Tablet Per fill)     |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>                             | 1         |                             |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>                   | 1         |                             |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                | 1         |                             |

| Drug Name                                                                                                       | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                       | 1         |                             |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                             | 1         |                             |
| CLOZARIL ORAL TABLET 100 MG, 25 MG                                                                              | 3         |                             |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                                                             | EX        |                             |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG                                          | EX        |                             |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG                                           | EX        |                             |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG                                   | 3         | ST                          |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR                               | 3         | ST                          |
| DAYVIGO ORAL TABLET 10 MG, 5 MG                                                                                 | 3         | ST; QL (15 per 23 days)     |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                       | 1         |                             |
| DESOXYN ORAL TABLET 5 MG                                                                                        | 3         |                             |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG                                                 | 3         | PA; QL (30 Tablet Per fill) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg</i>                                | 1         | PA; QL (30 Tablet Per fill) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>                                        | 1         | ST; QL (30 Tablet Per fill) |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG                                                  | 3         | ST                          |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 1         |                             |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                       | 1         |                             |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>                              | 1         |                             |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>                                                        | 1         |                             |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                   | 1         |                             |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>            | 1         |                             |

| Drug Name                                                                                                           | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>    | 1         |                              |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                  | 1         |                              |
| <i>diazepam intensol oral concentrate 5 mg/ml</i>                                                                   | 1         |                              |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                                                   | 1         |                              |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                                                       | 1         |                              |
| DORAL ORAL TABLET 15 MG                                                                                             | EX        |                              |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                              | 1         |                              |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                                            | 1         |                              |
| <i>doxepin oral tablet 3 mg, 6 mg</i>                                                                               | 1         | PA; QL (15 per 23 days)      |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG                                              | EX        |                              |
| <i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 60 mg</i>                                                | 1         | QL (60 Capsule Per fill)     |
| <i>duloxetine oral capsule, delayed release (dr/ec) 30 mg</i>                                                       | 1         | QL (30 Capsule Per fill)     |
| <i>duloxetine oral capsule, delayed release (dr/ec) 40 mg</i>                                                       | 1         | PA; QL (30 Capsule Per fill) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML                                                           | EX        |                              |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                                           | EX        |                              |
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG                                                                                | 3         | ST; QL (15 per 23 days)      |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG                                               | EX        |                              |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                                                 | 3         |                              |
| <i>ergoloid oral tablet 1 mg</i>                                                                                    | 1         |                              |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | 2         |                              |
| <i>escitalopram 10 mg/10 ml cup inner 5 mg/5 ml</i>                                                                 | 1         | ST                           |
| ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG                                                                             | EX        |                              |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                                                 | 1         | PA                           |

| Drug Name                                                                       | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------|-----------|------------------------------|
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                      | 1         | QL (30 Tablet Per fill)      |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                         | 1         | QL (15 per 23 days)          |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                 | 1         | QL (15 per 23 days)          |
| EVEKEO ORAL TABLET 10 MG, 5 MG                                                  | EX        |                              |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG     | EX        |                              |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)                     | EX        |                              |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                   | EX        |                              |
| FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)     | EX        |                              |
| FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | EX        |                              |
| FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)       | EX        |                              |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)              | 2         | PA; QL (28 Capsule Per fill) |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG        | 2         | PA; QL (30 Capsule Per fill) |
| <i>fluoxetine hcl 10 mg tablet f/c</i>                                          | 1         | PA; QL (30 Unit Per fill)    |
| <i>fluoxetine oral capsule 10 mg</i>                                            | 1         | QL (30 Unit Per fill)        |
| <i>fluoxetine oral capsule 20 mg</i>                                            | 1         |                              |
| <i>fluoxetine oral capsule 40 mg</i>                                            | 1         | QL (60 Capsule Per fill)     |
| <i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>                   | 1         | PA; QL (4 Capsule Per fill)  |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                            | 1         |                              |
| <i>fluoxetine oral tablet 10 mg</i>                                             | 1         | ST; QL (30 Unit Per fill)    |
| <i>fluoxetine oral tablet 20 mg</i>                                             | 1         | ST                           |
| <i>fluoxetine oral tablet 60 mg</i>                                             | 1         | PA                           |
| <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         |                              |

| Drug Name                                                                                        | Drug Tier | Requirements / Limits                |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                                      | 1         | QL (15 per 23 days)                  |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>                            | 1         | PA; QL (60 Capsule Per fill)         |
| <i>fluvoxamine oral tablet 100 mg</i>                                                            | 1         | QL (90 Tablet Per fill)              |
| <i>fluvoxamine oral tablet 25 mg</i>                                                             | 1         | QL (30 Tablet Per fill)              |
| <i>fluvoxamine oral tablet 50 mg</i>                                                             | 1         | QL (60 Tablet Per fill)              |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                          | EX        |                                      |
| FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | EX        |                                      |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)                                           | 3         |                                      |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG                                                   | 3         | QL (60 Capsule Per fill)             |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>                      | 1         |                                      |
| HALCION ORAL TABLET 0.25 MG                                                                      | 3         | QL (15 per 23 days)                  |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</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         |                                      |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                                               | 4         | PA; QL (158 Milliliter Per fill); SP |
| HETLIOZ ORAL CAPSULE 20 MG                                                                       | 4         | PA; QL (30 Capsule Per fill); SP     |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                            | 1         |                                      |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                             | 1         |                                      |
| INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG                             | EX        |                                      |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML                              | EX        |                                      |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG                                              | 3         | QL (30 Tablet Per fill)              |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG                                                    | 3         | QL (60 Tablet Per fill)              |

| Drug Name                                                                                                   | Drug Tier | Requirements / Limits          |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | EX        |                                |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML          | EX        |                                |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG                          | 3         | ST                             |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG                                                       | EX        |                                |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG                                                                      | EX        |                                |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>                        | 1         |                                |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                      | 1         | ST                             |
| <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, 450 mg</i>                                        | 1         |                                |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                                             | 1         |                                |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG                                                                | 3         |                                |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                                                          | 1         |                                |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                                   | 1         |                                |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                             | 1         |                                |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG                                      | EX        |                                |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 50 mg, 50 mg</i>                                           | 1         |                                |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM                              | 4         | PA; QL (30 Unit Per fill); SP  |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM                                       | 4         | PA; QL (28 units per fill); SP |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG                                                                        | EX        |                                |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                                                   | 1         | QL (30 Tablet Per fill)        |

| Drug Name                                                                                                        | Drug Tier | Requirements / Limits       |
|------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>lurasidone oral tablet 80 mg</i>                                                                              | 1         | QL (60 Tablet Per fill)     |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                                                        | 3         | QL (30 Tablet Per fill)     |
| MARPLAN ORAL TABLET 10 MG                                                                                        | 3         |                             |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG                             | 3         | ST                          |
| <i>methamphetamine oral tablet 5 mg</i>                                                                          | 1         |                             |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML                                                                     | 3         |                             |
| <i>methylphenidate er(la) 30 mg cp</i>                                                                           | 1         |                             |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 1         | ST                          |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>              | 1         |                             |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>                            | 1         |                             |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>                                                 | 2         |                             |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>                                                   | 1         |                             |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                        | 1         |                             |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>                                             | 1         |                             |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>                   | 1         |                             |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG                                               | EX        |                             |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>                                             | 1         |                             |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>                  | 1         | ST                          |
| <i>midazolam oral syrup 2 mg/ml</i>                                                                              | 1         |                             |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                                       | 1         |                             |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>                                               | 1         |                             |
| <i>modafinil oral tablet 100 mg</i>                                                                              | 1         | PA; QL (30 Tablet Per fill) |

| Drug Name                                                                                    | Drug Tier | Requirements / Limits            |
|----------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>modafinil oral tablet 200 mg</i>                                                          | 1         | PA; QL (60 Tablet Per fill)      |
| <i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>                                              | 1         |                                  |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC<br>24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG                   | 3         | ST                               |
| NARDIL ORAL TABLET 15 MG                                                                     | 3         |                                  |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg,<br/>250 mg, 50 mg</i>                      | 1         |                                  |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75<br/>mg</i>                             | 1         |                                  |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                                | 1         |                                  |
| NUPLAZID ORAL CAPSULE 34 MG                                                                  | 4         | PA; QL (30 Capsule Per fill); SP |
| NUPLAZID ORAL TABLET 10 MG                                                                   | 4         | PA; QL (30 Tablet Per fill); SP  |
| NUVIGIL ORAL TABLET 150 MG, 200 MG,<br>250 MG, 50 MG                                         | EX        |                                  |
| <i>olanzapine intramuscular recon soln 10 mg</i>                                             | 1         |                                  |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20<br/>mg, 5 mg, 7.5 mg</i>                  | 1         | QL (30 Tablet Per fill)          |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15<br/>mg, 20 mg, 5 mg</i>                  | 1         | QL (30 Tablet Per fill)          |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-<br/>50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> | 1         |                                  |
| ONYDA XR ORAL SUSPENSION, EXTEND<br>RELEASE 24HR 0.1 MG/ML                                   | EX        |                                  |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG                                                           | EX        |                                  |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                             | 1         |                                  |
| <i>paliperidone oral tablet extended release 24hr 1.5<br/>mg, 3 mg, 9 mg</i>                 | 1         | QL (30 Tablet Per fill)          |
| <i>paliperidone oral tablet extended release 24hr 6<br/>mg</i>                               | 1         | QL (60 Tablet Per fill)          |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50<br>MG, 75 MG                                           | 3         |                                  |
| PARNATE ORAL TABLET 10 MG                                                                    | 3         |                                  |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i>                                             | 1         | PA                               |
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i>                                               | 1         | QL (30 Tablet Per fill)          |
| <i>paroxetine hcl oral tablet 20 mg, 30 mg</i>                                               | 1         | QL (60 Tablet Per fill)          |
| <i>paroxetine hcl oral tablet extended release 24 hr<br/>12.5 mg</i>                         | 1         | PA; QL (60 Tablet Per fill)      |
| <i>paroxetine hcl oral tablet extended release 24 hr<br/>25 mg, 37.5 mg</i>                  | 2         | PA; QL ( 60 tablets per fill)    |

| Drug Name                                                                                 | Drug Tier | Requirements / Limits       |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>paroxetine mesylate (menop.sym) oral capsule 7.5 mg</i>                                | EX        |                             |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG                       | 3         | PA; QL (60 Tablet Per fill) |
| PAXIL ORAL SUSPENSION 10 MG/5 ML                                                          | 3         | PA                          |
| PAXIL ORAL TABLET 10 MG, 40 MG                                                            | 3         | PA; QL (30 Tablet Per fill) |
| PAXIL ORAL TABLET 20 MG, 30 MG                                                            | 3         | PA; QL (60 Tablet Per fill) |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                   | 1         |                             |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1         |                             |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG                       | 3         |                             |
| <i>phenelzine oral tablet 15 mg</i>                                                       | 1         |                             |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                    | 1         |                             |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG                           | EX        |                             |
| <i>procentra oral solution 5 mg/5 ml</i>                                                  | 1         |                             |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                              | 1         |                             |
| PROVIGIL ORAL TABLET 100 MG, 200 MG                                                       | EX        |                             |
| PROZAC ORAL CAPSULE 10 MG, 20 MG                                                          | EX        |                             |
| QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG                        | 3         | ST                          |
| QUAZEPAM ORAL TABLET 15 MG                                                                | EX        |                             |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                | 1         | QL (90 Tablet Per fill)     |
| QUETIAPINE ORAL TABLET 150 MG                                                             | EX        |                             |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                                              | 1         | QL (60 Tablet Per fill)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>                       | 1         | QL (30 Tablet Per fill)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>                | 1         | QL (60 Tablet Per fill)     |
| QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG                   | EX        |                             |
| QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)                   | EX        |                             |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG                                                          | 3         | ST; QL (15 per 23 days)     |
| RALDESY ORAL SOLUTION 10 MG/ML                                                            | EX        |                             |
| <i>ramelteon oral tablet 8 mg</i>                                                         | 1         | QL (15 per 23 days)         |

| Drug Name                                                                                                                       | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG                                      | EX        |                              |
| REMERON ORAL TABLET 15 MG, 30 MG                                                                                                | 3         |                              |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG                                                                  | 3         |                              |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG                                                                             | 3         | QL (15 per 23 days)          |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                                                     | 3         | QL (30 Tablet Per fill)      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML                | 3         |                              |
| RISPERDAL ORAL SOLUTION 1 MG/ML                                                                                                 | 3         |                              |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                                                            | 3         | QL (60 Tablet Per fill)      |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> | 1         |                              |
| <i>risperidone oral solution 1 mg/ml</i>                                                                                        | 1         |                              |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                          | 1         | QL (60 Tablet Per fill)      |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                          | 1         | QL (60 Tablet Per fill)      |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG                                                                                          | EX        |                              |
| ROZEREM ORAL TABLET 8 MG                                                                                                        | EX        |                              |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML                                       | 2         |                              |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG                                                                                   | EX        |                              |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                                                | 3         | QL (30 Patch Per fill)       |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG                                                               | EX        |                              |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG                                            | EX        |                              |
| <i>sertraline oral capsule 150 mg, 200 mg</i>                                                                                   | 1         | ST; QL (30 Capsule Per fill) |

| Drug Name                                                                                                                                                      | Drug Tier | Requirements / Limits                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| <i>sertraline oral concentrate 20 mg/ml</i>                                                                                                                    | 1         |                                          |
| <i>sertraline oral tablet 100 mg, 50 mg</i>                                                                                                                    | 1         | QL (60 Tablet Per fill)                  |
| <i>sertraline oral tablet 25 mg</i>                                                                                                                            | 1         | QL (45 Tablet Per fill)                  |
| SILENOR ORAL TABLET 3 MG, 6 MG                                                                                                                                 | 3         | PA; QL (15 per 23 days)                  |
| SODIUM OXYBATE ORAL SOLUTION 500 MG/ML                                                                                                                         | 4         | PA; QL (540 Milliliter Per fill); SP; LA |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)                                                                                         | EX        |                                          |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                                                                                                               | 2         | PA; QL (30 Tablet Per fill)              |
| <i>tasimelteon oral capsule 20 mg</i>                                                                                                                          | 4         | PA; QL (30 Capsule Per fill); SP         |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                                                                                                    | 1         | QL (15 per 23 days)                      |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                                                                    | 1         |                                          |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                        | 1         |                                          |
| <i>tranlycypromine oral tablet 10 mg</i>                                                                                                                       | 1         |                                          |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                                                                                     | 1         |                                          |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                                                                                                 | 1         | QL (15 per 23 days)                      |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                     | 1         |                                          |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                                          | 1         |                                          |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                                                                                      | 3         | PA; QL (30 Tablet Per fill)              |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML | 2         |                                          |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG                                                                                                                           | EX        |                                          |
| VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG                                                                                                | EX        |                                          |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>                                                                                         | 1         | QL (30 Capsule Per fill)                 |
| <i>venlafaxine oral capsule, extended release 24hr 75 mg</i>                                                                                                   | 1         | QL (90 Capsule Per fill)                 |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                                                                            | 1         | QL (90 Tablet Per fill)                  |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>                                                                            | 1         | PA; QL (30 Tablet Per fill)              |

| Drug Name                                                                                   | Drug Tier | Requirements / Limits                    |
|---------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                                          | 3         |                                          |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG                                                     | EX        |                                          |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>                                           | 1         | PA; QL (30 Tablet Per fill)              |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                             | 3         | QL (30 Capsule Per fill)                 |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG                        | 3         | ST                                       |
| VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG                      | 3         | ST                                       |
| WAKIX ORAL TABLET 17.8 MG                                                                   | 4         | PA; QL (60 Tablet Per fill); SP; LA      |
| WAKIX ORAL TABLET 4.45 MG                                                                   | 4         | PA; QL (30 Tablet Per fill); SP; LA      |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG                    | EX        |                                          |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG                             | EX        |                                          |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG                                               | EX        |                                          |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG                        | EX        |                                          |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | EX        |                                          |
| XYREM ORAL SOLUTION 500 MG/ML                                                               | EX        |                                          |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                             | 4         | PA; QL (540 Milliliter Per fill); SP; LA |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                    | 1         | QL (15 per 23 days)                      |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                                      | 1         |                                          |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG                                     | 3         |                                          |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                              | 1         | QL (60 Capsule Per fill)                 |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>                 | 1         |                                          |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML                                                            | EX        |                                          |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG                                                     | EX        |                                          |
| ZOLPIDEM ORAL CAPSULE 7.5 MG                                                                | EX        |                                          |
| <i>zolpidem oral tablet 10 mg, 5 mg</i>                                                     | 1         | QL (15 per 23 days)                      |

| Drug Name                                                                           | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>                | 1         | QL (15 per 23 days)          |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>                                   | 1         | QL (15 per 23 days)          |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                                  | 4         | PA; SP; QL (28 per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG                                                         | 4         | PA; SP; QL (14 per 365 days) |
| ZYPREXA ORAL TABLET 2.5 MG, 5 MG                                                    | 3         | QL ( 30 tablets per fill)    |
| ZYPREXA ORAL TABLET 20 MG                                                           | 3         | QL (30 Tablet Per fill)      |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG | 3         |                              |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

|                                                                                                         |    |                               |
|---------------------------------------------------------------------------------------------------------|----|-------------------------------|
| AUBAGIO ORAL TABLET 14 MG, 7 MG                                                                         | EX |                               |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                     | 4  | SP; QL (1 per 21 days)        |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                          | 4  | SP; QL (1 per 21 days)        |
| BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG                                                   | 4  | QL (120 Capsule Per fill); SP |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                       | 4  | SP; QL (14 per 23 days)       |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML                                                        | EX |                               |
| <i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> | 4  | QL (60 Capsule Per fill); SP  |
| <i>fingolimod oral capsule 0.5 mg</i>                                                                   | 4  | QL (30 Capsule Per fill); SP  |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG                                                                    | EX |                               |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                                                         | 4  | SP; QL (1 per 23 days)        |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                                                         | 4  | SP; QL (12 per 23 days)       |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                                            | 4  | SP; QL (1 per 23 days)        |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                                            | 4  | SP; QL (12 per 23 days)       |
| KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML                                                         | 4  | SP; QL (1 per 21 days)        |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG                                                            | 4  | SP; LA; QL (40 per 720 days)  |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG                                                             | 4  | SP; LA; QL (16 per 720 days)  |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG                                                             | 4  | SP; LA; QL (20 per 720 days)  |

| Drug Name                                                                | Drug Tier | Requirements / Limits        |
|--------------------------------------------------------------------------|-----------|------------------------------|
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG                              | 4         | SP; LA; QL (24 per 720 days) |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG                              | 4         | SP; LA; QL (28 per 720 days) |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG                              | 4         | SP; LA; QL (32 per 720 days) |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG                              | 4         | SP; LA; QL (36 per 720 days) |
| MAYZENT ORAL TABLET 0.25 MG, 2 MG                                        | 4         | QL (30 Unit Per fill); SP    |
| MAYZENT ORAL TABLET 1 MG                                                 | 4         | QL (30 Tablet Per fill); SP  |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)  | 4         | QL (7 Tablet Per fill); SP   |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS) | 4         | QL (12 Tablet Per fill); SP  |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML                            | 4         | SP; QL (1 per 21 days)       |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML                        | 4         | SP; QL (1 per 21 days)       |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML          | 4         | SP; QL (1 per 365 days)      |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                             | 4         | SP; QL (1 per 21 days)       |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML               | 4         | SP; QL (1 per 365 days)      |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3) | EX        |                              |
| PONVORY ORAL TABLET 20 MG                                                | EX        |                              |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML   | 4         | SP; QL (6 per 21 days)       |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML    | 4         | SP; QL (6 per 21 days)       |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)   | 4         | SP; QL (4.2 per 21 days)     |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)  | 4         | SP; QL (4.2 per 21 days)     |
| TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG                 | EX        |                              |

| Drug Name                                                                                | Drug Tier | Requirements / Limits         |
|------------------------------------------------------------------------------------------|-----------|-------------------------------|
| TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG | EX        |                               |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                             | 4         | QL (30 Tablet Per fill); SP   |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG                                     | 4         | QL (120 Capsule Per fill); SP |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|                                                                                |    |  |
|--------------------------------------------------------------------------------|----|--|
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>                           | 1  |  |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG                                  | 3  |  |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG                             | 3  |  |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                      | 1  |  |
| <i>dofetilide oral capsule 125 mcg, 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  |  |
| MULTAQ ORAL TABLET 400 MG                                                      | 2  |  |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG                       | EX |  |
| NORPACE ORAL CAPSULE 100 MG, 150 MG                                            | EX |  |
| <i>pacerone oral tablet 100 mg, 200 mg</i>                                     | 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</i>                                  | 2  |  |
| <i>propafenone oral tablet 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  |  |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>                            | 1  |  |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                       | 1  |  |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                 | 2  |  |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG                                 | EX |  |

### ANTIHYPERTENSIVE THERAPY

|                                               |   |  |
|-----------------------------------------------|---|--|
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 |  |
|-----------------------------------------------|---|--|

| Drug Name                                                                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG                                                                              | 3         |                       |
| <i>aliskiren oral tablet 150 mg, 300 mg</i>                                                                             | 1         |                       |
| ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG                                                                               | 3         |                       |
| <i>amiloride oral tablet 5 mg</i>                                                                                       | 1         |                       |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                                                                | 1         |                       |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                       | 1         |                       |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>                      | 1         |                       |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                           | 1         |                       |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                                        | 1         |                       |
| <i>amlodipine-valsartan-hctiazid 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> | 1         |                       |
| ARBLI ORAL SUSPENSION 10 MG/ML                                                                                          | EX        |                       |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG                                                                | EX        |                       |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG                                                                            | EX        |                       |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                        | 1         |                       |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                                          | 1         |                       |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG                                                                            | EX        |                       |
| AVAPRO ORAL TABLET 150 MG, 300 MG                                                                                       | EX        |                       |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG                                                                   | EX        |                       |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                                 | 1         |                       |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>                           | 1         |                       |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG                                                                | EX        |                       |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG                                                                                  | EX        |                       |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                                               | 1         |                       |
| BIDIL ORAL TABLET 20-37.5 MG                                                                                            | EX        |                       |

| Drug Name                                                                                     | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                            | 1         |                         |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG                                                        | EX        |                         |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>          | 1         |                         |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                              | 1         |                         |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG                                               | EX        |                         |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                       | 1         |                         |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>            | 1         |                         |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                    | 1         |                         |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>       | 1         |                         |
| CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG        | 3         |                         |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3         |                         |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG                                                     | 3         |                         |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG                                                          | 3         | QL (30 Unit Per fill)   |
| CARDURA ORAL TABLET 8 MG                                                                      | 3         | QL (60 Unit Per fill)   |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG                                             | 3         | QL ( 30 units per fill) |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG                                             | 3         | QL (30 Unit Per fill)   |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML                                                           | EX        |                         |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>           | 1         |                         |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                               | 1         |                         |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>      | 1         |                         |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR                                          | 3         | QL (4 per 21 days)      |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR                                          | 3         | QL (4 per 21 days)      |

| Drug Name                                                                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR                                                   | 3         | QL (4 per 21 days)    |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                         | 1         |                       |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                                | 1         |                       |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG                                               | EX        |                       |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>                     | 1         | QL (4 per 21 days)    |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG                                                                      | EX        |                       |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG                                                   | 3         |                       |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG                                  | 3         |                       |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG                                                    | EX        |                       |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG                                                                | EX        |                       |
| DEMSEER ORAL CAPSULE 250 MG                                                                            | 3         | PA                    |
| <i>diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                       | 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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>       | 1         |                       |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>        | 1         |                       |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                           | 1         |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1         |                       |
| <i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>                             | 1         |                       |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG                      | EX        |                       |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG                                                        | EX        |                       |
| DIURIL ORAL SUSPENSION 250 MG/5 ML                                                                     | 3         |                       |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>                                                          | 1         | QL (30 Unit Per fill) |

| Drug Name                                                                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>doxazosin oral tablet 8 mg</i>                                                              | 1         | QL (60 Unit Per fill) |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG                                                            | EX        |                       |
| EDARBI ORAL TABLET 40 MG, 80 MG                                                                | EX        |                       |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG                                                    | EX        |                       |
| EDECRIN ORAL TABLET 25 MG                                                                      | 3         | ST                    |
| <i>enalapril maleate oral solution 1 mg/ml</i>                                                 | 1         |                       |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                | 1         |                       |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                           | 1         |                       |
| EPANED ORAL SOLUTION 1 MG/ML                                                                   | EX        |                       |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                     | 1         |                       |
| <i>eprosartan oral tablet 600 mg</i>                                                           | 1         |                       |
| <i>ethacrynic acid oral tablet 25 mg</i>                                                       | 1         |                       |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | EX        |                       |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG                                   | EX        |                       |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>                       | 1         |                       |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                              | 1         |                       |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                       | 1         |                       |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML                                                          | EX        |                       |
| <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>                                              | 1         |                       |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                                       | 1         |                       |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                                             | 4         | ST; SP                |
| HEMICLOR ORAL TABLET 12.5 MG                                                                   | EX        |                       |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                     | 1         |                       |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                                | 1         |                       |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                                   | 1         |                       |

| Drug Name                                                                          | Drug Tier | Requirements / Limits       |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG                              | EX        |                             |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                      | 1         |                             |
| INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG       | EX        |                             |
| INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                       | EX        |                             |
| INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG                      | EX        |                             |
| INSPIRA ORAL TABLET 25 MG, 50 MG                                                   | 3         |                             |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML                                | EX        |                             |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                | 1         |                             |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>         | 1         |                             |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>                               | 1         |                             |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                        | 1         |                             |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG    | EX        |                             |
| KATERZIA ORAL SUSPENSION 1 MG/ML                                                   | EX        |                             |
| KERENDIA ORAL TABLET 10 MG, 20 MG                                                  | 2         | PA; QL (30 Tablet Per fill) |
| KERENDIA ORAL TABLET 40 MG                                                         | 2         | PA                          |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                | 1         |                             |
| LABETALOL ORAL TABLET 400 MG                                                       | EX        |                             |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG                                              | 3         | ST                          |
| LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG                                             | EX        |                             |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>             | 1         |                             |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1         |                             |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG                                                | 3         |                             |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>                                   | 1         |                             |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 1         |                             |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG                          | 3         |                             |

| Drug Name                                                                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                                                                 | 3         |                       |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG                                                 | EX        |                       |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>               | 1         |                       |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                             | 1         |                       |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>                                   | 1         |                       |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                        | 1         |                       |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>              | 1         |                       |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                         | 1         |                       |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                              | 1         |                       |
| <i>metyrosine oral capsule 250 mg</i>                                                                    | 1         | PA                    |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG                                                | EX        |                       |
| MICARDIS ORAL TABLET 40 MG, 80 MG                                                                        | EX        |                       |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                               | 1         |                       |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                               | 1         |                       |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                           | 1         |                       |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                  | 1         |                       |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG                                                   | EX        |                       |
| <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>                                  | 1         |                       |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>                                       | 1         |                       |
| <i>nimodipine oral capsule 30 mg</i>                                                                     | 1         |                       |
| <i>nimodipine oral solution 60 mg/20 ml</i>                                                              | 1         |                       |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | 1         |                       |
| NORLIQVA ORAL SOLUTION 1 MG/ML                                                                           | EX        |                       |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                  | EX        |                       |

| Drug Name                                                                                          | Drug Tier | Requirements / Limits            |
|----------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| NYMALIZE ORAL SOLUTION 60 MG/10 ML                                                                 | 3         |                                  |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML                                                      | 3         |                                  |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>                                                   | 1         |                                  |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg</i>         | 1         |                                  |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 40-5-12.5 mg, 40-5-25 mg</i>                         | 2         |                                  |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                 | 1         |                                  |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42)    | 4         | PA; QL (168 Tablet Per fill); SP |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210)   | 4         | PA; QL (336 Tablet Per fill); SP |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | 4         | PA; QL (252 Tablet Per fill); SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG                             | 4         | PA; QL (90 Tablet Per fill); SP  |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG                                                        | 4         | PA; QL (30 Tablets Per fill); SP |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                                           | 1         |                                  |
| <i>phenoxybenzamine oral capsule 10 mg</i>                                                         | 1         | PA                               |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                            | 1         |                                  |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                      | 1         |                                  |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG                                                 | 3         |                                  |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG                                        | 3         |                                  |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>               | 1         |                                  |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                        | 1         |                                  |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                   | 1         |                                  |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                               | 1         |                                  |
| QBRELIS ORAL SOLUTION 1 MG/ML                                                                      | EX        |                                  |

| Drug Name                                                                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                   | 1         |                       |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                        | 1         |                       |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                | 1         |                       |
| SOAANZ ORAL TABLET 40 MG                                                                                 | EX        |                       |
| <i>spironolactone oral suspension 25 mg/5 ml</i>                                                         | 1         |                       |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                                   | 1         |                       |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                               | 1         |                       |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG                                            | 3         |                       |
| TEKTRUNA ORAL TABLET 150 MG, 300 MG                                                                      | EX        |                       |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                       | 1         |                       |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                           | EX        |                       |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>                       | 1         |                       |
| TENORETIC 100 ORAL TABLET 100-25 MG                                                                      | 3         |                       |
| TENORETIC 50 ORAL TABLET 50-25 MG                                                                        | 3         |                       |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG                                                                | 3         |                       |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>                                                           | 1         | QL (30 Unit Per fill) |
| <i>terazosin oral capsule 10 mg</i>                                                                      | 1         | QL (60 Unit Per fill) |
| THALITONE ORAL TABLET 15 MG                                                                              | EX        |                       |
| <i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>    | 1         |                       |
| TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG               | 3         |                       |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                    | 1         |                       |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG                                | EX        |                       |
| <i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                 | 1         |                       |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                         | 1         |                       |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 1         |                       |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                                                            | EX        |                       |

| Drug Name                                                                                                   | Drug Tier | Requirements / Limits               |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <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         |                                     |
| TRIBENZOR 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                    | EX        |                                     |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG          | 4         | PA; QL (60 Tablet Per fill); SP; LA |
| UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)                                                 | 4         | PA; SP; LA; QL (200 per 365 days)   |
| <i>valsartan oral solution 4 mg/ml</i>                                                                      | 2         |                                     |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                   | 1         |                                     |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1         |                                     |
| VASERETIC ORAL TABLET 10-25 MG                                                                              | 3         |                                     |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG                                                              | 3         |                                     |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>                                    | 1         |                                     |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>                                | 1         |                                     |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>                                                | 2         |                                     |
| <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         |                                     |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG                                                     | 3         |                                     |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG                                                | 3         |                                     |
| <b>CARDIAC GLYCOSIDES</b>                                                                                   |           |                                     |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                                         | 1         |                                     |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>                      | 1         |                                     |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)                             | 3         |                                     |

| Drug Name                                                                            | Drug Tier | Requirements / Limits               |
|--------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>COAGULATION THERAPY</b>                                                           |           |                                     |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 300 MG/3 ML (100 MG/ML)                         | EX        |                                     |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                                         | EX        |                                     |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %)                                                | 3         |                                     |
| AMICAR ORAL TABLET 1,000 MG, 500 MG                                                  | 3         |                                     |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>                              | 1         |                                     |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>                                | 1         |                                     |
| ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML | 4         | SP                                  |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>              | 1         |                                     |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                                    | EX        |                                     |
| CABLIVI INJECTION KIT 11 MG                                                          | 4         | PA; SP; LA                          |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                          | 1         |                                     |
| <i>clopidogrel oral tablet 300 mg, 75 mg</i>                                         | 1         |                                     |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>                       | 1         |                                     |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                  | 1         |                                     |
| DOPTELET ORAL TABLET 20 MG                                                           | 4         | PA; QL (15 Tablet Per fill); SP; LA |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG                                       | 4         | PA; QL (60 Capsule Per fill); SP    |
| EFFIENT ORAL TABLET 10 MG, 5 MG                                                      | 3         |                                     |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)                | 2         |                                     |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG                                                     | 2         |                                     |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)    | 2         |                                     |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG                                      | 2         |                                     |
| <i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>                      | 4         | SP                                  |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>                  | 4         | SP                                  |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i>                                  | 4         | SP                                  |

| Drug Name                                                                                                                                                                                                                 | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>                                                                                        | 4         | SP                    |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>                                                                                                                          | 4         | SP                    |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML                                                                                                                                               | 4         | SP                    |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML | 4         | SP                    |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML                                                                                                    | 4         | PA; SP                |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>                                                                                                                                                         | 1         |                       |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 5,000 unit/ml</i>                                                                                                                                                  | 2         |                       |
| <i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml</i>                                                                                                                                                | 1         |                       |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                                                                                                                  | 1         |                       |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>                                                                                                                                          | 1         |                       |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>                                                                                                                                                          | 1         |                       |
| <i>heparin, porcine (pf) injection syringe 5, 000 unit/ml</i>                                                                                                                                                             | 2         |                       |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                                                                                                                                                          | EX        |                       |
| <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>                                                                                                                                     | 1         |                       |
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML                                                                                                                                                                                 | EX        |                       |
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML                                                                                                  | EX        |                       |
| MULPLETA ORAL TABLET 3 MG                                                                                                                                                                                                 | EX        |                       |

| Drug Name                                                                             | Drug Tier | Requirements / Limits               |
|---------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <i>pentoxifylline oral tablet extended release 400 mg</i>                             | 1         |                                     |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML                              | 2         |                                     |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>                          | 1         |                                     |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                                     | 1         | QL (10 Tablet Per fill)             |
| PLAVIX ORAL TABLET 75 MG                                                              | EX        |                                     |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG                                            | EX        |                                     |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG             | EX        |                                     |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                          | 1         |                                     |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG                                         | EX        |                                     |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG                                     | EX        |                                     |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                                    | EX        |                                     |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML                                            | EX        |                                     |
| <i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>                         | 2         |                                     |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                 | 1         |                                     |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG                                               | EX        |                                     |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                                  | 4         | PA; QL (60 Tablet Per fill); SP; LA |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>                                            | 1         |                                     |
| <i>vitamin k injection solution 1 mg/0.5 ml</i>                                       | 1         |                                     |
| <i>vitamin k1 injection solution 10 mg/ml</i>                                         | 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> | 1         |                                     |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)          | 2         |                                     |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML                                    | 2         |                                     |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG                                       | 2         |                                     |
| YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG                   | EX        |                                     |

| Drug Name                                                                                                                                              | Drug Tier | Requirements / Limits      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| ZONTIVITY ORAL TABLET 2.08 MG                                                                                                                          | 3         | PA                         |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                                                                                                               |           |                            |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 1         | QL (30 Unit Per fill)      |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                                                                                                         | EX        |                            |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                                                                                                           | 1         | QL (30 Unit Per fill); ACA |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                                                                                                           | 1         | QL (30 Unit Per fill)      |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG                                                          | 3         | ST; QL (30 Unit Per fill)  |
| <i>cholestyramine (with sugar) oral powder 4 gram</i>                                                                                                  | 1         |                            |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i>                                                                                        | 1         |                            |
| <i>cholestyramine light oral powder 4 gram</i>                                                                                                         | 1         |                            |
| <i>cholestyramine light oral powder in packet 4 gram</i>                                                                                               | 1         |                            |
| <i>colesevelam oral powder in packet 3.75 gram</i>                                                                                                     | 1         |                            |
| <i>colesevelam oral tablet 625 mg</i>                                                                                                                  | 1         |                            |
| COLESTID ORAL TABLET 1 GRAM                                                                                                                            | 3         |                            |
| <i>colestipol oral granules 5 gram</i>                                                                                                                 | 1         |                            |
| <i>colestipol oral packet 5 gram</i>                                                                                                                   | 1         |                            |
| <i>colestipol oral tablet 1 gram</i>                                                                                                                   | 1         |                            |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG                                                                                                          | EX        |                            |
| <i>ezetimibe oral tablet 10 mg</i>                                                                                                                     | 1         |                            |
| EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG                                                                               | EX        |                            |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                                                                        | 1         | QL (30 Unit Per fill)      |
| <i>fenofibrate micronized oral capsule 130 mg</i>                                                                                                      | 1         | ST                         |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                                                                                | 1         |                            |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>                                                                                          | 1         |                            |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG                                                                                                                 | EX        |                            |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                                                                                           | 1         | ST                         |

| Drug Name                                                                            | Drug Tier | Requirements / Limits            |
|--------------------------------------------------------------------------------------|-----------|----------------------------------|
| <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>fenofibric acid oral tablet 105 mg, 35 mg</i>                                     | 1         |                                  |
| FIBRICOR ORAL TABLET 105 MG                                                          | 3         | ST                               |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)                  | 3         | ST; QL (150 Milliliter Per fill) |
| <i>fluvastatin oral capsule 20 mg</i>                                                | 1         | QL (30 Unit Per fill); ACA       |
| <i>fluvastatin oral capsule 40 mg</i>                                                | 1         | QL (60 Unit Per fill); ACA       |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i>                          | 1         | QL (30 Unit Per fill); ACA       |
| <i>gemfibrozil oral tablet 600 mg</i>                                                | 1         |                                  |
| <i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>                                 | 1         | PA                               |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG                                             | 4         | PA; SP; LA                       |
| JUXTAPID ORAL CAPSULE 30 MG                                                          | 4         | SP; LA                           |
| LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML                                            | EX        |                                  |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG                                   | 3         | ST; QL (30 Unit Per fill)        |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG                                       | EX        |                                  |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG                                                   | EX        |                                  |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG                                                  | EX        |                                  |
| LOPID ORAL TABLET 600 MG                                                             | 3         |                                  |
| <i>lovastatin oral tablet 10 mg</i>                                                  | 1         | QL (30 Unit Per fill); ACA       |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>                                           | 1         | QL (60 Unit Per fill); ACA       |
| LOVAZA ORAL CAPSULE 1 GRAM                                                           | EX        |                                  |
| NEXLETOL ORAL TABLET 180 MG                                                          | 2         | PA                               |
| NEXLIZET ORAL TABLET 180-10 MG                                                       | 2         | PA                               |
| <i>niacin oral tablet 500 mg</i>                                                     | 1         |                                  |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>            | 1         |                                  |
| NIACOR ORAL TABLET 500 MG                                                            | 3         |                                  |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i>                                 | 1         | PA                               |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>                             | 1         | QL (30 Unit Per fill); ACA       |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML                           | EX        |                                  |

| Drug Name                                                       | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------------------|-----------|-----------------------------|
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>       | 1         | QL (30 Unit Per fill); ACA  |
| <i>prevalite oral powder 4 gram</i>                             | 1         |                             |
| <i>prevalite oral powder in packet 4 gram</i>                   | 1         |                             |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM                               | 3         |                             |
| QUESTRAN ORAL POWDER 4 GRAM                                     | 3         |                             |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM                           | 3         |                             |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 2         | PA; QL (1 per 21 days)      |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML           | 2         | PA; QL (2 per 21 days)      |
| REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML                          | 2         | PA; QL (2 per 21 days)      |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>                     | 1         | QL (30 Unit Per fill); ACA  |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>                    | 1         | QL (30 Unit Per fill)       |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG        | 3         | ST; QL (30 Tablet Per fill) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>        | 1         | QL (30 Unit Per fill); ACA  |
| <i>simvastatin oral tablet 80 mg</i>                            | 1         | QL (30 Unit Per fill)       |
| TRICOR ORAL TABLET 145 MG                                       | EX        |                             |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML               | 4         | PA; SP; LA                  |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM                           | 2         | PA                          |
| VYTORIN ORAL TABLET 10-10 MG                                    | EX        |                             |
| VYTORIN ORAL TABLET 10-20 MG                                    | EX        |                             |
| VYTORIN ORAL TABLET 10-40 MG                                    | EX        |                             |
| VYTORIN ORAL TABLET 10-80 MG                                    | EX        |                             |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM                         | EX        |                             |
| WELCHOL ORAL TABLET 625 MG                                      | EX        |                             |
| ZETIA ORAL TABLET 10 MG                                         | EX        |                             |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG                           | EX        |                             |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG                                | 3         | ST; QL (30 Tablet Per fill) |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>                      |           |                             |
| ATTRUBY ORAL TABLET 356 MG                                      | 4         | PA; SP                      |

| Drug Name                                                                                            | Drug Tier | Requirements / Limits            |
|------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                      | 4         | PA; QL (30 Capsule Per fill); SP |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                     | EX        |                                  |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG                                                                    | EX        |                                  |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                                   | 3         | QL (60 Tablet Per fill)          |
| ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG                                                      | 2         | QL (240 Capsule Per fill)        |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                                                  | EX        |                                  |
| <i>ivabradine oral tablet 5 mg, 7.5 mg</i>                                                           | 1         | PA                               |
| LODOCO ORAL TABLET 0.5 MG                                                                            | EX        |                                  |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>                                | 1         |                                  |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>                                | 2         | QL ( 60 tablets per fill)        |
| TRYVIO ORAL TABLET 12.5 MG                                                                           | EX        |                                  |
| VANRAFIA ORAL TABLET 0.75 MG                                                                         | 4         | SP                               |
| VECAMYL ORAL TABLET 2.5 MG                                                                           | 3         | PA                               |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                              | 2         | QL (30 Tablet Per fill)          |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                          | 4         | PA; SP                           |
| VYNDAQEL ORAL CAPSULE 20 MG                                                                          | 4         | PA; SP                           |
| <b>NITRATES</b>                                                                                      |           |                                  |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG                                                          | 3         |                                  |
| ISORDIL ORAL TABLET 40 MG                                                                            | 3         |                                  |
| ISORDIL TITRADOSE ORAL TABLET 5 MG                                                                   | 3         |                                  |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                             | 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>nitro-bid transdermal ointment 2 %</i>                                                            | 1         |                                  |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR | 3         |                                  |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>                                        | 1         |                                  |

| Drug Name                                                                                 | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 1         |                       |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>                        | 1         |                       |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY                                | 3         |                       |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY                                       | 3         |                       |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG                                        | 3         |                       |
| <i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>                     | 1         |                       |

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

|                                                                        |    |                         |
|------------------------------------------------------------------------|----|-------------------------|
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                    | 1  |                         |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 %                                     | 3  | ST                      |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML | EX |                         |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML                    | EX |                         |
| <i>calcipotriene scalp solution 0.005 %</i>                            | 1  | QL (120 per 23 days)    |
| <i>calcipotriene topical cream 0.005 %</i>                             | 1  | QL (120 per 23 days)    |
| CALCIPOTRIENE TOPICAL FOAM 0.005 %                                     | EX |                         |
| <i>calcipotriene topical ointment 0.005 %</i>                          | 1  | QL (120 per 23 days)    |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>      | 1  | ST; QL (60 per 23 days) |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>    | 2  | QL (60 per 23 days)     |
| <i>calcitriol topical ointment 3 mcg/gram</i>                          | 1  |                         |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML                   | EX |                         |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS INJECTOR 150 MG/ML                  | EX |                         |
| COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML                           | EX |                         |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                  | EX |                         |

| Drug Name                                                         | Drug Tier | Requirements / Limits       |
|-------------------------------------------------------------------|-----------|-----------------------------|
| COSENTYX UNOREADY PEN<br>SUBCUTANEOUS PEN INJECTOR 300 MG/2<br>ML | EX        |                             |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %                               | 2         | ST; QL (60 per 23 days)     |
| EPIFOAM TOPICAL FOAM 1-1 %                                        | 3         | ST                          |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>             | 1         | ST                          |
| ILUMYA SUBCUTANEOUS SYRINGE 100<br>MG/ML                          | EX        |                             |
| OTULFI SUBCUTANEOUS SOLUTION 45<br>MG/0.5 ML                      | EX        |                             |
| OTULFI SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML             | EX        |                             |
| OVACE PLUS TOPICAL SHAMPOO 10 %                                   | 3         |                             |
| OVACE PLUS TOPICAL CLEANSER 10 %                                  | 3         |                             |
| OVACE PLUS WASH TOPICAL CLEANSER,<br>GEL 10 %                     | 3         |                             |
| OVACE TOPICAL CLEANSER 10 %                                       | 3         |                             |
| PLEXION NS TOPICAL SHAMPOO 9.8 %                                  | 3         |                             |
| PRAMOSONE TOPICAL CREAM 1-1 %                                     | 3         | ST                          |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1<br>%                        | 3         | ST                          |
| PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1<br>%                      | 3         | ST                          |
| PYZCHIVA SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML, 90 MG/ML           | EX        |                             |
| SELARSDI SUBCUTANEOUS SYRINGE 45<br>MG/0.5 ML                     | 4         | PA; SP; QL (45 per 63 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 90<br>MG/ML                         | 4         | PA; SP; QL (90 per 42 days) |
| <i>selenium sulfide topical lotion 2.5 %</i>                      | 1         |                             |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>             | 1         |                             |
| SILIQ SUBCUTANEOUS SYRINGE 210<br>MG/1.5 ML                       | EX        |                             |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR<br>150 MG/ML                    | 4         | PA; SP; QL (2 per 21 days)  |
| SKYRIZI SUBCUTANEOUS SYRINGE 150<br>MG/ML                         | 4         | PA; SP; QL (2 per 21 days)  |
| SORILUX TOPICAL FOAM 0.005 %                                      | EX        |                             |
| SOTYKTU ORAL TABLET 6 MG                                          | 4         | PA; SP; QL (30 per 23 days) |

| Drug Name                                                            | Drug Tier | Requirements / Limits        |
|----------------------------------------------------------------------|-----------|------------------------------|
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML                  | 4         | PA; SP                       |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                           | EX        |                              |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                  | EX        |                              |
| <i>sulfacetamide sodium topical cleanser 10 %</i>                    | 1         |                              |
| <i>sulfacetamide sodium topical cleanser, gel 10 %</i>               | 1         |                              |
| <i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>              | 1         |                              |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 %                            | EX        |                              |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML      | 4         | PA; SP; QL (1 per 21 days)   |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML      | 4         | PA; SP; QL (1 per 21 days)   |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML               | 4         | PA; SP; QL (1 per 21 days)   |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML       | 4         | PA; SP                       |
| TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML                                  | 4         | PA; SP; QL (1 per 21 days)   |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML               | 4         | PA; SP; QL (200 per 63 days) |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 4         | SP; QL (1200 per 365 days)   |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                      | 4         | SP; QL (100 per 42 days)     |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML                    | 4         | PA; SP; QL (200 per 21 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                               | 4         | PA; SP; QL (200 per 63 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML                             | 4         | PA; SP; QL (200 per 21 days) |
| USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                       | EX        |                              |
| USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML              | EX        |                              |

| Drug Name                                                    | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------|-----------|-----------------------------|
| USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | EX        |                             |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML           | 4         | SP; QL (45 per 63 days)     |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML               | 4         | SP; QL (90 per 42 days)     |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM                         | 3         |                             |
| VTAMA TOPICAL CREAM 1 %                                      | 2         | PA; QL (60 per 21 days)     |
| WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                   | EX        |                             |
| WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML          | EX        |                             |
| WYNZORA TOPICAL CREAM 0.005-0.064 %                          | 3         | PA; QL (60 per 23 days)     |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                  | 4         | PA; SP; QL (45 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML                   | 4         | PA; SP; QL (45 per 63 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML                       | 4         | PA; SP; QL (90 per 42 days) |
| ZORYVE TOPICAL CREAM 0.15 %                                  | 2         | ST; QL (60 per 23 days)     |
| ZORYVE TOPICAL CREAM 0.3 %                                   | 3         | PA; QL (60 per 23 days)     |
| ZORYVE TOPICAL FOAM 0.3 %                                    | 3         | ST; QL (60 per 23 days)     |
| <b>BURN THERAPY</b>                                          |           |                             |
| SILVADENE TOPICAL CREAM 1 %                                  | 3         |                             |
| <i>silver sulfadiazine topical cream 1 %</i>                 | 1         |                             |
| <i>ssd topical cream 1 %</i>                                 | 1         |                             |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                         |           |                             |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                 | 4         | PA; SP; QL (2 per 21 days)  |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                         | 4         | PA; SP; QL (2 per 21 days)  |
| <i>ammonium lactate topical cream 12 %</i>                   | 1         |                             |
| <i>ammonium lactate topical lotion 12 %</i>                  | 1         |                             |
| ANZUPGO TOPICAL CREAM 2 %                                    | 2         | SP; QL (60 per 23 days)     |
| CARAC TOPICAL CREAM 0.5 %                                    | EX        |                             |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG                    | 4         | PA; SP; QL (30 per 23 days) |

| Drug Name                                                     | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------|-----------|------------------------------|
| CONDYLOX TOPICAL GEL 0.5 %                                    | EX        |                              |
| CORTANE-B TOPICAL LOTION 1-1-0.1 %                            | 3         |                              |
| <i>derma-r topical cream</i>                                  | 1         |                              |
| <i>diclofenac sodium topical gel 3 %</i>                      | 1         | PA; QL (100 per 21 days)     |
| <i>doxepin topical cream 5 %</i>                              | EX        |                              |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %                      | EX        |                              |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML         | 4         | PA; SP; QL (400 per 21 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML            | 4         | PA; SP; QL (600 per 21 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML          | 4         | PA; SP; QL (400 per 21 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML             | 4         | PA; SP; QL (600 per 21 days) |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML             | 4         | PA; SP                       |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML              | 4         | SP                           |
| EFUDEX TOPICAL CREAM 5 %                                      | 3         |                              |
| ELIDEL TOPICAL CREAM 1 %                                      | EX        |                              |
| EUCRISA TOPICAL OINTMENT 2 %                                  | 2         | ST; QL (120 per 23 days)     |
| FLUOROURACIL TOPICAL CREAM 0.5 %                              | EX        |                              |
| <i>fluorouracil topical cream 5 %</i>                         | 1         |                              |
| <i>fluorouracil topical solution 2 %, 5 %</i>                 | 1         |                              |
| HYFTOR TOPICAL GEL 0.2 %                                      | 4         | PA; SP                       |
| <i>imiquimod topical cream in metered-dose pump 3.75 %</i>    | 1         |                              |
| <i>imiquimod topical cream in packet 3.75 %, 5 %</i>          | 1         |                              |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 %                        | 3         |                              |
| IODOSORB TOPICAL GEL 0.9 %                                    | 3         |                              |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 1         |                              |
| <i>methyl salicylate topical liquid</i>                       | 1         |                              |
| OPZELURA TOPICAL CREAM 1.5 %                                  | 3         | PA; QL (240 per 21 days)     |
| PANRETIN TOPICAL GEL 0.1 %                                    | 3         | PA                           |
| <i>pimecrolimus topical cream 1 %</i>                         | 1         | ST; QL (120 per 23 days)     |

| Drug Name                                                                        | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------------|-----------|--------------------------|
| <i>podofilox topical gel 0.5 %</i>                                               | 1         | ST; QL (7 Gram Per fill) |
| <i>podofilox topical solution 0.5 %</i>                                          | 1         |                          |
| <i>prudoxin topical cream 5 %</i>                                                | EX        |                          |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                                  | EX        |                          |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 %<br>(72 MG /ACTUATION)                       | EX        |                          |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                 | 1         | ST; QL (120 per 23 days) |
| VALCHLOR TOPICAL GEL 0.016 %                                                     | 4         | PA; SP                   |
| VEREGEN TOPICAL OINTMENT 15 %                                                    | EX        |                          |
| ZELSUVMI TOPICAL GEL 10.3 %                                                      | EX        |                          |
| ZONALON TOPICAL CREAM 5 %                                                        | 3         | ST; QL (90 per 23 days)  |
| ZYCLARA TOPICAL CREAM IN METERED-<br>DOSE PUMP 2.5 %, 3.75 %                     | EX        |                          |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75<br>%                                        | EX        |                          |
| <b>THERAPY FOR ACNE</b>                                                          |           |                          |
| ABSORICA LD ORAL CAPSULE 16 MG, 24<br>MG, 32 MG, 8 MG                            | EX        |                          |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG,<br>25 MG, 30 MG, 35 MG, 40 MG                | 3         |                          |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5<br>%                                        | EX        |                          |
| <i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                          | 1         |                          |
| ACZONE TOPICAL GEL 5 %                                                           | 3         | ST                       |
| ACZONE TOPICAL GEL WITH PUMP 7.5 %                                               | 3         | ST                       |
| <i>adapalene topical cream 0.1 %</i>                                             | 1         |                          |
| <i>adapalene topical gel 0.3 %</i>                                               | 1         |                          |
| <i>adapalene topical gel with pump 0.3 %</i>                                     | 1         |                          |
| ADAPALENE TOPICAL LOTION 0.1 %                                                   | 3         | ST                       |
| <i>adapalene topical solution 0.1 %</i>                                          | 1         |                          |
| <i>adapalene topical swab 0.1 %</i>                                              | 1         | ST                       |
| <i>adapalene-benzoyl peroxide topical gel with pump<br/>0.1-2.5 %, 0.3-2.5 %</i> | 1         |                          |
| AKLIEF TOPICAL CREAM 0.005 %                                                     | 3         | PA                       |
| ALTRENO TOPICAL LOTION 0.05 %                                                    | 3         |                          |
| <i>amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40<br/>mg</i>                     | 1         |                          |

| Drug Name                                                                   | Drug Tier | Requirements / Limits    |
|-----------------------------------------------------------------------------|-----------|--------------------------|
| AMZEEQ TOPICAL FOAM 4 %                                                     | 3         | ST                       |
| ARAZLO TOPICAL LOTION 0.045 %                                               | 3         | PA                       |
| ATRALIN TOPICAL GEL 0.05 %                                                  | EX        |                          |
| AVAR LS TOPICAL CLEANSER 10-2 %                                             | 3         | ST                       |
| <i>avar topical cleanser 10-5 % (w/w)</i>                                   | 1         | ST                       |
| AVAR-E TOPICAL CREAM 10-5 % (W/W)                                           | 3         | ST                       |
| <i>azelaic acid topical gel 15 %</i>                                        | 1         |                          |
| AZELEX TOPICAL CREAM 20 %                                                   | 3         | ST                       |
| BENZAMYCIN TOPICAL GEL 3-5 %                                                | 3         | ST                       |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %                                | 3         | ST                       |
| <i>benzepro topical towelette 6 %</i>                                       | 1         |                          |
| <i>benzoyl peroxide topical cleanser 7 %</i>                                | 1         |                          |
| <i>benzoyl peroxide topical foam 9.8 %</i>                                  | 1         |                          |
| <i>bp topical cleanser 10-1 %</i>                                           | 1         | ST                       |
| <i>brimonidine topical gel with pump 0.33 %</i>                             | 1         | PA                       |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %                                          | EX        |                          |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                     | 1         |                          |
| CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %                                     | EX        |                          |
| CLEOCIN T TOPICAL LOTION 1 %                                                | 3         | ST; QL (120 per 23 days) |
| CLINDACIN ETZ TOPICAL KIT 1 %                                               | 3         | ST                       |
| <i>clindacin etz topical swab 1 %</i>                                       | 1         |                          |
| <i>clindacin p topical swab 1 %</i>                                         | 1         |                          |
| CLINDACIN PAC TOPICAL KIT 1 %                                               | 3         | ST                       |
| <i>clindacin topical foam 1 %</i>                                           | 1         | ST; QL (100 per 23 days) |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %                                       | EX        |                          |
| <i>clindamycin phosphate topical foam 1 %</i>                               | 1         | ST; QL (100 per 23 days) |
| <i>clindamycin phosphate topical gel 1 %</i>                                | 1         | QL (120 per 23 days)     |
| <i>clindamycin phosphate topical gel, once daily 1 %</i>                    | 1         | ST; QL (150 per 23 days) |
| <i>clindamycin phosphate topical lotion 1 %</i>                             | 1         | QL (120 per 23 days)     |
| <i>clindamycin phosphate topical solution 1 %</i>                           | 1         | QL (120 per 23 days)     |
| <i>clindamycin phosphate topical swab 1 %</i>                               | 1         |                          |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i> | 1         |                          |

| Drug Name                                                                                           | Drug Tier | Requirements / Limits    |
|-----------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i> | 1         |                          |
| <i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>                                                | 1         |                          |
| <i>dapsone topical gel 5 %</i>                                                                      | 1         |                          |
| DAPSONE TOPICAL GEL 7.5 %                                                                           | EX        |                          |
| <i>dapsone topical gel with pump 7.5 %</i>                                                          | 1         |                          |
| DIFFERIN TOPICAL CREAM 0.1 %                                                                        | 3         | ST                       |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 %                                                                | 3         | ST                       |
| DIFFERIN TOPICAL LOTION 0.1 %                                                                       | 3         | ST                       |
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %                                                        | 3         | ST                       |
| EPSOLAY TOPICAL CREAM 5 %                                                                           | EX        |                          |
| <i>ery pads topical swab 2 %</i>                                                                    | 1         |                          |
| <i>erythromycin with ethanol topical gel 2 %</i>                                                    | 1         |                          |
| <i>erythromycin with ethanol topical solution 2 %</i>                                               | 1         |                          |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>                                              | 1         |                          |
| EVOCLIN TOPICAL FOAM 1 %                                                                            | 3         | ST; QL (100 per 23 days) |
| FABIOR TOPICAL FOAM 0.1 %                                                                           | EX        |                          |
| FINACEA TOPICAL FOAM 15 %                                                                           | 2         | ST                       |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>                           | 1         |                          |
| <i>ivermectin topical cream 1 %</i>                                                                 | 1         | QL (45 per 23 days)      |
| METROCREAM TOPICAL CREAM 0.75 %                                                                     | 3         | ST                       |
| METROGEL TOPICAL GEL 1 %                                                                            | 3         | ST                       |
| <i>metronidazole topical cream 0.75 %</i>                                                           | 1         |                          |
| <i>metronidazole topical gel 0.75 %, 1 %</i>                                                        | 1         |                          |
| <i>metronidazole topical gel with pump 1 %</i>                                                      | 1         |                          |
| <i>metronidazole topical lotion 0.75 %</i>                                                          | 1         |                          |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 %                                                                | 2         | PA                       |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %                                                 | 3         | ST                       |
| <i>neuac topical gel 1.2 %(1 % base) -5 %</i>                                                       | 1         |                          |
| NORITATE TOPICAL CREAM 1 %                                                                          | EX        |                          |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %                                              | 3         | ST                       |
| PACNEX TOPICAL CLEANSER 7 %                                                                         | 3         | ST                       |

| Drug Name                                                                      | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------------------|-----------|-------------------------|
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %                     | 3         | ST                      |
| PLEXION TOPICAL CLEANSER 9.8-4.8 %                                             | 3         | ST                      |
| PLEXION TOPICAL CREAM 9.8-4.8 %                                                | 3         | ST                      |
| PLEXION TOPICAL LOTION 9.8-4.8 %                                               | 3         | ST                      |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %                                       | 3         | ST                      |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %                         | EX        |                         |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %                        | 3         |                         |
| RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %                                        | EX        |                         |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %                                   | 3         |                         |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 %                                            | 3         |                         |
| RHOFADE TOPICAL CREAM 1 %                                                      | 3         | PA                      |
| <i>rosadan topical cream 0.75 %</i>                                            | 1         |                         |
| <i>rosadan topical gel 0.75 %</i>                                              | 1         |                         |
| ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %                                    | 3         | ST                      |
| ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %                                  | 3         | ST                      |
| <i>rosula cleansing cloths topical pads, medicated 10-5 %</i>                  | 1         |                         |
| ROSULA TOPICAL CLEANSER 10-4.5 %                                               | 3         | ST                      |
| SOOLANTRA TOPICAL CREAM 1 %                                                    | 3         | ST; QL (45 per 23 days) |
| <i>sss 10-5 topical cream 10-5 % (w/w)</i>                                     | 1         |                         |
| <i>sss 10-5 topical foam 10-5 %</i>                                            | 1         | ST                      |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %</i> | 1         | ST                      |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %</i>        | 1         |                         |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %                             | EX        |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>             | 1         | ST                      |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                  | 1         |                         |

| Drug Name                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i> | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>                       | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>                     | 1         | ST                    |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %                                 | EX        |                       |
| <i>sulfacetamide-sulfur 9-4% wash</i>                                                   | 1         | ST                    |
| <i>sulfacleanse 8-4 topical suspension 8-4 %</i>                                        | 1         | ST                    |
| SUMADAN TOPICAL CLEANSER 9-4.5 %                                                        | 3         | ST                    |
| SUMADAN TOPICAL KIT 9-4.5 %                                                             | 3         | ST                    |
| SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25                    | 3         | ST                    |
| SUMAXIN CP TOPICAL KIT 10-4 %                                                           | 3         | ST                    |
| SUMAXIN TOPICAL CLEANSER 9-4 %                                                          | 3         | ST                    |
| SUMAXIN TOPICAL PADS, MEDICATED 10-4 %                                                  | 3         | ST                    |
| SUMAXIN TS TOPICAL SUSPENSION 8-4 %                                                     | 3         | ST                    |
| <i>tazarotene topical cream 0.05 %, 0.1 %</i>                                           | 1         | PA                    |
| TAZAROTENE TOPICAL FOAM 0.1 %                                                           | EX        |                       |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i>                                             | 1         | PA                    |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 %                                                     | EX        |                       |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 %                                                       | EX        |                       |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>                                 | 1         |                       |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>               | 1         |                       |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>                                   | 1         |                       |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>                                    | 1         |                       |
| TWYNEO TOPICAL CREAM 0.1-3 %                                                            | EX        |                       |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                                                  | 3         | ST                    |
| VELTIN TOPICAL GEL 1.2-0.025 %                                                          | EX        |                       |
| WINLEVI TOPICAL CREAM 1 %                                                               | EX        |                       |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                 | 1         |                       |
| ZIANA TOPICAL GEL 1.2-0.025 %                                                           | 3         | ST                    |
| ZILXI TOPICAL FOAM 1.5 %                                                                | EX        |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits     |
|-----------------------------------------------------------------|-----------|---------------------------|
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %                            | EX        |                           |
| <b>TOPICAL ANESTHETICS</b>                                      |           |                           |
| COCAINE NASAL SOLUTION 4 %                                      | 3         |                           |
| <i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i> | 1         | PA                        |
| GOPRELTO NASAL SOLUTION 4 %                                     | 3         |                           |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>               | 1         |                           |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>    | 1         |                           |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>     | 1         |                           |
| <i>lidocaine topical adhesive patch, medicated 5 %</i>          | 1         | PA                        |
| <i>lidocaine topical ointment 5 %</i>                           | 1         | QL (50 per 23 days)       |
| <i>lidocaine viscous mucous membrane solution 2 %</i>           | 1         |                           |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>             | 1         | QL (30 per 23 days)       |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>               | 1         |                           |
| <i>lidocan iii topical adhesive patch, medicated 5 %</i>        | 1         | PA                        |
| <i>lidocan iv topical adhesive patch, medicated 5 %</i>         | 1         | PA                        |
| <i>lidocan v topical adhesive patch, medicated 5 %</i>          | 1         | PA                        |
| <i>lidocort topical cream 3-0.5 %</i>                           | 1         |                           |
| LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 %                  | EX        |                           |
| NUMBRINO NASAL SOLUTION 4 %                                     | 3         |                           |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %                  | 2         | PA                        |
| <b>TOPICAL ANTIBACTERIALS</b>                                   |           |                           |
| ALCORTIN A TOPICAL GEL 2-1-1 %                                  | EX        |                           |
| ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %                        | EX        |                           |
| ALTABAX TOPICAL OINTMENT 1 %                                    | 3         | ST; QL (30 Gram Per fill) |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                             | 3         | ST; QL (1 Unit Per fill)  |
| CENTANY TOPICAL OINTMENT 2 %                                    | 3         | ST; QL (30 Gram Per fill) |
| <i>gentamicin topical cream 0.1 %</i>                           | 1         | QL (60 Gram Per fill)     |
| <i>gentamicin topical ointment 0.1 %</i>                        | 1         | QL (60 Gram Per fill)     |
| KLARON TOPICAL SUSPENSION 10 %                                  | 3         | ST                        |
| <i>lugols topical solution 5-10 %</i>                           | 1         |                           |

| Drug Name                                                  | Drug Tier | Requirements / Limits     |
|------------------------------------------------------------|-----------|---------------------------|
| <i>mupirocin calcium topical cream 2 %</i>                 | 1         | ST; QL (30 Gram Per fill) |
| <i>mupirocin topical ointment 2 %</i>                      | 1         | QL (44 Gram Per fill)     |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %  | 3         |                           |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %      | 3         |                           |
| <i>strong iodine topical solution 5-10 %</i>               | 1         |                           |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | 1         |                           |
| SULFAMYLON TOPICAL CREAM 85 MG/G                           | 2         |                           |
| XEPI TOPICAL CREAM 1 %                                     | 3         | ST; QL (30 Gram Per fill) |
| <b>TOPICAL ANTIFUNGALS</b>                                 |           |                           |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                     | 3         |                           |
| CICLODAN KIT TOPICAL SOLUTION 8 %                          | 3         | ST                        |
| <i>ciclodan topical cream 0.77 %</i>                       | 1         | QL (90 per 21 days)       |
| <i>ciclodan topical solution 8 %</i>                       | 1         |                           |
| <i>ciclopirox topical cream 0.77 %</i>                     | 1         | QL (90 per 21 days)       |
| <i>ciclopirox topical gel 0.77 %</i>                       | 1         | QL (100 per 21 days)      |
| <i>ciclopirox topical shampoo 1 %</i>                      | 1         | QL (120 per 21 days)      |
| <i>ciclopirox topical solution 8 %</i>                     | 1         |                           |
| <i>ciclopirox topical suspension 0.77 %</i>                | 1         | QL (60 per 21 days)       |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> | EX        |                           |
| <i>clotrimazole topical cream 1 %</i>                      | 1         | QL (45 per 21 days)       |
| <i>clotrimazole topical solution 1 %</i>                   | 1         | QL (60 per 21 days)       |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>   | 1         | QL (90 per 21 days)       |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>  | 1         | QL (60 per 21 days)       |
| <i>econazole nitrate topical cream 1 %</i>                 | 1         | QL (85 per 21 days)       |
| ECONAZOLE NITRATE TOPICAL FOAM 1 %                         | EX        |                           |
| ECOZA TOPICAL FOAM 1 %                                     | EX        |                           |
| ERTACZO TOPICAL CREAM 2 %                                  | EX        |                           |
| EXELDERM TOPICAL CREAM 1 %                                 | 3         | QL (60 per 21 days)       |
| EXELDERM TOPICAL SOLUTION 1 %                              | 3         | QL (60 per 21 days)       |
| EXTINA TOPICAL FOAM 2 %                                    | 3         | ST; QL (100 per 21 days)  |

| Drug Name                                                              | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------|-----------|--------------------------|
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %                           | 3         | ST                       |
| <i>ketoconazole topical cream 2 %</i>                                  | 1         | QL (60 per 21 days)      |
| <i>ketoconazole topical foam 2 %</i>                                   | 1         | ST; QL (100 per 21 days) |
| <i>ketoconazole topical shampoo 2 %</i>                                | 1         | QL (120 per 21 days)     |
| <i>ketodan kit topical combo pack 2 %</i>                              | 1         | ST                       |
| <i>ketodan topical foam 2 %</i>                                        | 1         | ST; QL (100 per 21 days) |
| <i>klayesta topical powder 100,000 unit/gram</i>                       | 1         | QL (180 Gram Per fill)   |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %                               | 3         | QL (90 per 21 days)      |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %                          | 3         | QL (60 per 21 days)      |
| LOPROX KIT TOPICAL COMBO PACK 0.77 %                                   | 3         | QL (544 per 23 days)     |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %                 | 3         | QL (1 per 23 days)       |
| LULICONAZOLE TOPICAL CREAM 1 %                                         | EX        |                          |
| LUZU TOPICAL CREAM 1 %                                                 | EX        |                          |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %        | EX        |                          |
| <i>naftifine topical cream 1 %, 2 %</i>                                | EX        |                          |
| <i>naftifine topical gel 2 %</i>                                       | EX        |                          |
| NAFTIN TOPICAL GEL 2 %                                                 | EX        |                          |
| <i>nyamyc topical powder 100,000 unit/gram</i>                         | 1         | QL (180 Gram Per fill)   |
| <i>nystatin topical cream 100,000 unit/gram</i>                        | 1         | QL (60 per 21 days)      |
| <i>nystatin topical ointment 100,000 unit/gram</i>                     | 1         | QL (60 per 21 days)      |
| <i>nystatin topical powder 100,000 unit/gram</i>                       | 1         | QL (180 Grams Per fill)  |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>       | 1         | QL (60 per 21 days)      |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 1         | QL (60 per 21 days)      |
| <i>nystop topical powder 100,000 unit/gram</i>                         | 1         | QL (180 Gram Per fill)   |
| <i>oxiconazole topical cream 1 %</i>                                   | EX        |                          |
| OXISTAT TOPICAL LOTION 1 %                                             | EX        |                          |
| SULCONAZOLE TOPICAL CREAM 1 %                                          | EX        |                          |
| SULCONAZOLE TOPICAL SOLUTION 1 %                                       | EX        |                          |
| <i>tavaborole topical solution with applicator 5 %</i>                 | 1         | ST                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits     |
|-----------------------------------------------------------|-----------|---------------------------|
| VUSION TOPICAL OINTMENT 0.25-15-81.35 %                   | EX        |                           |
| <b>TOPICAL ANTIVIRALS</b>                                 |           |                           |
| <i>acyclovir topical cream 5 %</i>                        | 1         | PA; QL (5 Gram Per fill)  |
| <i>acyclovir topical ointment 5 %</i>                     | 1         | PA; QL (30 Gram Per fill) |
| DENAVIR TOPICAL CREAM 1 %                                 | EX        |                           |
| <i>penciclovir topical cream 1 %</i>                      | EX        |                           |
| XERESE TOPICAL CREAM 5-1 %                                | EX        |                           |
| ZOVIRAX TOPICAL CREAM 5 %                                 | 3         | PA; QL (5 Gram Per fill)  |
| ZOVIRAX TOPICAL OINTMENT 5 %                              | EX        |                           |
| <b>TOPICAL CORTICOSTEROIDS</b>                            |           |                           |
| <i>ala-cort topical cream 1 %</i>                         | 1         |                           |
| ALA-SCALP TOPICAL LOTION 2 %                              | 3         | ST                        |
| <i>alclometasone topical cream 0.05 %</i>                 | 1         |                           |
| <i>alclometasone topical ointment 0.05 %</i>              | 1         |                           |
| <i>amcinonide topical cream 0.1 %</i>                     | 1         | ST                        |
| <i>amcinonide topical ointment 0.1 %</i>                  | 1         | ST                        |
| <i>apexicon e topical cream 0.05 %</i>                    | EX        |                           |
| <i>beser topical lotion 0.05 %</i>                        | 1         | ST                        |
| <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>         | 1         | ST                        |
| <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>   | 1         |                           |
| BRYHALI TOPICAL LOTION 0.01 %                             | 3         | ST                        |
| CAPEX TOPICAL SHAMPOO 0.01 %                              | 3         | ST                        |
| <i>clobetasol scalp solution 0.05 %</i>                   | 1         | QL (100 per 23 days)      |
| CLOBETASOL TOPICAL CREAM 0.025 %                          | EX        |                           |

| Drug Name                                               | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------|-----------|--------------------------|
| <i>clobetasol topical cream 0.05 %</i>                  | 1         | QL (120 per 23 days)     |
| <i>clobetasol topical foam 0.05 %</i>                   | 1         | ST; QL (100 per 23 days) |
| <i>clobetasol topical gel 0.05 %</i>                    | 1         | QL (120 per 23 days)     |
| <i>clobetasol topical lotion 0.05 %</i>                 | 1         | ST; QL (118 per 23 days) |
| <i>clobetasol topical ointment 0.05 %</i>               | 1         | QL (120 per 23 days)     |
| <i>clobetasol topical shampoo 0.05 %</i>                | 1         | ST; QL (236 per 23 days) |
| <i>clobetasol topical spray, non-aerosol 0.05 %</i>     | 1         | ST; QL (125 per 23 days) |
| <i>clobetasol-emollient topical cream 0.05 %</i>        | 1         | QL (120 per 23 days)     |
| <i>clobetasol-emollient topical foam 0.05 %</i>         | 1         | ST; QL (100 per 23 days) |
| CLOBEX TOPICAL SHAMPOO 0.05 %                           | 3         | ST; QL (236 per 23 days) |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %                | 3         | ST; QL (125 per 23 days) |
| <i>clocortolone pivalate topical cream 0.1 %</i>        | EX        |                          |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %     | 3         | ST; QL (2 per 21 days)   |
| <i>clodan topical shampoo 0.05 %</i>                    | 1         | ST; QL (236 per 23 days) |
| CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2               | 3         | ST                       |
| DERMA-SMOOTHIE/FS BODY TOPICAL OIL 0.01 %               | 3         | ST                       |
| DERMA-SMOOTHIE/FS SCALP OIL 0.01 %                      | 3         | ST                       |
| <i>desonide topical cream 0.05 %</i>                    | 1         |                          |
| <i>desonide topical gel 0.05 %</i>                      | 1         | ST                       |
| <i>desonide topical lotion 0.05 %</i>                   | 1         | ST                       |
| <i>desonide topical ointment 0.05 %</i>                 | 1         |                          |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i>      | 1         | ST                       |
| <i>desoximetasone topical gel 0.05 %</i>                | 1         | ST                       |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i>   | 1         | ST                       |
| <i>desoximetasone topical spray, non-aerosol 0.25 %</i> | 1         | ST                       |
| <i>diflorasone topical cream 0.05 %</i>                 | EX        |                          |
| <i>diflorasone topical ointment 0.05 %</i>              | EX        |                          |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %           | 3         | ST                       |
| DUOBRII TOPICAL LOTION 0.01-0.045 %                     | 3         | ST; QL (200 per 23 days) |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>     | 1         |                          |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i>       | 1         |                          |

| Drug Name                                              | Drug Tier | Requirements / Limits    |
|--------------------------------------------------------|-----------|--------------------------|
| <i>fluocinolone topical oil 0.01 %</i>                 | 1         |                          |
| <i>fluocinolone topical ointment 0.025 %</i>           | 1         |                          |
| <i>fluocinolone topical solution 0.01 %</i>            | 1         |                          |
| <i>fluocinonide topical cream 0.05 %</i>               | 1         | QL (120 per 23 days)     |
| <i>fluocinonide topical cream 0.1 %</i>                | 1         | ST; QL (120 per 23 days) |
| <i>fluocinonide topical gel 0.05 %</i>                 | 1         | QL (120 per 23 days)     |
| <i>fluocinonide topical ointment 0.05 %</i>            | 1         | QL (120 per 23 days)     |
| <i>fluocinonide topical solution 0.05 %</i>            | 1         | QL (120 per 23 days)     |
| <i>fluocinonide-e topical cream 0.05 %</i>             | 1         | QL (120 per 23 days)     |
| <i>flurandrenolide topical cream 0.05 %</i>            | EX        |                          |
| <i>flurandrenolide topical lotion 0.05 %</i>           | EX        |                          |
| <i>flurandrenolide topical ointment 0.05 %</i>         | EX        |                          |
| <i>fluticasone propionate topical cream 0.05 %</i>     | 1         |                          |
| <i>fluticasone propionate topical lotion 0.05 %</i>    | 1         | ST                       |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1         |                          |
| <i>halcinonide topical cream 0.1 %</i>                 | EX        |                          |
| <i>halcinonide topical solution 0.1 %</i>              | EX        |                          |
| <i>halobetasol propionate topical cream 0.05 %</i>     | 1         |                          |
| <i>halobetasol propionate topical foam 0.05 %</i>      | 1         | ST                       |
| <i>halobetasol propionate topical ointment 0.05 %</i>  | 1         |                          |
| HALOG TOPICAL CREAM 0.1 %                              | 3         | ST                       |
| <i>hydrocortisone butyrate topical cream 0.1 %</i>     | 1         | QL (120 per 23 days)     |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i>    | 1         | ST; QL (118 per 23 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i>  | 1         | ST; QL (120 per 21 days) |
| <i>hydrocortisone butyrate topical solution 0.1 %</i>  | 1         | ST; QL (120 per 23 days) |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>         | 1         |                          |
| <i>hydrocortisone topical lotion 2 %, 2.5 %</i>        | 1         |                          |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>      | 1         |                          |
| <i>hydrocortisone topical solution 2.5 %</i>           | 1         |                          |
| <i>hydrocortisone valerate topical cream 0.2 %</i>     | 1         |                          |
| <i>hydrocortisone valerate topical ointment 0.2 %</i>  | 1         |                          |
| IMPOYZ TOPICAL CREAM 0.025 %                           | EX        |                          |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM                  | 3         | ST; QL (100 per 23 days) |
| <i>lexette topical foam 0.05 %</i>                     | 1         | ST                       |

| Drug Name                                                             | Drug Tier | Requirements / Limits    |
|-----------------------------------------------------------------------|-----------|--------------------------|
| <i>mometasone topical cream 0.1 %</i>                                 | 1         |                          |
| <i>mometasone topical ointment 0.1 %</i>                              | 1         |                          |
| <i>mometasone topical solution 0.1 %</i>                              | 1         |                          |
| NUCORT TOPICAL LOTION 2 %                                             | 3         | ST                       |
| OLUX TOPICAL FOAM 0.05 %                                              | 3         | ST; QL (100 per 23 days) |
| PANDEL TOPICAL CREAM 0.1 %                                            | 3         | ST                       |
| <i>prednicarbate topical cream 0.1 %</i>                              | 1         |                          |
| PROCTOCORT TOPICAL CREAM 1 %                                          | 3         | ST                       |
| <i>scalacort topical lotion 2 %</i>                                   | 1         |                          |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                                | EX        |                          |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %                               | 3         | ST                       |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %   | 3         | ST                       |
| SYNALAR TOPICAL CREAM 0.025 %                                         | 3         | ST                       |
| SYNALAR TOPICAL OINTMENT 0.025 %                                      | 3         | ST                       |
| SYNALAR TOPICAL SOLUTION 0.01 %                                       | 3         | ST                       |
| SYNALAR TS TOPICAL KIT 0.01 %                                         | 3         | ST                       |
| TEXACORT TOPICAL SOLUTION 2.5 %                                       | 3         | ST                       |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 %                                 | 3         | ST                       |
| TOPICORT TOPICAL GEL 0.05 %                                           | 3         | ST                       |
| TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %                              | 3         | ST                       |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %                            | EX        |                          |
| <i>tovet emollient topical foam 0.05 %</i>                            | 1         | ST; QL (100 per 23 days) |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>          | 1         | ST; QL (126 per 23 days) |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>    | 1         |                          |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>          | 1         |                          |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1         |                          |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | 1         | ST                       |
| <i>triderm topical cream 0.5 %</i>                                    | 1         | ST                       |
| ULTRAVATE TOPICAL LOTION 0.05 %                                       | EX        |                          |

| Drug Name                                                                | Drug Tier | Requirements / Limits      |
|--------------------------------------------------------------------------|-----------|----------------------------|
| VANOS TOPICAL CREAM 0.1 %                                                | EX        |                            |
| VERDESO TOPICAL FOAM 0.05 %                                              | EX        |                            |
| <b>TOPICAL ENZYMES</b>                                                   |           |                            |
| NEXOBRID TOPICAL GEL 8.8 %                                               | 3         |                            |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                    | 2         | QL (180 Gram Per fill)     |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                                |           |                            |
| <i>crotan topical lotion 10 %</i>                                        | EX        |                            |
| ELIMITE TOPICAL CREAM 5 %                                                | 3         |                            |
| EURAX TOPICAL CREAM 10 %                                                 | 3         |                            |
| EURAX TOPICAL LOTION 10 %                                                | 3         |                            |
| <i>malathion topical lotion 0.5 %</i>                                    | 1         |                            |
| NATROBA TOPICAL SUSPENSION 0.9 %                                         | EX        |                            |
| OVIDE TOPICAL LOTION 0.5 %                                               | 3         |                            |
| <i>permethrin topical cream 5 %</i>                                      | 1         |                            |
| <i>pruradik topical lotion 10 %</i>                                      | EX        |                            |
| <i>spinosad topical suspension 0.9 %</i>                                 | 1         |                            |
| ULESFIA TOPICAL LOTION 5 %                                               | 3         |                            |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                            |           |                            |
| <b>ANOREXIANTS</b>                                                       |           |                            |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML                                  | 4         | PA; SP; QL (6 per 23 days) |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)               | EX        |                            |
| <b>IRRIGATING SOLUTIONS</b>                                              |           |                            |
| <i>lactated ringers irrigation solution</i>                              | 1         |                            |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | 1         |                            |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L                          | 3         |                            |
| PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L                           | 3         |                            |
| <i>ringer's irrigation solution</i>                                      | 1         |                            |
| SORBITOL IRRIGATION SOLUTION 3 %                                         | 3         |                            |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML            | 3         |                            |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <b>MISCELLANEOUS AGENTS</b>                                        |           |                       |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>     | 1         |                       |
| <i>acetic acid irrigation solution 0.25 %</i>                      | 1         |                       |
| AGRYLIN ORAL CAPSULE 0.5 MG                                        | 3         |                       |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i>                        | 1         |                       |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM                                | 4         | SP                    |
| BUPHENYL ORAL TABLET 500 MG                                        | 4         | SP                    |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>        | 1         |                       |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG                           | 4         | PA; SP; LA            |
| <i>carglumic acid oral tablet, dispersible 200 mg</i>              | 4         | PA; SP                |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML                      | 3         |                       |
| CARNITOR ORAL SOLUTION 100 MG/ML                                   | 3         |                       |
| CARNITOR ORAL TABLET 330 MG                                        | 3         |                       |
| <i>cevimeline oral capsule 30 mg</i>                               | 1         |                       |
| CHEMET ORAL CAPSULE 100 MG                                         | 2         | PA                    |
| CUVRIOR ORAL TABLET 300 MG                                         | EX        |                       |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>   | 4         | SP                    |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>               | 4         | SP                    |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | 4         | SP                    |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i>                    | 4         | SP                    |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                       | 1         |                       |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>               | 4         | PA; SP                |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML                                 | EX        |                       |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML                      | 4         | PA; SP; LA            |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                | EX        |                       |
| EVOXAC ORAL CAPSULE 30 MG                                          | 3         |                       |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG             | EX        |                       |
| FABHALTA ORAL CAPSULE 200 MG                                       | 4         | PA; SP                |

| Drug Name                                                                        | Drug Tier | Requirements / Limits           |
|----------------------------------------------------------------------------------|-----------|---------------------------------|
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG                 | 4         | SP                              |
| FERRIPROX ORAL SOLUTION 100 MG/ML                                                | 4         | SP                              |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG                                           | 4         | SP                              |
| <i>glutamine (sickle cell) oral powder in packet 5 gram</i>                      | 4         | PA; SP                          |
| <i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>                           | 4         | SP                              |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML                                          | 4         | PA; SP; LA                      |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG                                         | EX        |                                 |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG                    | EX        |                                 |
| JOENJA ORAL TABLET 70 MG                                                         | 4         | PA; QL (60 Tablet Per fill); SP |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i>                        | 1         |                                 |
| <i>levocarnitine oral solution 100 mg/ml</i>                                     | 1         |                                 |
| <i>levocarnitine oral tablet 330 mg</i>                                          | 1         |                                 |
| LITFULO ORAL CAPSULE 50 MG                                                       | 4         | PA; SP; QL (28 per 21 days)     |
| LITHOSTAT ORAL TABLET 250 MG                                                     | 3         |                                 |
| METOPIRONE ORAL CAPSULE 250 MG                                                   | 3         |                                 |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                 | 1         |                                 |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>                          | 4         | PA; SP; LA                      |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                                              | 4         | PA; SP; LA                      |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG                                     | EX        |                                 |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | 4         | SP                              |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG                                    | 4         | PA; SP; LA                      |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                                  | 4         | PA; SP; LA                      |
| PHEBURANE ORAL GRANULES 483 MG/GRAM                                              | 4         | SP                              |
| PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML)                                | EX        |                                 |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                          | 4         | PA; SP; LA; QL (56 per 21 days) |

| Drug Name                                                                  | Drug Tier | Requirements / Limits                 |
|----------------------------------------------------------------------------|-----------|---------------------------------------|
| PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | 4         | PA; SP; LA; QL (14 per 365 days)      |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM                                         | 3         |                                       |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                            | EX        |                                       |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG                                 | 4         | PA; SP; QL (30 per 23 days)           |
| <i>riluzole oral tablet 50 mg</i>                                          | 1         | PA                                    |
| <i>risedronate oral tablet 30 mg</i>                                       | 1         | QL (30 Unit Per fill)                 |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>             | 1         |                                       |
| <i>sodium chloride 0.9 % injection solution</i>                            | 1         |                                       |
| <i>sodium chloride irrigation solution 0.9 %</i>                           | 1         |                                       |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>                    | 1         |                                       |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                            | 1         |                                       |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG                                          | 4         | PA; QL (112 Capsule Per fill); SP; LA |
| SOHONOS ORAL CAPSULE 10 MG                                                 | 4         | PA; QL (56 Capsule Per fill); SP; LA  |
| SOHONOS ORAL CAPSULE 2.5 MG                                                | 4         | PA; QL (140 Capsule Per fill); SP; LA |
| SOHONOS ORAL CAPSULE 5 MG                                                  | 4         | PA; QL (84 Capsule Per fill); SP; LA  |
| SYPRINE ORAL CAPSULE 250 MG                                                | 3         | PA                                    |
| TAVNEOS ORAL CAPSULE 10 MG                                                 | 4         | PA; SP; QL (180 per 23 days)          |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML                                       | 4         | PA; SP                                |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG              | EX        |                                       |
| THIOLA ORAL TABLET 100 MG                                                  | EX        |                                       |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML                                       | 4         | PA; SP                                |
| <i>tiopronin oral tablet 100 mg</i>                                        | 4         | SP                                    |
| <i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>       | 4         | SP                                    |
| <i>trientine oral capsule 250 mg</i>                                       | 1         | PA                                    |
| TRIENTINE ORAL CAPSULE 500 MG                                              | EX        |                                       |
| VAFSEO ORAL TABLET 150 MG, 300 MG                                          | EX        |                                       |
| <i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>        | 4         | SP                                    |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)                  | 4         | PA; SP; LA                            |

| Drug Name                                                                      | Drug Tier | Requirements / Limits             |
|--------------------------------------------------------------------------------|-----------|-----------------------------------|
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG               | 4         | SP                                |
| <i>water for irrigation, sterile irrigation solution</i>                       | 1         |                                   |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM                                         | 4         | PA; SP                            |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                              | 4         | PA; QL (120 Capsule Per fill); SP |
| <b>SMOKING DETERRENTS</b>                                                      |           |                                   |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 1         | ACA                               |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG                                               | 3         |                                   |
| CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)      | 3         |                                   |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR     | 2         |                                   |
| NICORETTE BUCCAL GUM 2 MG                                                      | 2         |                                   |
| <i>nicorette buccal gum 4 mg</i>                                               | 1         | ACA                               |
| NICORETTE BUCCAL LOZENGE 2 MG, 4 MG                                            | 2         |                                   |
| NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG                                       | 2         |                                   |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>                             | 1         | ACA                               |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>                         | 1         | ACA                               |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>                    | 1         | ACA                               |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | 1         | ACA                               |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>       | 1         | ACA                               |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                                  | 3         | ACA                               |
| <i>quit 2 buccal gum 2 mg</i>                                                  | 1         | ACA                               |
| <i>quit 2 buccal lozenge 2 mg</i>                                              | 1         | ACA                               |
| <i>quit 4 buccal gum 4 mg</i>                                                  | 1         | ACA                               |
| <i>quit 4 buccal lozenge 4 mg</i>                                              | 1         | ACA                               |
| <i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>                              | 1         | ACA                               |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                           | 1         | ACA                               |
| <i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>     | 1         | ACA                               |

| Drug Name                                                                            | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                                            |           |                       |
| <b>MISCELLANEOUS AGENTS</b>                                                          |           |                       |
| <i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>                           | 1         | QL (60 Unit Per fill) |
| <i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>                        | 1         |                       |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>                      | 1         |                       |
| CLINPRO 5000 DENTAL PASTE 1.1 %                                                      | 3         |                       |
| <i>denta 5000 plus dental cream 1.1 %</i>                                            | 1         |                       |
| <i>denta 5000 plus sensitive dental paste 1.1-5 %</i>                                | 1         |                       |
| <i>dentagel dental gel 1.1 %</i>                                                     | 1         |                       |
| <i>fluoride (sodium) dental cream 1.1 %</i>                                          | 1         |                       |
| <i>fluoride (sodium) dental gel 1.1 %</i>                                            | 1         |                       |
| <i>fluoride (sodium) dental paste 1.1 %</i>                                          | 1         |                       |
| <i>fluoride (sodium) dental solution 0.2 %</i>                                       | 1         |                       |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %                                           | 3         |                       |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %                                    | 3         |                       |
| FLUORIMAX 5000 DENTAL PASTE 1.1 %                                                    | 3         |                       |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %                                        | 3         |                       |
| <i>fraiche 5000 dental gel 1.1 %</i>                                                 | 1         |                       |
| FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %                                                | 3         |                       |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET                                               | 3         |                       |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | 1         | QL (30 Unit Per fill) |
| JUST RIGHT 5000 DENTAL PASTE 1.1 %                                                   | 3         |                       |
| <i>kourzeq dental paste 0.1 %</i>                                                    | 1         |                       |
| MUGARD MUCOUS MEMBRANE SOLUTION                                                      | 4         | SP                    |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i>                                    | 1         | QL (31 Unit Per fill) |
| <i>oralone dental paste 0.1 %</i>                                                    | 1         |                       |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                                                 | 3         |                       |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>                            | 1         |                       |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %                 | 3         |                       |
| <i>periogard mucous membrane mouthwash 0.12 %</i>        | 1         |                       |
| <i>pilocarpine hcl oral tablet 5 mg</i>                  | 2         |                       |
| <i>pilocarpine hcl oral tablet 7.5 mg</i>                | 1         |                       |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %           | 3         |                       |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %       | 3         |                       |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %          | 3         |                       |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %                   | 3         |                       |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %            | 3         |                       |
| PREVIDENT DENTAL GEL 1.1 %                               | 3         |                       |
| PREVIDENT DENTAL SOLUTION 0.2 %                          | 3         |                       |
| PREVIDENT KIDS DENTAL PASTE 1.1 %                        | 3         |                       |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML            | 4         | SP                    |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG           | 3         |                       |
| <i>sf 5000 plus dental cream 1.1 %</i>                   | 1         |                       |
| <i>sf dental gel 1.1 %</i>                               | 1         |                       |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i>      | 1         |                       |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>  | 1         |                       |
| <i>triamcinolone acetate dental paste 0.1 %</i>          | 1         |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>                   |           |                       |
| <i>acetic acid otic (ear) solution 2 %</i>               | 1         |                       |
| CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %                    | EX        |                       |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>    | 1         |                       |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 %                     | 3         |                       |
| <i>flac oil otic (ear) drops 0.01 %</i>                  | 1         |                       |
| <i>fluocinolone acetate oil otic (ear) drops 0.01 %</i>  | 1         |                       |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 1         |                       |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                  | 1         |                       |

| Drug Name                                                                              | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>OTIC STEROID / ANTIBIOTIC</b>                                                       |           |                       |
| CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %                                          | EX        |                       |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>              | 1         |                       |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)                   | EX        |                       |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML                         | 3         |                       |
| <i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1         |                       |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>          | 1         |                       |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)                                       | 3         |                       |
| <b>ENDOCRINE/DIABETES</b>                                                              |           |                       |
| <b>ADRENAL HORMONES</b>                                                                |           |                       |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                        | 4         | PA; SP                |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML                   | 4         | PA; SP                |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                                       | EX        |                       |
| ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG                                | EX        |                       |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG                                                  | 3         |                       |
| <i>cortisone oral tablet 25 mg</i>                                                     | 1         |                       |
| CORTROPHIN GEL INJECTION 80 UNIT/ML                                                    | EX        |                       |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML                         | EX        |                       |
| <i>deflazacort oral suspension 22.75 mg/ml</i>                                         | 4         | PA; SP                |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                               | 4         | PA; SP                |
| <i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>                              | 1         | PA                    |
| <i>dexamethasone intensol oral drops 1 mg/ml</i>                                       | 1         |                       |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                           | 1         |                       |
| <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 oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>        | 1         | PA                    |

| Drug Name                                                                                                                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML                                                                                                                           | EX        |                       |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG                                                                                                                 | EX        |                       |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                                                                                     | 1         |                       |
| HEMADY ORAL TABLET 20 MG                                                                                                                                      | EX        |                       |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                          | 1         |                       |
| <i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                                                                                                         | 4         | PA; SP                |
| KHINDIVI ORAL SOLUTION 1 MG/ML                                                                                                                                | EX        |                       |
| <i>kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>                                                                                                           | 4         | PA; SP                |
| MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG                                                                                                                     | 3         |                       |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG                                                                                                                    | 3         |                       |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                                                                | 1         |                       |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i>                                                                                                        | 1         |                       |
| <i>millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>                                                                                    | 1         |                       |
| <i>millipred oral tablet 5 mg</i>                                                                                                                             | 1         |                       |
| ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG                                                                                                   | 3         |                       |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                                                  | 1         |                       |
| <i>prednisolone oral tablet 5 mg</i>                                                                                                                          | 1         |                       |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1         |                       |
| <i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>                                                                          | 1         |                       |
| <i>prednisone intensol oral concentrate 5 mg/ml</i>                                                                                                           | 1         |                       |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                                                     | 1         |                       |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                                                         | 1         |                       |
| <i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>                                                                                                         | 1         |                       |
| <i>pyquvi oral suspension 22.75 mg/ml</i>                                                                                                                     | 4         | PA; SP                |
| TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)                                                                         | 3         | PA                    |

| Drug Name                                              | Drug Tier | Requirements / Limits          |
|--------------------------------------------------------|-----------|--------------------------------|
| TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG      | 4         | PA; SP; QL (1108 per 365 days) |
| ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)         | 3         | PA                             |
| <b>ANTITHYROID AGENTS</b>                              |           |                                |
| <i>methimazole oral tablet 10 mg, 5 mg</i>             | 1         |                                |
| <i>potassium iodide oral solution 1 gram/ml</i>        | 1         |                                |
| <i>propylthiouracil oral tablet 50 mg</i>              | 1         |                                |
| SSKI ORAL SOLUTION 1 GRAM/ML                           | 3         |                                |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b> |           |                                |
| 2TEK GLUCOSE/BLOOD PRESSURE KIT                        | EX        |                                |
| ACCU-CHEK AVIVA CONTROL SOLN SOLUTION                  | 3         |                                |
| ACCU-CHEK AVIVA PLUS TEST STRIP                        | EX        |                                |
| ACCU-CHEK GUIDE GLUCOSE METER                          | EX        |                                |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                         | EX        |                                |
| ACCU-CHEK GUIDE TEST STRIPS                            | EX        |                                |
| ACCU-CHEK SMARTVIEW TEST STRIP                         | EX        |                                |
| ACCUTREND GLUCOSE TEST STRIPS                          | EX        |                                |
| ADVANCED ALL-IN-ONE METER KIT                          | EX        |                                |
| ADVANCED GLUC METER TEST STRIP                         | EX        |                                |
| ADVOCATE REDI-CODE PLUS                                | EX        |                                |
| ADVOCATE REDI-CODE PLUS STRIP                          | EX        |                                |
| AGAMATRIX AMP TEST STRIPS                              | EX        |                                |
| AGAMATRIX JAZZ TEST STRIPS                             | EX        |                                |
| AGAMATRIX JAZZ WIRELESS 2 MNTR KIT                     | EX        |                                |
| AGAMATRIX PRESTO SYSTEM                                | EX        |                                |
| AGAMATRIX PRESTO TEST STRIPS                           | EX        |                                |
| ASSURE 4 STRIPS                                        | EX        |                                |
| ASSURE PLATINUM GLUCOSE METER                          | EX        |                                |
| ASSURE PLATINUM TEST STRIP                             | EX        |                                |
| ASSURE PRISM MULTI METER                               | EX        |                                |
| ASSURE PRISM MULTI STRIP                               | EX        |                                |
| BIGFOOT UNITY KIT                                      | EX        |                                |
| BIONIME RIGHTEST GM300 SYSTEM KIT                      | EX        |                                |
| BIONIME RIGHTEST TEST STRIPS STRIP                     | EX        |                                |

| <b>Drug Name</b>                    | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-------------------------------------|------------------|------------------------------|
| BIOTEL CARE BGM-4 METER             | EX               |                              |
| BLOOD GLUCOSE TEST STRIP            | EX               |                              |
| BLOOD-GLUCOSE METER                 | EX               |                              |
| BLULINK DIABETIC TEST BUNDLE KIT    | EX               |                              |
| BLULINK GLUCOSE MONITOR SYSTEM      | EX               |                              |
| BLULINK GLUCOSE TEST STRIP          | EX               |                              |
| CARESENS N                          | EX               |                              |
| CARESENS N FELIZ GLUCOSE METER      | EX               |                              |
| CARESENS N TEST STRIPS              | EX               |                              |
| CARESENS N VOICE                    | EX               |                              |
| CARESENS S CONTROL A AND B SOLUTION | 3                |                              |
| CARESENS S TEST STRIP               | EX               |                              |
| CARETOUCH GLUCOSE MONITORING KIT    | EX               |                              |
| CARETOUCH TEST STRIP                | EX               |                              |
| CLEVER CHEK BLOOD GLUCOSE           | EX               |                              |
| CLEVER CHOICE GLUCOSE MONITOR       | EX               |                              |
| CLEVER CHOICE MICRO                 | EX               |                              |
| CLEVER CHOICE MICRO TEST STRIP      | EX               |                              |
| CLEVER CHOICE PRO                   | EX               |                              |
| CLEVER CHOICE PRO STRIP             | EX               |                              |
| CLEVER CHOICE TALK GLUCOSE SYS      | EX               |                              |
| CLEVER CHOICE TALK TEST STRIP       | EX               |                              |
| CLEVER CHOICE TEST STRIPS           | EX               |                              |
| CLEVER CHOICE VOICE PLUS TEST STRIP | EX               |                              |
| CONTOUR NEXT EZ METER               | EX               |                              |
| CONTOUR NEXT GEN METER KIT          | EX               |                              |
| CONTOUR NEXT LINK 2.4 KIT           | EX               |                              |
| CONTOUR NEXT LINK KIT               | EX               |                              |
| CONTOUR NEXT METER                  | EX               |                              |
| CONTOUR NEXT ONE METER              | EX               |                              |
| CONTOUR NEXT TEST STRIPS            | EX               |                              |
| CONTOUR PLUS BLUE METER             | EX               |                              |
| CONTOUR PLUS TEST STRIP             | EX               |                              |
| CONTOUR TEST STRIPS                 | EX               |                              |
| DEXCOM G6 RECEIVER                  | 2                | QL (1 per 365 days)          |

| Drug Name                          | Drug Tier | Requirements / Limits |
|------------------------------------|-----------|-----------------------|
| DEXCOM G7 RECEIVER                 | 2         | QL (1 per 365 days)   |
| DIATRUE PLUS BLOOD GLUCOSE MET     | EX        |                       |
| DIATRUE PLUS TEST STRIP            | EX        |                       |
| EASY PLUS II TEST STRIP            | EX        |                       |
| EASY STEP BLOOD GLUCOSE METER      | EX        |                       |
| EASY STEP STRIP                    | EX        |                       |
| EASY TALK GLUCOSE TEST STRIP       | EX        |                       |
| EASY TALK PLUS II TEST STRIP       | EX        |                       |
| EASY TOUCH BLULINK GLUC SYST       | EX        |                       |
| EASY TOUCH BLULINK TEST STRIP      | EX        |                       |
| EASY TOUCH GLUCOSE MONITOR         | EX        |                       |
| EASY TOUCH TEST STRIP              | EX        |                       |
| EASY TRAK GLUCOSE TEST STRIP       | EX        |                       |
| EASY TRAK II BLOOD GLUCOSE MTR     | EX        |                       |
| EASY TRAK II TEST STRIP            | EX        |                       |
| EASYGLUCO TEST STRIP               | EX        |                       |
| EASYMAX NG KIT                     | EX        |                       |
| EASYMAX STRIP                      | EX        |                       |
| EASYMAX T1 KIT                     | EX        |                       |
| EASYMAX V SPEAKING GLUCOSE SYS     | EX        |                       |
| ELEMENT COMPACT GLUCOSE METER      | EX        |                       |
| ELEMENT COMPACT TEST STRIPS        | EX        |                       |
| ELEMENT COMPACT V GLUCOSE MTR      | EX        |                       |
| ELEMENT PLUS BLOOD GLUCOSE KIT KIT | EX        |                       |
| ELEMENT TEST STRIPS STRIP          | EX        |                       |
| EMBRACE BLOOD GLUCOSE SYSTEM       | EX        |                       |
| EMBRACE BLOOD GLUCOSE SYSTEM STRIP | EX        |                       |
| EMBRACE EVO TEST STRIPS            | EX        |                       |
| EMBRACE PRO GLUCOSE METER          | EX        |                       |
| EMBRACE PRO TEST STRIPS            | EX        |                       |
| EMBRACE TALK BLOOD GLUCOSE SYS KIT | EX        |                       |
| EMBRACE TALK TEST STRIPS           | EX        |                       |
| EMBRACE WAVE PLUS GLUCOSE MTR      | EX        |                       |
| EVENCARE G2                        | EX        |                       |

| <b>Drug Name</b>                         | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|------------------------------------------|------------------|------------------------------|
| EVENCARE G2 STRIP                        | EX               |                              |
| EVENCARE G3 GLUCOSE METER KIT            | EX               |                              |
| EVENCARE G3 TEST STRIP                   | EX               |                              |
| EVENCARE MINI GLUCOSE TEST STR STRIP     | EX               |                              |
| EVENCARE MINI MONITOR SYSTEM             | EX               |                              |
| EVENCARE PROVIEW TEST STRIP              | EX               |                              |
| EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE | EX               |                              |
| EVOLUTION BLOOD GLUCOSE METER KIT        | EX               |                              |
| EVOLUTION TEST STRIPS                    | EX               |                              |
| EZ SMART PLUS SYSTEM KIT                 | EX               |                              |
| EZ SMART PLUS TEST STRIP                 | EX               |                              |
| EZ SMART SYSTEM KIT                      | EX               |                              |
| EZ SMART TEST STRIP                      | EX               |                              |
| FORA 6 CONNECT GLUCOSE STRIP             | EX               |                              |
| FORA 6CONN-GTEL-TN'G ADV STRIP           | EX               |                              |
| FORA D40D GLUCOSE-BP MONITOR DEVICE      | EX               |                              |
| FORA D40-G31 TEST STRIPS                 | EX               |                              |
| FORA G20 KIT                             | EX               |                              |
| FORA G20 STRIP                           | EX               |                              |
| FORA G30A                                | EX               |                              |
| FORA GD50 BLOOD GLUCOSE SYSTEM           | EX               |                              |
| FORA GD50 TEST STRIPS                    | EX               |                              |
| FORA GTEL GLUCOSE TEST STRIP             | EX               |                              |
| FORA PREMIUM V10 GLUCOSE METER           | EX               |                              |
| FORA TEST N'GO VOICE METER               | EX               |                              |
| FORA TEST STRIP                          | EX               |                              |
| FORA TN'G ADVAN PRO TEST STRIP           | EX               |                              |
| FORA TN'G VOICE METER                    | EX               |                              |
| FORA TN'G VOICE TEST STRIPS              | EX               |                              |
| FORA V10 STRIP                           | EX               |                              |
| FORA V10-V12-D10-D20 STRIPS              | EX               |                              |
| FORA V12 BLOOD GLUCOSE SYSTEM            | EX               |                              |
| FORACARE GD20 GLUCOSE METER              | EX               |                              |

| Drug Name                            | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| FORACARE GD20 STRIP                  | EX        |                       |
| FORACARE GD40 TEST STRIPS            | EX        |                       |
| FORACARE GD40B GLUCOSE METER         | EX        |                       |
| FREESTYLE FLASH SYSTEM KIT           | EX        |                       |
| FREESTYLE INSULINX STRIP             | 2         |                       |
| FREESTYLE INSULINX TEST STRIPS       | 2         |                       |
| FREESTYLE LIBRE 14 DAY READER        | 2         |                       |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE | 2         | QL (2 per 21 days)    |
| FREESTYLE LIBRE 2 READER             | 2         |                       |
| FREESTYLE LIBRE 3 READER             | 2         | QL (1 per 365 days)   |
| FREESTYLE LITE STRIPS                | 2         |                       |
| FREESTYLE PRECISION NEO METER        | EX        |                       |
| FREESTYLE PRECISION NEO STRIPS       | 2         |                       |
| FREESTYLE SIDEKICK II KIT            | EX        |                       |
| FREESTYLE SYSTEM KIT KIT             | EX        |                       |
| FREESTYLE TEST STRIP                 | 2         |                       |
| GE100 BLOOD GLUCOSE SYSTEM KIT       | EX        |                       |
| GE100 BLOOD GLUCOSE TEST STRIP       | EX        |                       |
| GE333 BLOOD GLUCOSE SYSTEM           | EX        |                       |
| GE333 BLOOD GLUCOSE TEST STRIP       | EX        |                       |
| GENSTRIP TEST STRIP                  | EX        |                       |
| GLUCO NAVII GLUCOSE MONITOR KIT      | EX        |                       |
| GLUCO NAVII TEST STRIP               | EX        |                       |
| GLUCOCARD 01 METER KIT               | EX        |                       |
| GLUCOCARD 01 SENSOR PLUS STRIP       | EX        |                       |
| GLUCOCARD EXPRESSION                 | EX        |                       |
| GLUCOCARD EXPRESSION STRIP           | EX        |                       |
| GLUCOCARD SHINE CONNEX METER         | EX        |                       |
| GLUCOCARD SHINE EXPRESS METER        | EX        |                       |
| GLUCOCARD SHINE METER                | EX        |                       |
| GLUCOCARD SHINE TEST STRIPS          | EX        |                       |
| GLUCOCARD SHINE XL METER             | EX        |                       |
| GLUCOCARD VITAL KIT                  | EX        |                       |
| GLUCOCARD VITAL SENSOR STRIP         | EX        |                       |
| GLUCOCARD VITAL TEST STRIPS          | EX        |                       |

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---------------------------------------|------------------|------------------------------|
| GLUCOCOM BLOOD GLUCOSE KIT            | EX               |                              |
| GLUCOCOM GLUCOSE STRIP                | EX               |                              |
| GM100 KIT                             | EX               |                              |
| GM100 STRIP                           | EX               |                              |
| GOJJI BLOOD GLUCOSE TEST STRIP        | EX               |                              |
| HARMONY GLUCOSE TEST STRIP            | EX               |                              |
| HEALTHPRO GLUCOSE MONITOR             | EX               |                              |
| HEALTHPRO TEST STRIPS                 | EX               |                              |
| IHEALTH CONTROL SOLN LEVEL 2 SOLUTION | 3                |                              |
| IHEALTH GLUCO PLUS METER KIT          | EX               |                              |
| IHEALTH GLUCOSE TEST STRIP            | EX               |                              |
| INFINITY STARTER KIT KIT              | EX               |                              |
| INFINITY TEST STRIPS                  | EX               |                              |
| MICRO BLOOD GLUCOSE STRIP             | EX               |                              |
| MICRODOT BLOOD GLUCOSE SYSTEM         | EX               |                              |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP   | EX               |                              |
| MICRODOT XTRA BLOOD GLUCOSE STRIP     | EX               |                              |
| MINIMED INSTINCT SENSOR DEVICE        | 3                |                              |
| MYGLUCOHEALTH KIT                     | EX               |                              |
| MYGLUCOHEALTH STRIP                   | EX               |                              |
| NEUTEK 2TEK TEST STRIPS               | EX               |                              |
| NOVA MAX GLUCOSE TEST STRIP           | EX               |                              |
| ON CALL EXPRESS METER KIT             | EX               |                              |
| ON CALL EXPRESS TEST STRIP            | EX               |                              |
| ONETOUCH ULTRA TEST STRIP             | EX               |                              |
| ONETOUCH VERIO TEST STRIPS            | EX               |                              |
| OPTIUM EZ STRIP                       | EX               |                              |
| OPTIUM TEST STRIP                     | EX               |                              |
| PHARMACIST CHOICE GLUCOSE SYS         | EX               |                              |
| PHARMACIST CHOICE STRIP               | EX               |                              |
| PIP BLOOD GLUCOSE MONITOR             | EX               |                              |
| PIP BLOOD GLUCOSE TEST STRIP          | EX               |                              |
| PLATINUM TEST STRIP                   | EX               |                              |

| <b>Drug Name</b>                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|------------------------------------|------------------|------------------------------|
| PRECISION PCX PLUS TEST STRIP      | EX               |                              |
| PRECISION PCX TEST STRIP           | EX               |                              |
| PRECISION POINT OF CARE TEST STRIP | EX               |                              |
| PRECISION Q-I-D TEST STRIP         | EX               |                              |
| PRECISION XTRA TEST STRIP          | 2                |                              |
| PREMIER BLU GLUCOSE METER          | EX               |                              |
| PREMIER CLASSIC GLUCOSE METER      | EX               |                              |
| PREMIER COMPACT GLUCOSE METER KIT  | EX               |                              |
| PREMIER TEST STRIP                 | EX               |                              |
| PREMIER VOICE GLUCOSE METER        | EX               |                              |
| PREMIUM BLOOD GLUCOSE MONITOR      | EX               |                              |
| PREMIUM V10                        | EX               |                              |
| PREMIUM V10 STRIP                  | EX               |                              |
| PRO VOICE V8-V9 TEST STRIP         | EX               |                              |
| PRO VOICE V9 GLUCOSE MONITOR       | EX               |                              |
| PRODIGY AUTOCODE METER KIT         | EX               |                              |
| PRODIGY AUTOCODE MONITOR SYST      | EX               |                              |
| PRODIGY NO CODING STRIP            | EX               |                              |
| PRODIGY POCKET METER KIT           | EX               |                              |
| PRODIGY VOICE GLUCOSE METER KIT    | EX               |                              |
| QUINTET AC STRIP                   | EX               |                              |
| QUINTET BLOOD GLUCOSE METER        | EX               |                              |
| REFUAH PLUS GLUCOSE MONITOR KIT    | EX               |                              |
| REFUAH PLUS STRIP                  | EX               |                              |
| RELION ALL-IN-ONE METER KIT        | EX               |                              |
| RELION CONFIRM KIT                 | EX               |                              |
| RELION CONFIRM-MICRO STRIP         | EX               |                              |
| RELION MICRO GLUCOSE MONITOR KIT   | EX               |                              |
| RELION PRIME METER                 | EX               |                              |
| RELION PRIME TEST STRIPS           | EX               |                              |
| RELION ULTIMA STRIP                | EX               |                              |
| REVEAL BLOOD GLUCOSE METER KIT     | EX               |                              |
| REVEAL TEST STRIP                  | EX               |                              |
| RIGHTEST GM550 SYSTEM KIT          | EX               |                              |
| RIGHTEST GS550 TEST STRIPS         | EX               |                              |

| Drug Name                          | Drug Tier | Requirements / Limits |
|------------------------------------|-----------|-----------------------|
| RIGHTEST GT333 GLUCOSE METER       | EX        |                       |
| RIGHTEST GT333 TEST STRIP          | EX        |                       |
| SIMPLERA SENSOR DEVICE             | 3         | QL (5 per 23 days)    |
| SIMPLERA SYNC SENSOR DEVICE        | 3         | QL (5 per 23 days)    |
| SMART SENSE MONITORING SYSTEM      | EX        |                       |
| SMART SENSE TEST STRIPS            | EX        |                       |
| SMARTEST EJECT KIT                 | EX        |                       |
| SMARTEST PERSONA STARTER KIT       | EX        |                       |
| SMARTEST PRONTO STARTER KIT        | EX        |                       |
| SMARTEST PROTEGE KIT               | EX        |                       |
| SMARTEST TEST STRIP                | EX        |                       |
| SOLUS V2 AUDIBLE METER             | EX        |                       |
| SOLUS V2 AUDIBLE METER KIT         | EX        |                       |
| SOLUS V2 TEST STRIPS               | EX        |                       |
| SURE-TEST EASYPLUS MINI METER      | EX        |                       |
| SURE-TEST EASYPLUS MINI STRIP      | EX        |                       |
| TELCARE TEST STRIPS                | EX        |                       |
| TEST N'GO BLOOD GLUCOSE SYSTEM     | EX        |                       |
| TEST N'GO TEST STRIP               | EX        |                       |
| TRUE METRIX AIR GLUCOSE METER      | EX        |                       |
| TRUE METRIX GLUCOSE METER          | EX        |                       |
| TRUE METRIX GLUCOSE TEST STRIP     | EX        |                       |
| TRUE METRIX GO GLUCOSE METER       | EX        |                       |
| TRUERESULT BLOOD GLUCOSE SYSTM KIT | EX        |                       |
| TRUETEST TEST STRIPS               | EX        |                       |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | EX        |                       |
| TRUETRACK SMART SYSTEM KIT         | EX        |                       |
| TRUETRACK TEST STRIP               | EX        |                       |
| ULTRATRAK GLUCOSE METER            | EX        |                       |
| ULTRATRAK STRIP                    | EX        |                       |
| ULTRATRAK ULTIMATE                 | EX        |                       |
| ULTRATRAK ULTIMATE STRIP           | EX        |                       |
| UNISTRIPI1 TEST STRIP              | EX        |                       |
| VIVAGUARD INO GLUCOSE METER        | EX        |                       |

| Drug Name                                                                                                                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| VIVAGUARD INO SMART GLUC METER                                                                                                                      | EX        |                       |
| VIVAGUARD INO TEST STRIP                                                                                                                            | EX        |                       |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                                                                                     |           |                       |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION                                                                                                     | 2         | QL (2 Unit Per fill)  |
| <i>diazoxide oral suspension 50 mg/ml</i>                                                                                                           | 1         |                       |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG                                                                                              | EX        |                       |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i>                                                                                     | 1         | QL (2 Unit Per fill)  |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML                                                                          | 2         | QL (2 Unit Per fill)  |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                                                                                           | 2         | QL (2 Unit Per fill)  |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                                                                                                             | 2         | QL (2 Unit Per fill)  |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML                                                                                                                  | 3         |                       |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML                                                                                     | EX        |                       |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                                                                                                | EX        |                       |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>                                                                                           |           |                       |
| TWIIIST REFILL KT(CSST-NDL-SYR) KIT                                                                                                                 | 2         |                       |
| TWIIIST RFL(INFUS-CSST-NDL-SYR) KIT                                                                                                                 | 2         |                       |
| <b>INSULIN THERAPY</b>                                                                                                                              |           |                       |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                                                                                 | EX        |                       |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                                                      | EX        |                       |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | EX        |                       |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                                                                                  | EX        |                       |

| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|------------------------------------------------------------------------------|------------------|------------------------------|
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                       | EX               |                              |
| BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)           | EX               |                              |
| FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)            | EX               |                              |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)        | EX               |                              |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)                   | EX               |                              |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                        | EX               |                              |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 2                |                              |
| HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)     | 2                |                              |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)       | 2                |                              |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)       | 2                |                              |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)   | 2                |                              |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML                     | 2                |                              |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | EX               |                              |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)      | 2                |                              |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)     | 2                |                              |
| HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)            | 2                |                              |

| Drug Name                                                                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                  | 2         |                       |
| HUMULIN R REGULAR U-100 INSULN<br>INJECTION SOLUTION 100 UNIT/ML                                    | 2         |                       |
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)                    | 2         |                       |
| INSULIN ASP PRT-INSULIN ASPART<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)                   | EX        |                       |
| INSULIN ASP PRT-INSULIN ASPART<br>SUBCUTANEOUS SOLUTION 100 UNIT/ML<br>(70-30)                      | EX        |                       |
| INSULIN ASPART U-100 SUBCUTANEOUS<br>CARTRIDGE 100 UNIT/ML                                          | EX        |                       |
| INSULIN ASPART U-100 SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML)                                 | EX        |                       |
| INSULIN ASPART U-100 SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                           | EX        |                       |
| INSULIN DEGLUDEC SUBCUTANEOUS<br>INSULIN PEN 100 UNIT/ML (3 ML), 200<br>UNIT/ML (3 ML)              | EX        |                       |
| INSULIN DEGLUDEC SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                               | EX        |                       |
| INSULIN GLARGINE U-300 CONC<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) | EX        |                       |
| INSULIN GLARGINE-YFGN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                             | 2         |                       |
| INSULIN GLARGINE-YFGN<br>SUBCUTANEOUS SOLUTION 100 UNIT/ML                                          | 2         |                       |
| INSULIN LISPRO PROTAMIN-LISPRO<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (75-25)                   | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML                                              | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS INSULIN<br>PEN, HALF-UNIT 100 UNIT/ML                                   | 2         |                       |
| INSULIN LISPRO SUBCUTANEOUS<br>SOLUTION 100 UNIT/ML                                                 | 2         |                       |

| Drug Name                                                                   | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------|-----------|-----------------------|
| LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)           | EX        |                       |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | EX        |                       |
| LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                  | 2         |                       |
| LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)           | 2         |                       |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                     | 2         |                       |
| MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                | EX        |                       |
| MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML                                   | EX        |                       |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)    | EX        |                       |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | EX        |                       |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)               | EX        |                       |
| NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)           | EX        |                       |
| NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)   | EX        |                       |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | EX        |                       |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML            | EX        |                       |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML              | EX        |                       |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)                   | EX        |                       |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                               | EX        |                       |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML                                    | EX        |                       |

| Drug Name                                                                    | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------------------------|-----------|------------------------------|
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)                | EX        |                              |
| SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML            | 2         |                              |
| SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2         |                              |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                   | 2         | QL (15 Milliliter Per fill)  |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)        | 2         |                              |
| TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)          | 2         |                              |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)          | 2         |                              |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)          | 2         |                              |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML                      | 2         |                              |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)         | EX        |                              |
| <b>MISCELLANEOUS HORMONES</b>                                                |           |                              |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)    | EX        |                              |
| AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML                                       | EX        |                              |
| <i>cabergoline oral tablet 0.5 mg</i>                                        | 1         | QL (8 per 21 days)           |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i>                    | 1         |                              |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>       | 1         | QL (1 per 30 days)           |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                             | 1         |                              |
| <i>calcitriol oral solution 1 mcg/ml</i>                                     | 1         |                              |
| CERDELGA ORAL CAPSULE 84 MG                                                  | 4         | QL (56 Capsule Per fill); SP |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT           | EX        |                              |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>                            | 1         |                              |

| Drug Name                                                                                                                                                | Drug Tier | Requirements / Limits                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG                                                                                                             | 4         | PA; SP; LA                           |
| CRENESSITY ORAL SOLUTION 50 MG/ML                                                                                                                        | 4         | PA; SP; LA                           |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>                                                                                                        | 1         |                                      |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG                                                                                                                         | 3         |                                      |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML                                                                                                 | 3         |                                      |
| <i>desmopressin injection solution 4 mcg/ml</i>                                                                                                          | 4         | SP                                   |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>                                                                                       | 1         |                                      |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)                                                                                             | 2         |                                      |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>                                                                                                           | 1         |                                      |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                                                                              | 1         |                                      |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 900 UNIT/1.08 ML                                                                                                     | EX        |                                      |
| GALAFOLD ORAL CAPSULE 123 MG                                                                                                                             | 4         | PA; QL (15 Capsule Per fill); SP; LA |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                                                                                                          | EX        |                                      |
| JATENZO ORAL CAPSULE 158 MG, 198 MG                                                                                                                      | 3         | QL (120 Capsule Per fill)            |
| JATENZO ORAL CAPSULE 237 MG                                                                                                                              | 3         | QL (60 Capsule Per fill)             |
| <i>javygtor oral powder in packet 100 mg, 500 mg</i>                                                                                                     | 4         | PA; SP                               |
| <i>javygtor oral tablet, soluble 100 mg</i>                                                                                                              | 4         | PA; SP                               |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                                                                                                                        | 4         | PA; QL (120 Tablet Per fill); SP; LA |
| JYNARQUE 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) | 4         | PA; QL (56 Tablet Per fill); SP; LA  |
| KORLYM ORAL TABLET 300 MG                                                                                                                                | EX        |                                      |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG                                                                                                               | EX        |                                      |
| KUVAN ORAL TABLET, SOLUBLE 100 MG                                                                                                                        | EX        |                                      |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG                                                                                                             | EX        |                                      |
| METHITEST ORAL TABLET 10 MG                                                                                                                              | 2         |                                      |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                                                             | 1         |                                      |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML                                                                                                                 | 3         |                                      |

| Drug Name                                                            | Drug Tier | Requirements / Limits             |
|----------------------------------------------------------------------|-----------|-----------------------------------|
| <i>mifepristone oral tablet 300 mg</i>                               | 4         | SP                                |
| <i>miglustat oral capsule 100 mg</i>                                 | 4         | QL (90 Capsule Per fill); SP; LA  |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)                | 4         | PA; SP; LA                        |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION   | EX        |                                   |
| OPFOLDA ORAL CAPSULE 65 MG                                           | 4         | PA; QL (8 Capsule Per fill); SP   |
| ORILISSA ORAL TABLET 150 MG                                          | 2         | PA; QL (180 per 365 days)         |
| ORILISSA ORAL TABLET 200 MG                                          | 2         | PA; QL (360 per 365 days)         |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML                           | 4         | PA; QL (30 Unit Per fill); SP; LA |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML                          | 4         | PA; QL (8 Unit Per fill); SP; LA  |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML                               | 4         | PA; QL (60 Unit Per fill); SP; LA |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                 | 1         |                                   |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG                 | 3         |                                   |
| RECORLEV ORAL TABLET 150 MG                                          | EX        |                                   |
| ROCALTROL ORAL SOLUTION 1 MCG/ML                                     | 3         |                                   |
| SAMSCA ORAL TABLET 15 MG, 30 MG                                      | EX        |                                   |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i>              | 4         | PA; SP                            |
| <i>sapropterin oral tablet, soluble 100 mg</i>                       | 4         | PA; SP                            |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG                             | EX        |                                   |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG                     | EX        |                                   |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | 4         | PA; SP                            |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML           | 4         | PA; SP; LA                        |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML                             | 2         | PA                                |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)                            | EX        |                                   |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 1         |                                   |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>            | 1         |                                   |

| Drug Name                                                                                                                                                                             | Drug Tier | Requirements / Limits                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>                                                                                                                                | 1         | QL (60 Unit Per fill)                |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>                                                                                                    | 1         | QL (120 Gram Per fill)               |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>                                                                                                     | 1         | QL (300 Gram Per fill)               |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>                                                                                                  | 1         | QL (150 Gram Per fill)               |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>                                                                                                                     | 1         | QL (75 Gram Per fill)                |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>                                                                                                                      | 1         | QL (300 Gram Per fill)               |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>                                                                                                             | 2         | QL ( 30 units per fill)              |
| <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>                                                                                                               | 1         | QL (60 Unit Per fill)                |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>                                                                                               | 1         | QL (180 Milliliter Per fill)         |
| TLANDO ORAL CAPSULE 112.5 MG                                                                                                                                                          | EX        |                                      |
| <i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>                                                                                                                        | 4         | PA; QL (120 Tablet Per fill); SP; LA |
| <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> | 4         | PA; SP; LA                           |
| <i>tolvaptan oral tablet 15 mg</i>                                                                                                                                                    | 4         | PA; QL (30 Unit Per fill); SP; LA    |
| <i>tolvaptan oral tablet 30 mg</i>                                                                                                                                                    | 4         | PA; QL (60 Unit Per fill); SP; LA    |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)                                                                                                                                            | 3         | QL (60 Unit Per fill)                |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)                                                                                                                 | 3         | QL (300 Gram Per fill)               |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)                                                                                                                                  | 3         | QL (60 Unit Per fill)                |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG                                                                                                                               | 4         | PA; SP                               |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML                                                                                                          | 2         | QL (2 per 21 days)                   |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML                                                                                                  | 4         | PA; SP                               |

| Drug Name                                                                                  | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>zelvysia oral powder in packet 100 mg, 500 mg</i>                                       | 4         | PA; SP                      |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG                                                          | 3         |                             |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                                                     |           |                             |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                           | 1         |                             |
| ACTOPLUS MET ORAL TABLET 15-850 MG                                                         | 3         | ST; QL (90 Unit Per fill)   |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG                                                      | 3         | ST; QL (30 Unit Per fill)   |
| ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG                                             | EX        |                             |
| ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG                                | EX        |                             |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG               | EX        |                             |
| BRENZAVVY ORAL TABLET 20 MG                                                                | EX        |                             |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                     | 2         | PA; QL (3.4 per 21 days)    |
| CYCLOSET ORAL TABLET 0.8 MG                                                                | 3         |                             |
| DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG | EX        |                             |
| DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG                                          | EX        |                             |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG                                                       | 3         | ST; QL (30 Unit Per fill)   |
| <i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>                  | 1         | PA; QL (2.4 per 23 days)    |
| <i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>                  | 1         | PA; QL (1.2 per 23 days)    |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                                            | 2         | ST; QL (30 Tablet Per fill) |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                            | 1         |                             |
| GLIMEPIRIDE ORAL TABLET 3 MG                                                               | EX        |                             |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                   | 1         |                             |
| GLIPIZIDE ORAL TABLET 2.5 MG                                                               | EX        |                             |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>                     | 1         |                             |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                    | 1         |                             |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                 | 1         |                             |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                         | 1         |                             |

| Drug Name                                                                                         | Drug Tier | Requirements / Limits       |
|---------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                          | 1         |                             |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                                             | 2         | ST; QL (30 Tablet Per fill) |
| INPEFA ORAL TABLET 200 MG, 400 MG                                                                 | EX        |                             |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG                            | EX        |                             |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | EX        |                             |
| INVOKANA ORAL TABLET 100 MG, 300 MG                                                               | EX        |                             |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                                        | 2         | QL (60 Unit Per fill)       |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                          | 2         | QL (30 Unit Per fill)       |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                                | 2         | QL (60 Unit Per fill)       |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                          | 2         | QL (30 Unit Per fill)       |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                | 2         | ST; QL (30 Tablet Per fill) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG                                       | EX        |                             |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG                        | EX        |                             |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG                                                     | EX        |                             |
| <i>liraglutide 2-pak 18 mg/3 ml outer, sub 0.6 mg/0.1 ml (18 mg/3 ml)</i>                         | 1         | PA                          |
| <i>liraglutide 2-pak 18 mg/3 ml outer, sub 0.6 mg/0.1 ml (18 mg/3 ml)</i>                         | 1         | PA; QL (1 per 30 days)      |
| <i>liraglutide 2-pak 18 mg/3 ml outer, sub 0.6 mg/0.1 ml (18 mg/3 ml)</i>                         | 1         | PA; QL (1 per 30 days)      |
| <i>liraglutide 3-pak 18 mg/3 ml outer, sub 0.6 mg/0.1 ml (18 mg/3 ml)</i>                         | 1         | PA; QL (1 per 30 days)      |
| <i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>                           | 1         | PA; QL (1 per 30 days)      |
| <i>metformin oral solution 500 mg/5 ml</i>                                                        | 1         | ST                          |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                             | 1         |                             |
| METFORMIN ORAL TABLET 625 MG                                                                      | EX        |                             |
| <i>metformin oral tablet 750 mg</i>                                                               | 1         | ST                          |

| Drug Name                                                                                                                | Drug Tier | Requirements / Limits        |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>metformin oral tablet extended release 24 hr 500 mg</i>                                                               | 1         | QL (120 Tablet Per fill)     |
| <i>metformin oral tablet extended release 24 hr 750 mg</i>                                                               | 1         | QL (60 Tablet Per fill)      |
| <i>metformin oral tablet extended release 24hr 1,000 mg</i>                                                              | 1         | PA; QL (60 Tablet Per fill)  |
| <i>metformin oral tablet extended release 24hr 500 mg</i>                                                                | 1         | PA; QL (30 Tablet Per fill)  |
| <i>metformin oral tablet, er gast.retention 24 hr 1,000 mg</i>                                                           | 1         | ST; QL (60 Tablet Per fill)  |
| <i>metformin oral tablet, er gast.retention 24 hr 500 mg</i>                                                             | 1         | ST; QL (120 Tablet Per fill) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                         | 1         |                              |
| 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 21 days)       |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                             | 1         |                              |
| NESINA ORAL TABLET 12.5 MG, 25 MG                                                                                        | EX        |                              |
| OSENI ORAL TABLET 25-45 MG                                                                                               | 3         | QL (30 Unit Per fill)        |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)            | 2         | PA; QL (3 per 21 days)       |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>                                                                      | 1         | QL (30 Unit Per fill)        |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                                             | 1         | QL (30 Unit Per fill)        |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                                                                      | 1         | QL (90 units per fill)       |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i>                                                                      | 1         | QL (90 Unit Per fill)        |
| PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                 | 3         |                              |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                        | 1         |                              |
| RIOMET ORAL SOLUTION 500 MG/5 ML                                                                                         | 3         | ST                           |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                                                   | 2         | PA; QL (30 per 23 days)      |
| <i>saxagliptin oral tablet 2.5 mg, 5 mg</i>                                                                              | 1         | QL (30 Unit Per fill)        |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>                                               | 1         | QL (60 Unit Per fill)        |
| <i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>                                       | 1         | QL (30 Unit Per fill)        |

| Drug Name                                                                                                       | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG                                       | EX        |                             |
| SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG                                                                    | EX        |                             |
| SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG                                                        | EX        |                             |
| STEGLATRO ORAL TABLET 15 MG, 5 MG                                                                               | EX        |                             |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG                                                                       | EX        |                             |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                                           | 2         | ST; QL (60 Tablet Per fill) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                                        | 2         | ST; QL (30 Tablet Per fill) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                                       | 2         | ST; QL (60 Tablet Per fill) |
| TRADJENTA ORAL TABLET 5 MG                                                                                      | EX        |                             |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG | 2         | ST                          |
| 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 21 days)      |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                              | EX        |                             |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                              | EX        |                             |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG                                  | 2         | ST; QL (30 Tablet Per fill) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG                                          | 2         | ST; QL (60 Tablet Per fill) |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG                                                                        | EX        |                             |
| <b>THYROID HORMONES</b>                                                                                         |           |                             |
| <i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                   | 1         |                             |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                                                   | EX        |                             |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG                           | 2         |                             |

| Drug Name                                                                                                                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG                                                                                                               | EX        |                       |
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>                               | 1         |                       |
| <i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                        | 1         |                       |
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                        | EX        |                       |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                 | 1         |                       |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                | 1         |                       |
| <i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                                         | 1         |                       |
| <i>liothyronine oral tablet 25 mcg</i>                                                                                                                  | 2         |                       |
| <i>liothyronine oral tablet 5 mcg, 50 mcg</i>                                                                                                           | 1         |                       |
| <i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                      | 1         |                       |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                        | 1         |                       |
| <i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                        | 1         |                       |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                            | EX        |                       |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML                                                                                                                      | EX        |                       |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                    | 1         |                       |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | EX        |                       |

| Drug Name                                                                                                                                                                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | EX        |                       |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                                                       | 1         |                       |

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

|                                                                             |    |  |
|-----------------------------------------------------------------------------|----|--|
| <i>anaspaz oral tablet, disintegrating 0.125 mg</i>                         | 1  |  |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | 1  |  |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>                     | 1  |  |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)                                 | EX |  |
| DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG                                 | EX |  |
| <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  |  |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                      | 1  |  |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML                            | 3  |  |
| DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG                                | 3  |  |
| <i>ed-spaz oral tablet, disintegrating 0.125 mg</i>                         | 1  |  |
| GLYCATE ORAL TABLET 1.5 MG                                                  | 3  |  |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>                   | 1  |  |
| <i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>                        | 1  |  |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>                           | 1  |  |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>                        | 1  |  |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                             | 1  |  |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>      | 1  |  |

| Drug Name                                                                     | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>               | 1         |                       |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>                         | 1         |                       |
| <i>hyosyne oral drops 0.125 mg/ml</i>                                         | 1         |                       |
| <i>hyosyne oral elixir 0.125 mg/5 ml</i>                                      | 1         |                       |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG                            | 3         |                       |
| LEVSIN ORAL TABLET 0.125 MG                                                   | 3         |                       |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG                                          | 3         |                       |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG                                 | EX        |                       |
| LOMOTIL ORAL TABLET 2.5-0.025 MG                                              | 3         |                       |
| <i>loperamide oral capsule 2 mg</i>                                           | 1         |                       |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                               | 1         |                       |
| MOTOFEN ORAL TABLET 1-0.025 MG                                                | 3         |                       |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                            | EX        |                       |
| NULEV ORAL TABLET, DISINTEGRATING 0.125 MG                                    | 3         |                       |
| <i>opium oral tincture 10 mg/ml (morphine)</i>                                | EX        |                       |
| <i>oscimin oral tablet 0.125 mg</i>                                           | 1         |                       |
| <i>oscimin sl sublingual tablet 0.125 mg</i>                                  | 1         |                       |
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> | 1         |                       |
| <i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>      | 1         |                       |
| <i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>                     | 1         |                       |
| <i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>                          | 1         |                       |
| ROBINUL FORTE ORAL TABLET 2 MG                                                | 3         |                       |
| ROBINUL ORAL TABLET 1 MG                                                      | 3         |                       |
| SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)  | 3         |                       |
| <i>symax fastabs oral tablet, disintegrating 0.125 mg</i>                     | 1         |                       |
| <i>symax-sl sublingual tablet 0.125 mg</i>                                    | 1         |                       |
| <i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>                   | 1         |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits             |
|-----------------------------------------------------------------|-----------|-----------------------------------|
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>                    |           |                                   |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                    | EX        |                                   |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i>                       | 1         |                                   |
| <i>alvimopan oral capsule 12 mg</i>                             | 1         |                                   |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG                              | EX        |                                   |
| ANALPRAM-HC RECTAL CREAM 1-1 %                                  | 3         |                                   |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %                                | 3         | ST                                |
| ANTIVERT ORAL TABLET 50 MG                                      | EX        |                                   |
| ANTIVERT ORAL TABLET, CHEWABLE 25 MG                            | EX        |                                   |
| <i>anucort-hc rectal suppository 25 mg</i>                      | 1         |                                   |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG                              | EX        |                                   |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %          | EX        |                                   |
| <i>aprepitant oral capsule 125 mg, 40 mg</i>                    | 1         | QL (1 Unit Per fill)              |
| <i>aprepitant oral capsule 80 mg</i>                            | 1         | QL (2 Unit Per fill)              |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> | 1         | QL (3 Unit Per fill)              |
| APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM           | 3         |                                   |
| AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG  | 3         |                                   |
| AZULFIDINE ORAL TABLET 500 MG                                   | 3         |                                   |
| <i>balsalazide oral capsule 750 mg</i>                          | 1         |                                   |
| <i>betaine oral powder 1 gram/scoop</i>                         | 4         | SP                                |
| <i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>      | 1         | ACA                               |
| BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG        | EX        |                                   |
| <i>budesonide oral capsule, delayed, extend.release 3 mg</i>    | 1         |                                   |
| <i>budesonide oral tablet, delayed and ext.release 9 mg</i>     | 1         |                                   |
| <i>budesonide rectal foam 2 mg/actuation</i>                    | 1         |                                   |
| BYLVAY ORAL CAPSULE 1,200 MCG                                   | 4         | QL (60 Capsule Per fill); SP; LA  |
| BYLVAY ORAL CAPSULE 400 MCG                                     | 4         | QL (150 Capsule Per fill); SP; LA |
| BYLVAY ORAL PELLETT 200 MCG                                     | 4         | QL (120 Unit Per fill); SP; LA    |

| Drug Name                                                                                                                                                                                          | Drug Tier | Requirements / Limits             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| BYLVAY ORAL PELLETT 600 MCG                                                                                                                                                                        | 4         | QL (30 Unit Per fill); SP; LA     |
| CANASA RECTAL SUPPOSITORY 1,000 MG                                                                                                                                                                 | EX        |                                   |
| CHOLBAM ORAL CAPSULE 250 MG                                                                                                                                                                        | 4         | PA; SP                            |
| CHOLBAM ORAL CAPSULE 50 MG                                                                                                                                                                         | 4         | PA; QL (120 Capsule Per fill); SP |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200 MG X 2<br>VIALS)                                                                                                                         | EX        |                                   |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200<br>MG/ML, 400 MG/2 ML (200 MG/ML X 2)                                                                                                                          | EX        |                                   |
| <i>citroma oral solution</i>                                                                                                                                                                       | 1         | ACA                               |
| <i>clearlax oral powder 17 gram/dose</i>                                                                                                                                                           | 1         | ACA                               |
| CLENPIQ ORAL SOLUTION 10 MG-3.5<br>GRAM- 12 GRAM/175 ML                                                                                                                                            | EX        |                                   |
| COLAZAL ORAL CAPSULE 750 MG                                                                                                                                                                        | 3         |                                   |
| COMPAZINE ORAL TABLET 10 MG, 5 MG                                                                                                                                                                  | 3         |                                   |
| COMPAZINE RECTAL SUPPOSITORY 25 MG                                                                                                                                                                 | 3         |                                   |
| <i>compro rectal suppository 25 mg</i>                                                                                                                                                             | 1         |                                   |
| <i>constulose oral solution 10 gram/15 ml</i>                                                                                                                                                      | 1         |                                   |
| CORTENEMA RECTAL ENEMA 100 MG/60<br>ML                                                                                                                                                             | 3         |                                   |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                                                                                                                                                                 | EX        |                                   |
| CREON ORAL CAPSULE,DELAYED<br>RELEASE (DR/EC) 12,000-38,000 -60,000<br>UNIT, 24,000-76,000 -120,000 UNIT, 3,000-<br>9,500- 15,000 UNIT, 36,000-114,000- 180,000<br>UNIT, 6,000-19,000 -30,000 UNIT | 2         |                                   |
| <i>cromolyn oral concentrate 100 mg/5 ml</i>                                                                                                                                                       | 1         |                                   |
| CTEXLI ORAL TABLET 250 MG                                                                                                                                                                          | 4         | PA; SP                            |
| CYSTADANE ORAL POWDER 1<br>GRAM/SCOOP                                                                                                                                                              | EX        |                                   |
| DICLEGIS ORAL TABLET, DELAYED<br>RELEASE (DR/EC) 10-10 MG                                                                                                                                          | 3         | QL (720 per 365 days)             |
| DIPENTUM ORAL CAPSULE 250 MG                                                                                                                                                                       | EX        |                                   |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed<br/>release (dr/ec) 10-10 mg</i>                                                                                                            | 1         | QL (720 per 365 days)             |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                                                                                                                                 | 1         | PA                                |
| <i>dulcolax (magnesium hydroxide) oral suspension<br/>400 mg/5 ml</i>                                                                                                                              | 1         | ACA                               |
| EMEND ORAL CAPSULE 80 MG                                                                                                                                                                           | EX        |                                   |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)                          | EX        |                       |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)      | EX        |                       |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML                         | EX        |                       |
| <i>enulose oral solution 10 gram/15 ml</i>                                   | 1         |                       |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML                                 | EX        |                       |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML                                      | 3         |                       |
| <i>gavilax oral powder 17 gram/dose</i>                                      | 1         | ACA                   |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>                  | 1         | ACA                   |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>                  | 1         | ACA                   |
| <i>gavilyte-n oral recon soln 420 gram</i>                                   | 1         | ACA                   |
| <i>generlac oral solution 10 gram/15 ml</i>                                  | 1         |                       |
| <i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i> | 1         | ACA                   |
| <i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>              | 1         | ACA                   |
| <i>gentlelax oral powder 17 gram/dose</i>                                    | 1         | ACA                   |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                     | EX        |                       |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM                           | 3         |                       |
| <i>granisetron hcl oral tablet 1 mg</i>                                      | 1         | QL (6 Unit Per fill)  |
| <i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>                           | 1         |                       |
| <i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>                | 1         |                       |
| <i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>   | 2         |                       |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i>                              | 1         |                       |
| <i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>      | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                           | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>           | 1         | ST                    |

| Drug Name                                                                                    | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------------------------|-----------|--------------------------|
| HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG                                         | EX        |                          |
| IBSRELA ORAL TABLET 50 MG                                                                    | EX        |                          |
| IQIRVO ORAL TABLET 80 MG                                                                     | EX        |                          |
| KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM                                                      | 3         |                          |
| <i>lactulose oral packet 10 gram, 20 gram</i>                                                | 1         |                          |
| <i>lactulose oral solution 10 gram/15 ml</i>                                                 | 1         |                          |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>                        | 1         | ACA                      |
| <i>laxative peg 3350 oral powder 17 gram/dose</i>                                            | 1         | ACA                      |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM                                         | EX        |                          |
| <i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>                                   | 1         |                          |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)                                 | 3         |                          |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-2.5 % (7 gram)</i> | 1         |                          |
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)</i>                              | 2         |                          |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                                   | 1         |                          |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                                | 2         | QL (30 Capsule Per fill) |
| LIVDELZI ORAL CAPSULE 10 MG                                                                  | 4         | PA; SP                   |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                                                   | 4         | PA; SP; LA               |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG                                                            | EX        |                          |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                               | 1         | QL (60 Capsule Per fill) |
| <i>magnesium citrate oral solution</i>                                                       | 1         | ACA                      |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG                                                     | 3         | PA                       |
| <i>meclizine oral tablet 12.5 mg, 25 mg, 50 mg</i>                                           | 1         |                          |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i>                                 | 1         |                          |
| <i>mesalamine oral capsule, extended release 500 mg</i>                                      | 1         |                          |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>                             | 1         |                          |

| Drug Name                                                                  | Drug Tier | Requirements / Limits      |
|----------------------------------------------------------------------------|-----------|----------------------------|
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>    | 1         |                            |
| <i>mesalamine rectal enema 4 gram/60 ml</i>                                | 1         |                            |
| <i>mesalamine rectal suppository 1,000 mg</i>                              | 1         |                            |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>        | 1         |                            |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                          | 1         |                            |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                          | 1         |                            |
| <i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>        | 1         | ACA                        |
| <i>milk of magnesia oral suspension 400 mg/5 ml</i>                        | 1         | ACA                        |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG                                           | EX        |                            |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                        | 2         | QL (30 Tablet Per fill)    |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM                          | EX        |                            |
| <i>natura-lax oral powder 17 gram/dose</i>                                 | 1         | ACA                        |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i>                           | 1         |                            |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2) | 4         | PA; SP; QL (2 per 21 days) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)        | 4         | PA; SP; QL (3 per 21 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML                                       | 4         | PA; SP                     |
| OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML (100 MG/ML X 2)                     | 4         | PA; SP; QL (2 per 21 days) |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)                 | 4         | PA; SP; QL (3 per 21 days) |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                   | 1         |                            |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                             | 1         | QL (100 Unit Per fill)     |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                              | 1         | QL (9 Unit Per fill)       |
| ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG                              | EX        |                            |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                  | 1         | QL (9 Unit Per fill)       |
| <i>onelax magnesium citrate oral solution</i>                              | 1         | ACA                        |
| <i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>                 | 1         | ACA                        |

| Drug Name                                                                                                                                                                                                            | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | 2         |                          |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>                                                                                                                                               | 1         | ACA                      |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>                                                                                                                                       | 1         | ACA                      |
| <i>peg-electrolyte oral recon soln 420 gram</i>                                                                                                                                                                      | 1         | ACA                      |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                                                                                                                                        | 2         |                          |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                                                                                                                                                                        | 3         |                          |
| PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT                                                           | EX        |                          |
| <i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>                                                                                                                                                             | 1         | ACA                      |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM                                                                                                                                                              | EX        |                          |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i>                                                                                                                                                             | 1         | ACA                      |
| <i>powderlax oral powder 17 gram/dose</i>                                                                                                                                                                            | 1         | ACA                      |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                                                                                                                                                              | 1         |                          |
| <i>prochlorperazine rectal suppository 25 mg</i>                                                                                                                                                                     | 1         |                          |
| PROCORT RECTAL CREAM 1.85-1.15 %                                                                                                                                                                                     | 3         |                          |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG                                                                                                                                                                                  | 3         | ST                       |
| PROCTOFOAM HC RECTAL FOAM 1-1 %                                                                                                                                                                                      | EX        |                          |
| <i>procto-med hc topical cream with perineal applicator 2.5 %</i>                                                                                                                                                    | 1         |                          |
| <i>proctosol hc topical cream with perineal applicator 2.5 %</i>                                                                                                                                                     | 1         |                          |
| <i>proctozone-hc topical cream with perineal applicator 2.5 %</i>                                                                                                                                                    | 1         |                          |
| <i>prucalopride oral tablet 1 mg</i>                                                                                                                                                                                 | 1         | QL (30 Tablets Per fill) |
| <i>prucalopride oral tablet 2 mg</i>                                                                                                                                                                                 | 1         | QL (120 Unit Per fill)   |

| Drug Name                                                                 | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------|-----------|------------------------------|
| <i>purelax oral powder 17 gram/dose</i>                                   | 1         | ACA                          |
| RECTIV RECTAL OINTMENT 0.4 % (W/W)                                        | 2         |                              |
| REGLAN ORAL TABLET 10 MG, 5 MG                                            | 3         |                              |
| RELISTOR ORAL TABLET 150 MG                                               | EX        |                              |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                               | 2         | PA                           |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML                   | 2         |                              |
| RELTONE ORAL CAPSULE 200 MG, 400 MG                                       | EX        |                              |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML                                      | 3         |                              |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR                           | 3         | QL ( 1 unit per fill)        |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>          | 1         |                              |
| SFROWASA RECTAL ENEMA 4 GRAM/60 ML                                        | 3         |                              |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)          | 4         | PA; SP; QL (1.2 per 42 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)          | 4         | PA; SP; QL (2.4 per 42 days) |
| <i>smoothlax oral powder 17 gram/dose</i>                                 | 1         | ACA                          |
| <i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> | 1         | ACA                          |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML                                       | 4         | PA; SP                       |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM                                | EX        |                              |
| <i>sulfasalazine oral tablet 500 mg</i>                                   | 1         |                              |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>          | 1         |                              |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM                  | EX        |                              |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM                                 | EX        |                              |
| SYMPROIC ORAL TABLET 0.2 MG                                               | 2         |                              |
| SYNDROS ORAL SOLUTION 5 MG/ML                                             | 3         | PA                           |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS                   | EX        |                              |
| <i>trimethobenzamide oral capsule 300 mg</i>                              | 1         |                              |
| TRULANCE ORAL TABLET 3 MG                                                 | 2         |                              |

| Drug Name                                                                                                                                                                                                                                                                      | Drug Tier | Requirements / Limits      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG                                                                                                                                                                                                                               | 3         |                            |
| UCERIS RECTAL FOAM 2 MG/ACTUATION                                                                                                                                                                                                                                              | 3         |                            |
| URSO FORTE ORAL TABLET 500 MG                                                                                                                                                                                                                                                  | 3         |                            |
| <i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>                                                                                                                                                                                                                            | 1         |                            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                                                                                                                                                     | 1         |                            |
| VARUBI ORAL TABLET 90 MG                                                                                                                                                                                                                                                       | 2         | QL (2 Tablet Per fill)     |
| VELSIPITY ORAL TABLET 2 MG                                                                                                                                                                                                                                                     | EX        |                            |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                                                                                                                                                                                                                              | 2         |                            |
| VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT                                                                                                                                                                                                      | 2         |                            |
| VOWST ORAL CAPSULE                                                                                                                                                                                                                                                             | 4         | SP                         |
| <i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>                                                                                                                                                                                                | 1         | ACA                        |
| 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         |                            |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML                                                                                                                                                                                                                              | 4         | PA; SP; QL (2 per 21 days) |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML                                                                                                                                                                                                                                   | 4         | PA; SP; QL (2 per 21 days) |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                                                           |           |                            |
| ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG                                                                                                                                                                                                                             | EX        |                            |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                                                                                                                                                                                                            | 1         | QL (112 Unit Per fill)     |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>                                                                                                                                                                                                              | 1         |                            |
| CARAFATE ORAL TABLET 1 GRAM                                                                                                                                                                                                                                                    | EX        |                            |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i>                                                                                                                                                                                                                                | 1         |                            |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                                                                                                                                                                                                                   | 1         |                            |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG                                                                                                                                                                                                                                           | 3         |                            |
| DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG                                                                                                                                                                                                                     | EX        |                            |

| Drug Name                                                                           | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i>          | EX        |                              |
| <i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i>           | 1         |                              |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>      | 1         | ST; QL (30 Unit Per fill)    |
| <i>esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 5 mg</i>      | 1         | ST; QL (30 Tablets Per fill) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>             | 1         | ST                           |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>           | 1         |                              |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                          | 1         |                              |
| KONVOMEPRAL ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML                           | EX        |                              |
| <i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</i>                     | 1         | QL (30 Capsule Per fill)     |
| <i>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</i>                     | 1         |                              |
| <i>lansoprazole oral tablet, disintegrates, delay rel 15 mg</i>                     | 1         | ST; QL (30 Tablet Per fill)  |
| <i>lansoprazole oral tablet, disintegrates, delay rel 30 mg</i>                     | 1         | ST                           |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                     | 1         |                              |
| NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG                            | EX        |                              |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG | EX        |                              |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                       | 1         |                              |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)                             | 3         | QL (80 Unit Per fill)        |
| <i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg</i>                | 1         | QL (30 Capsule Per fill)     |
| <i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>                       | 1         |                              |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>                    | 1         | ST; QL (30 Capsule Per fill) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                    | 1         | ST                           |

| Drug Name                                                         | Drug Tier | Requirements / Limits     |
|-------------------------------------------------------------------|-----------|---------------------------|
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>      | 1         | ST; QL (30 Unit Per fill) |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>      | 1         | ST                        |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i>     | 1         | ST                        |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>    | 1         | QL (30 Tablet Per fill)   |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>    | 1         |                           |
| PEPCID ORAL TABLET 20 MG, 40 MG                                   | 3         |                           |
| PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG              | EX        |                           |
| PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG | EX        |                           |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG       | EX        |                           |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG                | EX        |                           |
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG        | EX        |                           |
| PYLERA ORAL CAPSULE 140-125-125 MG                                | EX        |                           |
| RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG              | EX        |                           |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>     | 1         |                           |
| <i>sucralfate oral suspension 100 mg/ml</i>                       | 1         |                           |
| <i>sucralfate oral tablet 1 gram</i>                              | 1         |                           |
| TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG      | 2         | QL (168 Capsule Per fill) |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)         | 3         |                           |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                 | 3         | ST                        |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG                 | 3         |                           |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>                   |           |                           |
| <b>BIOTECHNOLOGY DRUGS</b>                                        |           |                           |
| APHEXDA SUBCUTANEOUS RECON SOLN 62 MG                             | EX        |                           |

| Drug Name                                                                                                                                                                          | Drug Tier | Requirements / Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                                                                                | EX        |                                |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | EX        |                                |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                                                                                                                                            | 4         | SP; QL (4 per 21 days)         |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML                                                            | EX        |                                |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                          | 4         | SP; QL (1.2 per 23 days)       |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                          | EX        |                                |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML                                                                                                                                            | EX        |                                |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                         | EX        |                                |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML                                                                                                                                        | 4         | PA; SP; LA; QL (2 per 21 days) |
| LEUKINE INJECTION RECON SOLN 250 MCG                                                                                                                                               | 4         | PA; SP                         |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML                                              | EX        |                                |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML                                                                                                              | EX        |                                |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                          | EX        |                                |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                                                                                                             | EX        |                                |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                          | EX        |                                |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                                                                                                             | 4         | SP                             |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                       | 4         | SP                             |

| Drug Name                                                                                                                                                                                             | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                                               | EX        |                          |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                                             | EX        |                          |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML                                                              | 4         | SP                       |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                                           | EX        |                          |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML                                                             | 4         | SP                       |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML                                                                                                                                                          | EX        |                          |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                                            | EX        |                          |
| UDENYCA AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML                                                                                                                                        | EX        |                          |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML                                                                                                                                 | EX        |                          |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                                              | EX        |                          |
| XOLREMDI ORAL CAPSULE 100 MG                                                                                                                                                                          | 4         | PA; SP                   |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                                                                                                                               | EX        |                          |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                                                                                                                            | 4         | SP; QL (1.2 per 23 days) |
| <b>GROWTH HORMONES</b>                                                                                                                                                                                |           |                          |
| GENOTROPIN MINISQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 4         | SP                       |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)                                                                                                                         | 4         | SP                       |

| Drug Name                                                                                                                                       | Drug Tier | Requirements / Limits  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)                                                                  | EX        |                        |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)                                                               | 4         | SP                     |
| NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | EX        |                        |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)                                 | EX        |                        |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                              | 4         | SP                     |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG                                                                                                        | 4         | SP                     |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                                                                               | 4         | PA; SP                 |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG    | EX        |                        |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                    | EX        |                        |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG                                                                                                    | EX        |                        |
| <b>INTERFERONS</b>                                                                                                                              |           |                        |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                                                                                                  | 4         | PA; SP                 |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML                                                                                                         | EX        |                        |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                                                                                        | 4         | SP; QL (4 per 21 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                                                                                                     | 4         | SP; QL (2 per 21 days) |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>                                                                                              |           |                        |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                                                                                            | 2         | VAC; ACA               |

| Drug Name                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| ACAM2000 (NATIONAL STOCKPILE)<br>PERCUTANEOUS RECON SOLN 1-5X10EXP8<br>UNIT/ML                  | 2         |                       |
| ACTHIB (PF) INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML                                           | 2         | VAC; ACA              |
| ADACEL (TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-<br>3-5 MCG)-5LF/0.5 ML | 2         | VAC; ACA              |
| ADACEL (TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5<br>MCG)-5LF/0.5 ML     | 2         | VAC; ACA              |
| AFLURIA 2025-2026 (3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45 MCG (15<br>MCG X 3)/0.5 ML           | 2         | VAC; ACA              |
| AFLURIA 2025-2026 (6MO UP)<br>INTRAMUSCULAR SUSPENSION 45 MCG (15<br>MCG X 3)/0.5 ML            | 2         |                       |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION 120<br>MCG/0.5 ML                    | 2         | VAC; ACA              |
| AUDENZ (NATIONAL STOCKPILE)<br>INTRAMUSCULAR EMULSION 7.5 MCG/0.5<br>ML                         | 3         |                       |
| AUDENZ(PF)(NATIONAL STOCKPILE)<br>INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML                          | 2         | VAC; ACA              |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION 50 MG                      | 2         |                       |
| BEXSERO INTRAMUSCULAR SYRINGE 50-<br>50-50-25 MCG/0.5 ML                                        | 0         | VAC; ACA              |
| BIOTHRAX INTRAMUSCULAR SUSPENSION<br>0.5 ML/DOSE                                                | 0         | VAC; ACA              |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                                  | 2         | VAC; ACA              |
| BOTOX INJECTION RECON SOLN 100 UNIT,<br>200 UNIT                                                | EX        |                       |
| CAPVAXIVE INTRAMUSCULAR SYRINGE<br>0.5 ML                                                       | 2         | VAC; ACA              |
| COMIRNATY 2025-2026(5-11Y)(PF)<br>INTRAMUSCULAR SUSPENSION 10 MCG/0.3<br>ML                     | 2         | VAC; ACA              |
| COMIRNATY 2025-26 (12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML                           | 2         | VAC; ACA              |

| Drug Name                                                                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------|
| CUTAQUIG SUBCUTANEOUS SOLUTION<br>16.5 %                                                         | EX        |                       |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-10-5 LF-<br>MCG-LF/0.5ML           | 2         | VAC; ACA              |
| DAXXIFY INTRAMUSCULAR RECON SOLN<br>100 UNIT                                                     | EX        |                       |
| DENG VAXIA (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP4.5-6 CCID50/0.5 ML        | 2         | VAC; ACA              |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                             | 0         | VAC; ACA              |
| ENGERIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                                | 0         | VAC; ACA              |
| ENGERIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML                                  | 0         | VAC; ACA              |
| ERVEBO(PF)(NATIONAL STOCKPILE)<br>INTRAMUSCULAR SUSPENSION 1 ML                                  | 2         |                       |
| FLUAD 2025-2026 (65 YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 45 MCG (15<br>MCG X 3)/0.5 ML            | 2         | VAC; ACA              |
| FLUARIX 2025-2026 (PF) INTRAMUSCULAR<br>SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                       | 2         | VAC; ACA              |
| FLUBLOK 2025-2026 (PF) INTRAMUSCULAR<br>SYRINGE 135 MCG (45 MCG X 3)/0.5 ML                      | 2         | VAC; ACA              |
| FLUCELVAX 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG (15<br>MCG X 3)/0.5 ML                  | 2         | VAC; ACA              |
| FLUCELVAX 2025-2026 INTRAMUSCULAR<br>SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                       | 2         |                       |
| FLULAVAL 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 45 MCG (15<br>MCG X 3)/0.5 ML                   | 2         | VAC; ACA              |
| FLUMIST 2025-2026 NASAL NASAL SPRAY<br>SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML                       | 2         | VAC; ACA              |
| FLUMIST HOME 2025-2026 NASAL (HOME<br>ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-<br>7.5 FF UNIT/0.2 ML | 2         | VAC; ACA              |
| FLUZONE 2025-2026 (PF) INTRAMUSCULAR<br>SYRINGE 45 MCG (15 MCG X 3)/0.5 ML                       | 2         | VAC; ACA              |
| FLUZONE 2025-2026 INTRAMUSCULAR<br>SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML                         | 2         |                       |

| Drug Name                                                                                                                   | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| FLUZONE HIGH-DOSE 2025-26 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG/0.5<br>ML                                                   | 2         | VAC; ACA              |
| GAMMAKED INJECTION SOLUTION 1<br>GRAM/10 ML (10 %), 10 GRAM/100 ML (10<br>%), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML<br>(10 %) | EX        |                       |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                                                          | 2         | VAC; ACA              |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                                                             | 2         | VAC; ACA              |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU                                                                                         | 2         | PA                    |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,<br>440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML                                            | 2         | VAC; ACA              |
| HEPLISAV-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/0.5 ML                                                                      | 2         | VAC; ACA              |
| HIBERIX (PF) INTRAMUSCULAR RECON<br>SOLN 10 MCG/0.5 ML                                                                      | 2         | VAC; ACA              |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN 2.5 UNIT                                                             | 0         | VAC; ACA              |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR<br>SYRINGE 25-58-10 LF-MCG-LF/0.5ML                                                      | 2         | VAC; ACA              |
| IPOL INJECTION SUSPENSION 40-8-32<br>UNIT/0.5 ML                                                                            | 2         | VAC; ACA              |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6<br>MCG/0.5 ML                                                                           | 0         | VAC; ACA              |
| JYNNEOS (PF) SUBCUTANEOUS<br>SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5                                                       | 2         | VAC; ACA              |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25<br>LF-58 MCG-10 LF/0.5 ML                                                              | 2         | VAC; ACA              |
| MENQUADFI (PF) INTRAMUSCULAR<br>SOLUTION 10 MCG/0.5 ML                                                                      | 2         | VAC; ACA              |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5 ML                                                            | 2         | VAC; ACA              |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5 MCG/0.5<br>ML                                                    | 2         | VAC; ACA              |
| M-M-R II (PF) SUBCUTANEOUS RECON<br>SOLN 1,000-12,500 TCID50/0.5 ML                                                         | 2         | VAC; ACA              |
| MNEXSPIKE 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML                                                             | 0         | VAC; ACA              |

| Drug Name                                                                     | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| MRESVIA (PF) INTRAMUSCULAR SYRINGE<br>50 MCG/0.5 ML                           | 2         | VAC; ACA              |
| NUVAXOVID 2025-2026 (PF)<br>INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML                | 0         | VAC; ACA              |
| ODACTRA SUBLINGUAL TABLET 12 SQ-<br>HDM                                       | 2         | PA                    |
| ORALAIR SUBLINGUAL TABLET 300 INDX<br>REACTIVITY                              | 4         | PA; SP                |
| PALFORZIA (LEVEL 0) ORAL CAPSULE,<br>SPRINKLE 1 MG                            | EX        |                       |
| PALFORZIA (LEVEL 1) ORAL CAPSULE,<br>SPRINKLE 3 MG (1 MG X 3)                 | EX        |                       |
| PALFORZIA (LEVEL 2) ORAL CAPSULE,<br>SPRINKLE 6 MG (1 MG X 6)                 | EX        |                       |
| PALFORZIA (LEVEL 3) ORAL CAPSULE,<br>SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)     | EX        |                       |
| PALFORZIA (LEVEL 4) ORAL CAPSULE,<br>SPRINKLE 20 MG                           | EX        |                       |
| PALFORZIA (LEVEL 5) ORAL CAPSULE,<br>SPRINKLE 40 MG (20 MG X 2)               | EX        |                       |
| PALFORZIA (LEVEL 6) ORAL CAPSULE,<br>SPRINKLE 80 MG (20 MG X 4)               | EX        |                       |
| PALFORZIA (LEVEL 7) ORAL CAPSULE,<br>SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)  | EX        |                       |
| PALFORZIA (LEVEL 8) ORAL CAPSULE,<br>SPRINKLE 160 MG (20 MG X 3, 100 MG X1)   | EX        |                       |
| PALFORZIA (LEVEL 9) ORAL CAPSULE,<br>SPRINKLE 200 MG (100 MG X 2)             | EX        |                       |
| PALFORZIA (LEVEL 10) ORAL CAPSULE,<br>SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | EX        |                       |
| PALFORZIA INITIAL (1-3 YRS) ORAL<br>CAPSULE, SPRINKLE 0.5/1/1.5/3 MG          | EX        |                       |
| PALFORZIA INITIAL (4-17 YRS) ORAL<br>CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG       | EX        |                       |
| PALFORZIA LEVEL 11 MAINTENANCE<br>ORAL POWDER IN PACKET 300 MG                | EX        |                       |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE<br>10 MCG-25LF-25 MCG-10LF/0.5 ML         | 2         | VAC; ACA              |
| PEDVAX HIB (PF) INTRAMUSCULAR<br>SOLUTION 7.5 MCG/0.5 ML                      | 2         | VAC; ACA              |

| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---------------------------------------------------------------------------------------|------------------|------------------------------|
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML                                      | 2                | VAC; ACA                     |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML                                  | 2                | VAC; ACA                     |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML                          | 2                | VAC; ACA                     |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML                                          | 2                | VAC; ACA                     |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                          | 2                | VAC; ACA                     |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 2                | VAC; ACA                     |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 2                | VAC; ACA                     |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML                 | 2                | VAC; ACA                     |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML                    | 2                | VAC; ACA                     |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT                    | 0                | VAC; ACA                     |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                            | 2                | PA                           |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML        | 0                | VAC; ACA                     |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML                      | 0                | VAC; ACA                     |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML                                         | 2                | VAC; ACA                     |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML                                                    | 2                | VAC; ACA                     |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML               | 2                | VAC; ACA                     |
| SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML                    | 0                | VAC; ACA                     |
| SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML                   | 0                | VAC; ACA                     |

| Drug Name                                                                         | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML        | 0         | VAC; ACA              |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML                  | 2         | VAC; ACA              |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML                             | 2         | VAC; ACA              |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML                     | 0         | VAC; ACA              |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML                                     | 0         | VAC; ACA              |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML                      | 2         | VAC; ACA              |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML                                    | 0         | VAC; ACA              |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML                                     | 0         | VAC; ACA              |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML                    | 2         | VAC; ACA              |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML                       | 2         | VAC; ACA              |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML         | 2         | VAC; ACA              |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 0         | VAC; ACA              |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML               | 2         | VAC; ACA              |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML                  | 2         | VAC; ACA              |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML                                     | 2         | VAC; ACA              |
| VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML                                      | 0         | VAC; ACA              |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT                      | 2         | VAC; ACA              |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT                       | EX        |                       |

| Drug Name                                                                     | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 0         | VAC; ACA              |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                                       |    |    |
|-------------------------------------------------------|----|----|
| <i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i> | 1  |    |
| <i>colchicine oral capsule 0.6 mg</i>                 | 1  | PA |
| <i>colchicine oral tablet 0.6 mg</i>                  | 1  |    |
| COLCRYS ORAL TABLET 0.6 MG                            | EX |    |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>            | 1  | ST |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML                    | 3  |    |
| MITIGARE ORAL CAPSULE 0.6 MG                          | 2  | PA |
| <i>probenecid oral tablet 500 mg</i>                  | 1  |    |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>   | 1  |    |
| ULORIC ORAL TABLET 40 MG, 80 MG                       | EX |    |
| ZYLOPRIM ORAL TABLET 100 MG                           | 3  |    |

### OSTEOPOROSIS THERAPY

|                                                                             |    |                             |
|-----------------------------------------------------------------------------|----|-----------------------------|
| ACTONEL ORAL TABLET 150 MG                                                  | 3  | ST; QL (1 per 23 days)      |
| ACTONEL ORAL TABLET 35 MG                                                   | 3  | ST; QL (4 per 21 days)      |
| <i>alendronate oral solution 70 mg/75 ml</i>                                | 1  | QL (300 per 21 days)        |
| <i>alendronate oral tablet 10 mg, 5 mg</i>                                  | 1  | QL (30 Unit Per fill)       |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                                 | 1  | QL (4 per 21 days)          |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG                          | 3  | ST; QL (4 per 21 days)      |
| BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML                                       | 4  | PA; SP; QL (1 per 135 days) |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG                                     | 3  | ST; QL (4 per 21 days)      |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)               | 4  | PA; SP; QL (1 per 21 days)  |
| CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML                                    | EX |                             |
| EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2) | EX |                             |
| EVISTA ORAL TABLET 60 MG                                                    | 3  |                             |

| Drug Name                                                                 | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------|-----------|------------------------------|
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)              | EX        |                              |
| FOSAMAX ORAL TABLET 70 MG                                                 | 3         | ST; QL (4 per 21 days)       |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT         | 3         | ST; QL (4 per 21 days)       |
| <i>ibandronate oral tablet 150 mg</i>                                     | 1         | QL (1 per 23 days)           |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                      | EX        |                              |
| <i>raloxifene oral tablet 60 mg</i>                                       | 1         | Och; ACA                     |
| <i>risedronate oral tablet 150 mg</i>                                     | 1         | QL (1 per 23 days)           |
| <i>risedronate oral tablet 35 mg</i>                                      | 1         | QL (4 per 21 days)           |
| <i>risedronate oral tablet 5 mg</i>                                       | 1         | QL (30 Unit Per fill)        |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>             | 1         | QL (4 per 21 days)           |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML                                    | EX        |                              |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | 4         | PA; SP; QL (1 per 21 days)   |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)               | 4         | PA; QL (1 Unit Per fill); SP |
| <b>OTHER RHEUMATOLOGICALS</b>                                             |           |                              |
| ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML               | EX        |                              |
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML          | EX        |                              |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                    | EX        |                              |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                | EX        |                              |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                | EX        |                              |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                     | EX        |                              |
| ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | EX        |                              |
| ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML  | EX        |                              |

| Drug Name                                                                                        | Drug Tier | Requirements / Limits      |
|--------------------------------------------------------------------------------------------------|-----------|----------------------------|
| ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML                       | EX        |                            |
| ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                              | EX        |                            |
| ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML                       | EX        |                            |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML                             | 4         | PA; SP; QL (2 per 21 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML                                                | 4         | SP; QL (2 per 21 days)     |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML                                  | 4         | PA; SP; QL (2 per 21 days) |
| ADALIMUMAB-ADBIM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML                        | 4         | PA; SP; QL (2 per 21 days) |
| ADALIMUMAB-ADBIM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 4         | PA; SP; QL (2 per 21 days) |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML                                       | EX        |                            |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML                              | EX        |                            |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML                                     | 4         | PA; SP; QL (2 per 21 days) |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML                                     | EX        |                            |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML                                            | 4         | PA; SP; QL (2 per 21 days) |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML    | EX        |                            |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML         | EX        |                            |
| ARAVAL ORAL TABLET 10 MG, 20 MG                                                                  | 3         | QL (30 Unit Per fill)      |
| AURANOFIN ORAL CAPSULE 3 MG                                                                      | 2         |                            |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML                                                    | 4         | PA; SP; QL (4 per 21 days) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML                                                          | 4         | PA; SP; QL (4 per 21 days) |

| Drug Name                                                                                         | Drug Tier | Requirements / Limits      |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------|
| CUPRIMINE ORAL CAPSULE 250 MG                                                                     | EX        |                            |
| CYLTEZO(CF) PEN CROHN'S-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT 40<br>MG/0.8 ML                    | EX        |                            |
| CYLTEZO(CF) PEN PSORIASIS-UV<br>SUBCUTANEOUS PEN INJECTOR KIT 40<br>MG/0.8 ML                     | EX        |                            |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML                       | EX        |                            |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE<br>KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4<br>ML, 40 MG/0.8 ML | EX        |                            |
| DEPEN TITRATABS ORAL TABLET 250 MG                                                                | 3         | PA                         |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                             | 4         | PA; SP; QL (4 per 21 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25<br>MG/0.5 ML                                                      | 4         | PA; SP; QL (8 per 21 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25<br>MG/0.5 ML (0.5)                                                 | 4         | PA; SP; QL (8 per 21 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50<br>MG/ML (1 ML)                                                    | 4         | PA; SP; QL (4 per 21 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN<br>INJECTOR 50 MG/ML (1 ML)                                     | 4         | PA; SP; QL (4 per 21 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS<br>AUTO-INJECTOR 40 MG/0.8 ML                                      | EX        |                            |
| HADLIMA SUBCUTANEOUS SYRINGE 40<br>MG/0.8 ML                                                      | EX        |                            |
| HADLIMA(CF) PUSHTOUCH<br>SUBCUTANEOUS AUTO-INJECTOR 40<br>MG/0.4 ML                               | EX        |                            |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE<br>40 MG/0.4 ML                                                  | EX        |                            |
| HULIO(CF) PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                       | EX        |                            |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT<br>20 MG/0.4 ML, 40 MG/0.8 ML                                  | EX        |                            |
| HUMIRA (ONLY NDCS STARTING WITH<br>00074) SUBCUTANEOUS SYRINGE KIT 40<br>MG/0.8 ML                | EX        |                            |
| HUMIRA PEN (ONLY NDCS STARTING<br>WITH 00074) SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML       | EX        |                            |

| Drug Name                                                                                                              | Drug Tier | Requirements / Limits       |
|------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML           | EX        |                             |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML                              | EX        |                             |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML                 | EX        |                             |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | EX        |                             |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML                                                  | EX        |                             |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)                                | EX        |                             |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML                           | EX        |                             |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML                                                   | EX        |                             |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                                              | EX        |                             |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML                                                       | EX        |                             |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML                                                            | EX        |                             |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML                                                                            | EX        |                             |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                                            | 1         | QL (30 Unit Per fill)       |
| LEQSELVI ORAL TABLET 8 MG                                                                                              | 4         | PA; SP                      |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG                                                                                  | EX        |                             |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                                                 | EX        |                             |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML                                                   | EX        |                             |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                                                                        | 4         | PA; SP; QL (60 per 23 days) |

| 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)                                                                                   | 4         | PA; SP; QL (55 per 365 days) |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG                                                                                                        | 4         | PA; SP                       |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG                                                                                                                             | 4         | PA; SP                       |
| <i>penicillamine oral capsule 250 mg</i>                                                                                                                                       | 1         | PA                           |
| <i>penicillamine oral tablet 250 mg</i>                                                                                                                                        | 1         | PA                           |
| 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 | EX        |                              |
| RIDAURA ORAL CAPSULE 3 MG                                                                                                                                                      | 2         |                              |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                                                                                                                                | 4         | PA; SP; QL (360 per 23 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                                                                                                                         | 4         | PA; SP; QL (30 per 23 days)  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                                                                                                                                | 4         | PA; SP; QL (56 per 365 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                                                                                                              | 2         | PA; QL (60 Tablet Per fill)  |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)                                                                                                                 | 2         | PA; QL (55 Unit Per fill)    |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML                                                                                                         | 4         | PA; SP; QL (2 per 21 days)   |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML                                                                                                         | 4         | SP; QL (2 per 21 days)       |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                                                                                                               | 4         | PA; SP; QL (2 per 21 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                                                                                                                    | 4         | PA; SP; QL (1 per 21 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                                                                                                                                 | EX        |                              |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                                                                                                                                         | 4         | PA; SP; QL (1 per 21 days)   |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML                                                                                                                                      | EX        |                              |

| Drug Name                                                                           | Drug Tier | Requirements / Limits                |
|-------------------------------------------------------------------------------------|-----------|--------------------------------------|
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML                         | 4         | PA; SP; QL (3.6 per 21 days)         |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML                                           | 4         | PA; SP; QL (3.6 per 21 days)         |
| XELJANZ ORAL SOLUTION 1 MG/ML                                                       | 4         | PA; QL (480 Milliliter Per fill); SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                                     | 4         | PA; QL (60 Tablet Per fill); SP      |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG                          | 4         | PA; QL (30 Tablet Per fill); SP      |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML           | EX        |                                      |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | EX        |                                      |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML                     | EX        |                                      |
| YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML                              | EX        |                                      |

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

|                                                                         |   |         |
|-------------------------------------------------------------------------|---|---------|
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                               | 0 | ACA     |
| DUREX AVANTI BARE REAL FEEL                                             | 0 | ACA     |
| DUREX TROPICAL CONDOM DEVICE                                            | 0 | ACA     |
| FC2 FEMALE CONDOM                                                       | 0 | ACA     |
| FEMCAP VAGINAL DEVICE 22 MM                                             | 0 | ACA     |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | 0 | SP; ACA |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG   | 0 | SP; ACA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | 0 | SP; ACA |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM                 | 0 | SP; ACA |
| PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM                       | 0 | SP; ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG     | 0 | SP; ACA |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                                      | 0 | ACA     |

| Drug Name                                                                                                                                                    | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| WIDE-SEAL VAGINAL DIAPHRAGM 60 MM                                                                                                                            | 0         | ACA                     |
| <b>ESTROGENS &amp; PROGESTINS</b>                                                                                                                            |           |                         |
| <i>abigale lo oral tablet 0.5-0.1 mg</i>                                                                                                                     | 2         |                         |
| <i>abigale oral tablet 1-0.5 mg</i>                                                                                                                          | 2         |                         |
| ACTIVELLA ORAL TABLET 1-0.5 MG                                                                                                                               | 3         |                         |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                                                                                                                    | 3         |                         |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG                                                                                                                     | EX        |                         |
| <i>camila oral tablet 0.35 mg</i>                                                                                                                            | 0         | ACA                     |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR                                                                                                    | EX        |                         |
| CLIMARA 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                                 | 3         | QL (4 per 21 days)      |
| COMBIPATCH TRANSDERMAL PATCH SEMI-WEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR                                                                              | 2         |                         |
| <i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>                                                                           | 1         |                         |
| <i>covaryx h.s. oral tablet 0.625-1.25 mg</i>                                                                                                                | 1         |                         |
| <i>covaryx oral tablet 1.25-2.5 mg</i>                                                                                                                       | 1         |                         |
| CRINONE VAGINAL GEL 4 %                                                                                                                                      | EX        |                         |
| <i>deblitane oral tablet 0.35 mg</i>                                                                                                                         | 0         | ACA                     |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML                                                                                                             | 3         |                         |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                                                                     | 2         |                         |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML                                                                                                              | 0         | ACA; QL (1 per 68 days) |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML                                                                                                                 | 0         | ACA; QL (1 per 68 days) |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                                                                                                    | 0         | ACA; QL (1 per 68 days) |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) | EX        |                         |

| Drug Name                                                                                                                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <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>                                                | 1         | QL (8 per 21 days)    |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                                                                                         | 2         |                       |
| <i>eemt hs oral tablet 0.625-1.25 mg</i>                                                                                                                              | 1         |                       |
| <i>eemt oral tablet 1.25-2.5 mg</i>                                                                                                                                   | 1         |                       |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION                                                                                                     | EX        |                       |
| <i>emzahh oral tablet 0.35 mg</i>                                                                                                                                     | 0         | ACA                   |
| ENDOMETRIN VAGINAL INSERT 100 MG                                                                                                                                      | EX        |                       |
| <i>errin oral tablet 0.35 mg</i>                                                                                                                                      | 0         | ACA                   |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)                                                                                                                            | EX        |                       |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                                       | 1         |                       |
| <i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>                                                                                             | 1         | QL (1 Unit Per fill)  |
| <i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i> | 1         | QL (30 Unit Per fill) |
| <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>                                            | 1         | QL (8 per 21 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>                                 | 1         | QL (4 per 21 days)    |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>                                                                                                                   | 1         |                       |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                                                | 1         |                       |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>                                                                                              | 1         |                       |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                                                  | 1         |                       |
| ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG                                                                                                                              | 3         |                       |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)                                                                                                                          | EX        |                       |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION                                                                                                     | EX        |                       |

| Drug Name                                                                                                                | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>                                               | 1         |                         |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)                                                              | 3         | QL (17 Unit Per fill)   |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR                                                                         | EX        |                         |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                                    | 1         |                         |
| <i>gallifrey oral tablet 5 mg</i>                                                                                        | 1         |                         |
| <i>heather oral tablet 0.35 mg</i>                                                                                       | 0         | ACA                     |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG                                                                    | EX        |                         |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG                                                             | EX        |                         |
| <i>incassia oral tablet 0.35 mg</i>                                                                                      | 0         | ACA                     |
| <i>jencycla oral tablet 0.35 mg</i>                                                                                      | 0         | ACA                     |
| <i>jinteli oral tablet 1-5 mg-mcg</i>                                                                                    | 1         |                         |
| <i>lyleq oral tablet 0.35 mg</i>                                                                                         | 0         | ACA                     |
| <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> | 1         | QL (8 per 21 days)      |
| <i>lyza oral tablet 0.35 mg</i>                                                                                          | 0         | ACA                     |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>                                                            | 0         | ACA; QL (1 per 68 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>                                                               | 0         | ACA; QL (1 per 68 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                               | 1         |                         |
| <i>meleya oral tablet 0.35 mg</i>                                                                                        | 0         | ACA                     |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                                                     | EX        |                         |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR                                                                           | 3         | QL (4 per 21 days)      |
| <i>mimvey oral tablet 1-0.5 mg</i>                                                                                       | 1         |                         |
| MINIVELLE 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      | EX        |                         |
| <i>nora-be oral tablet 0.35 mg</i>                                                                                       | 0         | ACA                     |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i>                                                                 | 0         | ACA                     |

| Drug Name                                                                                                             | Drug Tier | Requirements / Limits    |
|-----------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>norethindrone acetate oral tablet 5 mg</i>                                                                         | 1         |                          |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                          | 1         |                          |
| OPILL ORAL TABLET 0.075 MG                                                                                            | 0         | ACA                      |
| <i>orquidea oral tablet 0.35 mg</i>                                                                                   | 0         | ACA                      |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                                                       | EX        |                          |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                                                                  | 2         |                          |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                  | EX        |                          |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                 | EX        |                          |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                                        | 4         | SP                       |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                                                            | 1         |                          |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG                                                                                | 3         |                          |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                               | 3         |                          |
| <i>sharobel oral tablet 0.35 mg</i>                                                                                   | 0         | ACA                      |
| <i>tulana oral tablet 0.35 mg</i>                                                                                     | 0         | ACA                      |
| VAGIFEM VAGINAL TABLET 10 MCG                                                                                         | EX        |                          |
| VIVELLE-DOT 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 | EX        |                          |
| <i>yuvafem vaginal tablet 10 mcg</i>                                                                                  | 1         |                          |
| <b>MISCELLANEOUS OB/GYN</b>                                                                                           |           |                          |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                                                                           | 0         | ACA; QL (1 per 274 days) |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG                                                                       | 3         |                          |
| CLEOCIN VAGINAL CREAM 2 %                                                                                             | 3         |                          |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                                                                    | 3         |                          |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                                                        | 1         |                          |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %                                                                         | 3         |                          |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>                                                                       | 0         | ACA                      |

| Drug Name                                                                       | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------|
| <i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>                              | 0         | ACA                   |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>          | 0         | ACA                   |
| <i>fem ph vaginal gel 0.9-0.025 %</i>                                           | 1         |                       |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                                    | 3         |                       |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>                                | 0         | ACA                   |
| INTRAROSA VAGINAL INSERT 6.5 MG                                                 | EX        |                       |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                         | 1         |                       |
| <i>miconazole-3 vaginal suppository 200 mg</i>                                  | 1         |                       |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                               | 2         | PA                    |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                               | 0         | SP; ACA               |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | 0         | ACA                   |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR                                       | EX        |                       |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)                                        | 3         |                       |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)                  | 2         | PA                    |
| OSPHENA ORAL TABLET 60 MG                                                       | EX        |                       |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G                                                 | 3         |                       |
| RELAGARD VAGINAL GEL 0.9-0.025 %                                                | 3         |                       |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                   | 1         |                       |
| <i>terconazole vaginal suppository 80 mg</i>                                    | 1         |                       |
| <i>tranexamic acid oral tablet 650 mg</i>                                       | 1         |                       |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %                                        | 2         |                       |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                | EX        |                       |
| <i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                             | 1         |                       |
| VCF CONTRACEPTIVE VAGINAL FILM 28 %                                             | 0         | ACA                   |
| VCF CONTRACEPTIVE VAGINAL GEL 4 %                                               | 0         | ACA                   |
| VEOZAH ORAL TABLET 45 MG                                                        | 3         |                       |
| XACIATO VAGINAL GEL 2 %                                                         | 2         |                       |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>                         | 0         | ACA                   |

| Drug Name                                                                      | Drug Tier | Requirements / Limits     |
|--------------------------------------------------------------------------------|-----------|---------------------------|
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>                        | 0         | ACA                       |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>                                |           |                           |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i>                                     | 0         | ACA                       |
| <i>after pill oral tablet 1.5 mg</i>                                           | 0         | QL (1 Unit Per fill); ACA |
| AFTERA ORAL TABLET 1.5 MG                                                      | 0         | QL (1 Unit Per fill); ACA |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i>                                  | 0         | ACA                       |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>                               | 0         | ACA                       |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                    | 0         | ACA                       |
| <i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 0         | ACA                       |
| <i>amethyst oral tablet 90-20 mcg (28)</i>                                     | 0         | ACA                       |
| <i>apri oral tablet 0.15-0.03 mg</i>                                           | 0         | ACA                       |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>                           | 0         | ACA                       |
| <i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 0         | ACA                       |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i>                                      | 0         | ACA                       |
| <i>aubra oral tablet 0.1-20 mg-mcg</i>                                         | 0         | ACA                       |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                          | 0         | ACA                       |
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>                              | 0         | ACA                       |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                   | 0         | ACA                       |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>        | 0         | ACA                       |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>            | 0         | ACA                       |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)                              | EX        |                           |
| <i>aviane oral tablet 0.1-20 mg-mcg</i>                                        | 0         | ACA                       |
| <i>ayuna oral tablet 0.15-0.03 mg</i>                                          | 0         | ACA                       |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                  | 0         | ACA                       |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                             | EX        |                           |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i>                                  | 0         | ACA                       |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)                                     | 0         | ACA                       |

| Drug Name                                                                                            | Drug Tier | Requirements / Limits     |
|------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                          | 0         | ACA                       |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                               | 0         | ACA                       |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                   | 0         | ACA                       |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                                            | 0         | ACA                       |
| <i>camrese lo oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>                     | 0         | ACA                       |
| <i>camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                       | 0         | ACA                       |
| <i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>                                               | 0         | ACA                       |
| <i>charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>                             | 0         | ACA                       |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i>                                                      | 0         | ACA                       |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>                                                       | 0         | ACA                       |
| <i>cyred eq oral tablet 0.15-0.03 mg</i>                                                             | 0         | ACA                       |
| <i>cyred oral tablet 0.15-0.03 mg</i>                                                                | 0         | ACA                       |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                     | 0         | ACA                       |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                                          | 0         | ACA                       |
| <i>daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>                        | 0         | ACA                       |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                        | 0         | ACA                       |
| <i>dolishale oral tablet 90-20 mcg (28)</i>                                                          | 0         | ACA                       |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i> | 0         | ACA                       |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                               | 0         | ACA                       |
| <i>econtra ez oral tablet 1.5 mg</i>                                                                 | 0         | QL (1 Unit Per fill); ACA |
| <i>econtra one-step oral tablet 1.5 mg</i>                                                           | 0         | QL (1 Unit Per fill); ACA |
| <i>elinest oral tablet 0.3-30 mg-mcg</i>                                                             | 0         | ACA                       |
| ELLA ORAL TABLET 30 MG                                                                               | 0         | QL (1 Unit Per fill); ACA |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                           | 0         | ACA                       |
| <i>enskyce oral tablet 0.15-0.03 mg</i>                                                              | 0         | ACA                       |
| <i>estarylla oral tablet 0.25-0.035 mg</i>                                                           | 0         | ACA                       |

| <b>Drug Name</b>                                                                   | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|------------------------------------------------------------------------------------|------------------|------------------------------|
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>          | 0                | ACA                          |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i>                                      | 0                | ACA                          |
| <i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 0                | ACA                          |
| <i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>                    | 0                | ACA                          |
| <i>galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>               | 0                | ACA                          |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                             | 0                | ACA                          |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                         | 0                | ACA                          |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>              | 0                | ACA                          |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                  | 0                | ACA                          |
| <i>hailey oral tablet 1.5-30 mg-mcg</i>                                            | 0                | ACA                          |
| <i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>                | 0                | ACA                          |
| <i>introvale oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)</i>               | 0                | ACA                          |
| <i>isibloom oral tablet 0.15-0.03 mg</i>                                           | 0                | ACA                          |
| <i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>    | 0                | ACA                          |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i>                                          | 0                | ACA                          |
| <i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>                | 0                | ACA                          |
| <i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                            | 0                | ACA                          |
| <i>juleber oral tablet 0.15-0.03 mg</i>                                            | 0                | ACA                          |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                 | 0                | ACA                          |
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>                                     | 0                | ACA                          |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>               | 0                | ACA                          |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                   | 0                | ACA                          |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                          | 0                | ACA                          |
| <i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>              | 0                | ACA                          |
| <i>kalliga oral tablet 0.15-0.03 mg</i>                                            | 0                | ACA                          |

| Drug Name                                                                                           | Drug Tier | Requirements / Limits     |
|-----------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                                         | 0         | ACA                       |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>                                                     | 0         | ACA                       |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i>                                                        | 0         | ACA                       |
| <i>l norgest/e.estradiol-e.estrad oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 0         | ACA                       |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                                  | 0         | ACA                       |
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                                      | 0         | ACA                       |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                                           | 0         | ACA                       |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                | 0         | ACA                       |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                    | 0         | ACA                       |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                            | 0         | ACA                       |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>                                     | 0         | ACA                       |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                      | 0         | ACA                       |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                            | 0         | QL (1 Unit Per fill); ACA |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>        | 0         | ACA                       |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>           | 0         | ACA                       |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)</i>                    | 0         | ACA                       |
| <i>levora-28 oral tablet 0.15-0.03 mg</i>                                                           | 0         | ACA                       |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                              | EX        |                           |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                      | EX        |                           |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                          | EX        |                           |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                | EX        |                           |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                    | EX        |                           |
| <i>lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>                     | 0         | ACA                       |
| <i>loryna (28) oral tablet 3-0.02 mg</i>                                                            | 0         | ACA                       |

| Drug Name                                                                                                                     | Drug Tier | Requirements / Limits     |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>                                                                            | 0         | ACA                       |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>                                                                              | 0         | ACA                       |
| <i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                                          | 0         | ACA                       |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i>                                                                                   | 0         | ACA                       |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i>                                                                                 | 0         | ACA                       |
| <i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>                                                         | 0         | ACA                       |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>                                                                      | 0         | ACA                       |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>                                                                          | 0         | ACA                       |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                                    | 0         | ACA                       |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>                                                        | 0         | ACA                       |
| <i>mili oral tablet 0.25-0.035 mg</i>                                                                                         | 0         | ACA                       |
| <i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>                                                                       | 0         | ACA                       |
| <i>mono-lynyah oral tablet 0.25-0.035 mg</i>                                                                                  | 0         | ACA                       |
| <i>my choice oral tablet 1.5 mg</i>                                                                                           | 0         | QL (1 Unit Per fill); ACA |
| <i>my way oral tablet 1.5 mg</i>                                                                                              | 0         | QL (1 Unit Per fill); ACA |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG                                                                            | EX        |                           |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                                                                            | 0         | ACA                       |
| <i>new day oral tablet 1.5 mg</i>                                                                                             | 0         | QL (1 Unit Per fill); ACA |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)                                                                                    | EX        |                           |
| <i>nikki (28) oral tablet 3-0.02 mg</i>                                                                                       | 0         | ACA                       |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>                                      | 0         | ACA                       |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>                                                  | 0         | ACA                       |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>                                                 | 0         | ACA                       |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>                                                | 0         | ACA                       |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>                                       | 0         | ACA                       |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i> | 0         | ACA                       |

| Drug Name                                                                       | Drug Tier | Requirements / Limits     |
|---------------------------------------------------------------------------------|-----------|---------------------------|
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                            | 0         | ACA                       |
| <i>nortrel 1/35 oral tablet 1-35 mg-mcg (21)</i>                                | 0         | ACA                       |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                | 0         | ACA                       |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                     | 0         | ACA                       |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                  | 0         | ACA                       |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>                       | 0         | ACA                       |
| <i>ocella oral tablet 3-0.03 mg</i>                                             | 0         | ACA                       |
| <i>opcicon one-step oral tablet 1.5 mg</i>                                      | 0         | QL (1 Unit Per fill); ACA |
| <i>option-2 oral tablet 1.5 mg</i>                                              | 0         | QL (1 Unit Per fill); ACA |
| <i>philith oral tablet 0.4-35 mg-mcg</i>                                        | 0         | ACA                       |
| <i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                   | 0         | ACA                       |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG                                              | 0         | QL (1 Unit Per fill); ACA |
| <i>portia 28 oral tablet 0.15-0.03 mg</i>                                       | 0         | ACA                       |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i>                                  | 0         | ACA                       |
| <i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>  | 0         | ACA                       |
| <i>rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>   | 0         | ACA                       |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)                                    | EX        |                           |
| <i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>            | 0         | ACA                       |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>                    | 0         | ACA                       |
| <i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 0         | ACA                       |
| SLYND ORAL TABLET 4 MG (28)                                                     | EX        |                           |
| <i>sprintec (28) oral tablet 0.25-0.035 mg</i>                                  | 0         | ACA                       |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                         | 0         | ACA                       |
| <i>syeda oral tablet 3-0.03 mg</i>                                              | 0         | ACA                       |
| TAKE ACTION ORAL TABLET 1.5 MG                                                  | 0         | QL (1 Unit Per fill); ACA |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>                      | 0         | ACA                       |
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>               | 0         | ACA                       |

| Drug Name                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                         | EX        |                       |
| <i>tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>             | 0         | ACA                   |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>         | 0         | ACA                   |
| <i>tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)</i>        | 0         | ACA                   |
| <i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>            | 0         | ACA                   |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>          | 0         | ACA                   |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>             | 0         | ACA                   |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>               | 0         | ACA                   |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>           | 0         | ACA                   |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>              | 0         | ACA                   |
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>     | 0         | ACA                   |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>            | 0         | ACA                   |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>           | 0         | ACA                   |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>                             | 0         | ACA                   |
| TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG                             | EX        |                       |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>                       | 0         | ACA                   |
| <i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                       | 0         | ACA                   |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 0         | ACA                   |
| <i>vestura (28) oral tablet 3-0.02 mg</i>                                | 1         | ACA                   |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                  | 0         | ACA                   |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>             | 0         | ACA                   |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>              | 0         | ACA                   |
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>                            | 0         | ACA                   |
| <i>vylibra oral tablet 0.25-0.035 mg</i>                                 | 0         | ACA                   |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i>                           | 0         | ACA                   |
| <i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | 0         | ACA                   |
| <i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>           | 0         | ACA                   |
| <i>xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | 0         | ACA                   |
| YASMIN (28) ORAL TABLET 3-0.03 MG                                    | EX        |                       |
| YAZ (28) ORAL TABLET 3-0.02 MG                                       | 0         | ACA                   |
| <i>zarah oral tablet 3-0.03 mg</i>                                   | 0         | ACA                   |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>                       | 0         | ACA                   |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i>                        | 0         | ACA                   |

## OXYTOCICS

|                                            |   |                          |
|--------------------------------------------|---|--------------------------|
| <i>methylergonovine oral tablet 0.2 mg</i> | 1 | QL (240 Tablet Per fill) |
|--------------------------------------------|---|--------------------------|

## OPHTHALMOLOGY

### ANTIBIOTICS

|                                                                              |    |  |
|------------------------------------------------------------------------------|----|--|
| AZASITE OPHTHALMIC (EYE) DROPS 1 %                                           | 2  |  |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>                    | 1  |  |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 1  |  |
| BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 %                           | EX |  |
| BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %                                  | 3  |  |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %                                      | EX |  |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>                        | 1  |  |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>              | 1  |  |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>                             | 1  |  |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                               | 1  |  |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>                      | 1  |  |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>                             | 1  |  |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>                    | 1  |  |
| NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %                               | 2  |  |

| Drug Name                                                                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 1         |                       |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>   | 1         |                       |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>                   | 1         |                       |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %                                                         | 3         |                       |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i>                                                | 1         |                       |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>                                | 1         |                       |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>             | 1         |                       |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i>                                         | 1         |                       |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                               | 1         |                       |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %                                                       | 3         |                       |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %                                                         | 3         |                       |
| <b>ANTIVIRALS</b>                                                                            |           |                       |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                               | 1         |                       |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %                                                           | 3         |                       |
| <b>BETA-BLOCKERS</b>                                                                         |           |                       |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                                | 1         |                       |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %                                                         | EX        |                       |
| BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %                                         | 3         |                       |
| <i>carteolol ophthalmic (eye) drops 1 %</i>                                                  | 1         |                       |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %                                             | EX        |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                              | 1         |                       |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>                       | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                  | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops, once daily 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>                                                  | 1         |                       |

| Drug Name                                                              | Drug Tier | Requirements / Limits     |
|------------------------------------------------------------------------|-----------|---------------------------|
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %       | EX        |                           |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                                |           |                           |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %                      | 4         | SP                        |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                          |           |                           |
| <i>atropine ophthalmic (eye) drops 1 %</i>                             | 1         |                           |
| ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %                 | EX        |                           |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %                             | 3         |                           |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i>                       | 1         |                           |
| <i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i> | 1         |                           |
| <i>homatropaire ophthalmic (eye) drops 5 %</i>                         | 1         |                           |
| MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %                                   | 3         |                           |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>   | 1         |                           |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>                   | 1         |                           |
| <b>DIRECT ACTING MIOTICS</b>                                           |           |                           |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>            | 1         |                           |
| <i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>                   | 3         |                           |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %                               | EX        |                           |
| VUITY OPHTHALMIC (EYE) DROPS 1.25 %                                    | EX        |                           |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                                   |           |                           |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %                                  | 3         |                           |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %                                   | 3         |                           |
| <i>altacaine ophthalmic (eye) drops 0.5 %</i>                          | 1         |                           |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %                      | 3         |                           |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                        | 1         |                           |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>               | 1         | ST                        |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %                                   | EX        |                           |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %                              | 3         | PA; QL (60 Unit Per fill) |

| Drug Name                                                             | Drug Tier | Requirements / Limits          |
|-----------------------------------------------------------------------|-----------|--------------------------------|
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                            | 1         |                                |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>               | 1         | PA; QL (60 Unit Per fill)      |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %                              | EX        |                                |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                | 4         | PA; SP                         |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                       | 1         |                                |
| EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML                           | EX        |                                |
| FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %               | 3         |                                |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>     | 1         |                                |
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML          | EX        |                                |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %                               | 2         | PA; QL (3 Milliliter Per fill) |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %                               | 4         | PA; SP                         |
| <i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i> | 1         |                                |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i>                      | 1         |                                |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                      | 2         | PA; QL (6 Milliliter Per fill) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %                          | 3         | PA; QL (60 Unit Per fill)      |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML             | EX        |                                |
| SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML                            | EX        |                                |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %                      | 3         |                                |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>                    | 1         |                                |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %                          | 3         |                                |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY               | 3         | PA                             |
| VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML                            | EX        |                                |

| Drug Name                                                       | Drug Tier | Requirements / Limits           |
|-----------------------------------------------------------------|-----------|---------------------------------|
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %                     | EX        |                                 |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 %                              | 3         | PA; QL (2 Milliliter Per fill)  |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %                            | 4         | QL (10 Milliliter Per fill); SP |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %                         | 2         | QL (60 Vial Per fill)           |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %                     | EX        |                                 |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>                   |           |                                 |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %                          | 3         | ST                              |
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 %                             | 3         | ST                              |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %                | EX        |                                 |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i> | 1         |                                 |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %                         | EX        |                                 |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>           | 1         |                                 |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>        | 1         |                                 |
| ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %                 | 3         |                                 |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>            | 1         |                                 |
| NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %                | EX        |                                 |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %                          | EX        |                                 |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                                  |           |                                 |
| <i>acetazolamide oral capsule, extended release 500 mg</i>      | 1         |                                 |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                 | 1         |                                 |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                   | 1         |                                 |
| <b>OTHER GLAUCOMA DRUGS</b>                                     |           |                                 |
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %                    | EX        |                                 |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                | 1         | PA                              |

| Drug Name                                                                      | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>                    | 1         |                       |
| <i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i>                     | 1         |                       |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %                                      | 3         |                       |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %                               | EX        |                       |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML                                   | EX        |                       |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %                                    | 3         |                       |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                  | 1         |                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>           | 1         |                       |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>               | 1         |                       |
| DURYSTA INTRACAMERAL IMPLANT 10 MCG                                            | EX        |                       |
| IDOSE TR INTRACAMERAL IMPLANT 75 MCG                                           | EX        |                       |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %                               | EX        |                       |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i>                              | 1         | PA                    |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                                          | EX        |                       |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %                                        | 3         |                       |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %                                  | 3         | PA                    |
| SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 %                           | 3         |                       |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>                   | EX        |                       |
| TIMOL-BRIMON-DORZOL-BIMATO(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.01 % | 3         |                       |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %                                      | EX        |                       |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i>                               | EX        |                       |

| Drug Name                                                                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                                                | EX        |                       |
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 %                                                                | EX        |                       |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %                                                      | EX        |                       |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %                                                    | EX        |                       |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                                                                |           |                       |
| MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %                             | 3         |                       |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>              | 1         |                       |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 1         |                       |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>           | 1         |                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml</i>           | 1         |                       |
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>                           | 1         |                       |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                          | 3         |                       |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 %                                             | EX        |                       |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %</i>                          | 1         |                       |
| ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 %                                                    | EX        |                       |
| <b>STERIODS</b>                                                                                       |           |                       |
| ALREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.2 %                                                        | EX        |                       |
| CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 %                                                  | EX        |                       |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>                                    | 1         |                       |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG                                                               | 3         |                       |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                                                    | 1         |                       |

| Drug Name                                                                     | Drug Tier | Requirements / Limits            |
|-------------------------------------------------------------------------------|-----------|----------------------------------|
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %                                         | EX        |                                  |
| EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %                             | 2         | PA; QL (8.3 Milliliter Per fill) |
| FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %                               | EX        |                                  |
| <i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>               | 1         |                                  |
| FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %                           | EX        |                                  |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %                        | 3         | ST                               |
| INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %                               | 3         | ST                               |
| LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 %                                     | 3         | ST                               |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %                                       | 3         | ST                               |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 %                                 | 3         | ST                               |
| <i>loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %</i>                | 1         | ST                               |
| <i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %, 0.5 %</i>  | 1         | ST                               |
| MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %                              | EX        |                                  |
| PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 %                             | 3         |                                  |
| PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 %                           | EX        |                                  |
| <i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>            | 1         |                                  |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>               | 1         |                                  |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                                       |           |                                  |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1         |                                  |
| <b>SULFONAMIDES</b>                                                           |           |                                  |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>                       | 1         |                                  |

| Drug Name                                                                    | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------------------|-----------|-------------------------|
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>                   | 1         |                         |
| <b>SYMPATHOMIMETICS</b>                                                      |           |                         |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %                              | 3         |                         |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                            | 1         |                         |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>               | 1         |                         |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %                                    | 3         |                         |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>                                         |           |                         |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %                                   | 3         |                         |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>                  | 1         |                         |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %                               | EX        |                         |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>                                |           |                         |
| <b>ANTIHIISTAMINE &amp; ANTIALLERGENIC AGENTS</b>                            |           |                         |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | 2         | QL (4 Unit Per fill)    |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                           | 1         |                         |
| CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML          | EX        |                         |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                | 2         |                         |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                | 1         | ST                      |
| <i>carbzah oral liquid 4 mg/5 ml</i>                                         | 2         | ST                      |
| <i>cetirizine oral solution 1 mg/ml</i>                                      | 2         |                         |
| CLARINEX ORAL TABLET 5 MG                                                    | 3         | QL (30 Unit Per fill)   |
| <i>clemastine oral syrup 0.5 mg/5 ml</i>                                     | EX        |                         |
| <i>clemastine oral tablet 2.68 mg</i>                                        | EX        |                         |
| <i>clemsza oral tablet 2.68 mg</i>                                           | EX        |                         |
| <i>cypheptadine oral syrup 2 mg/5 ml</i>                                     | 1         |                         |
| <i>cypheptadine oral tablet 4 mg</i>                                         | 1         |                         |
| <i>desloratadine oral tablet 5 mg</i>                                        | 1         | QL (30 units per fill)  |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>                | 1         | QL (30 Tablet Per fill) |

| Drug Name                                                                | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------------------------|-----------|-------------------------|
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>               | 1         |                         |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML                                          | 3         |                         |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML                      | EX        |                         |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1         | QL (4 Unit Per fill)    |
| EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML                              | 3         | QL (4 units per fill)   |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML                             | 3         | QL (4 Unit Per fill)    |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML                         | 3         | QL (4 Unit Per fill)    |
| <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>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>             | 1         |                         |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML                | EX        |                         |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i>                          | 1         |                         |
| <i>levocetirizine oral tablet 5 mg</i>                                   | 1         | QL (30 Tablet Per fill) |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)                       | 2         |                         |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                              | 1         |                         |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                    | 1         |                         |
| <i>promethazine rectal suppository 12.5 mg</i>                           | 1         |                         |
| <i>promethazine rectal suppository 25 mg</i>                             | 2         |                         |
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>              | 1         |                         |
| RYCLORA ORAL SOLUTION 2 MG/5 ML                                          | 3         |                         |
| RYVENT ORAL TABLET 6 MG                                                  | 3         | ST                      |
| <b>COUGH &amp; COLD THERAPY</b>                                          |           |                         |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                           | 1         |                         |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML                                    | 3         |                         |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>           | 1         |                         |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG           | 3         | QL (60 Tablet Per fill) |

| Drug Name                                                                            | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>                                | 1         |                       |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML                                             | 3         |                       |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML                                         | 3         |                       |
| <i>g tussin ac oral liquid 10-100 mg/5 ml</i>                                        | 1         |                       |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML                                               | 3         |                       |
| HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML                               | 3         |                       |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG                                      | 3         |                       |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | 1         |                       |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                           | 1         |                       |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                  | 1         |                       |
| <i>hydromet oral solution 5-1.5 mg/5 ml</i>                                          | 1         |                       |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML                                               | 3         |                       |
| <i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>                                       | 1         |                       |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML                                             | 3         |                       |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML                                                | 3         |                       |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML                                           | 3         |                       |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               | 1         |                       |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                                    | 1         |                       |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>                          | 1         |                       |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG                             | 3         |                       |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG                              | 3         |                       |
| <b>PULMONARY AGENTS</b>                                                              |           |                       |
| ACCOLATE ORAL TABLET 10 MG, 20 MG                                                    | 3         |                       |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                    | 1         |                       |
| ADCIRCA ORAL TABLET 20 MG                                                            | EX        |                       |

| Drug Name                                                                                                                                  | Drug Tier | Requirements / Limits               |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                                                                     | 4         | PA; QL (90 Tablet Per fill); SP; LA |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE                                             | EX        |                                     |
| ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION                                                                    | 2         | PA; QL (12 Unit Per fill)           |
| ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION                                                                    | 2         | PA; QL (12 Unit Per fill)           |
| ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION                                                                      | 2         | PA; QL (12 Unit Per fill)           |
| ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION                                      | 2         | PA; QL (8 Unit Per fill)            |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                                                                | 2         |                                     |
| ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)                                                                                      | EX        | QL                                  |
| <i>albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)</i>                                                                             | 1         | QL (17 Unit Per fill)               |
| <i>albuterol sulfate inhalation 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</i> | 1         |                                     |
| <i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>                                                                                   | 1         |                                     |
| <i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>                                                                                 | 1         |                                     |
| <i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>                                                          | 1         |                                     |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION                                                                 | EX        |                                     |
| ALYFTREK ORAL TABLET 10-50-125 MG                                                                                                          | 4         | QL (56 Tablet Per fill); SP         |
| ALYFTREK ORAL TABLET 4-20-50 MG                                                                                                            | 4         | QL (84 Tablet Per fill); SP         |
| <i>alyq oral tablet 20 mg</i>                                                                                                              | 4         | QL (60 Tablet Per fill); SP         |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                                                                 | 4         | QL (30 Tablet Per fill); SP; LA     |
| ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION                                                                                        | 2         | QL (14 Unit Per fill)               |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                                                                         | 2         | QL (60 Unit Per fill)               |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>                                                                       | 1         | QL (120 Unit Per fill)              |

| Drug Name                                                                                                                                                        | Drug Tier | Requirements / Limits              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------|
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                                            | EX        |                                    |
| ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION                                                                    | 2         | QL (13 Gram Per fill)              |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2         | QL (1 Unit Per fill)               |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)                                                                             | 2         | QL (1 Inhaler Per fill)            |
| ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION                                                                                                         | 3         | QL (26 Unit Per fill)              |
| <i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>                                                                                          | EX        |                                    |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG                                                                                                      | EX        |                                    |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                                                                                      | 4         | QL (60 Tablet Per fill); SP        |
| <i>bosentan oral tablet for suspension 32 mg</i>                                                                                                                 | 4         | PA; QL ( 120 tablets per fill); SP |
| BREO ELLIPTA 100-25 MCG INHALR 100-25 MCG/DOSE                                                                                                                   | 2         | PA; QL (60 Unit Per fill)          |
| BREO ELLIPTA 200-25 MCG INHALR 200-25 MCG/DOSE                                                                                                                   | 2         | PA; QL (60 Unit Per fill)          |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                                                                                     | 2         | PA; QL (28 Unit Per fill)          |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE                                                                                                       | 2         | PA; QL (60 Unit Per fill)          |
| <i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                                                                        | 1         | PA; QL (11 Unit Per fill)          |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                                                                        | 2         | QL (5.9 Gram Per fill)             |
| BREZTRI AEROSPHERE INHALER 160-9-4.8 MCG/ACTUATION                                                                                                               | 2         | QL (10.7 Gram Per fill)            |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                                                                                                         | 4         | PA; SP                             |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML                                                                                                         | 3         | QL (120 Unit Per fill)             |

| Drug Name                                                                                               | Drug Tier | Requirements / Limits     |
|---------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>                      | 1         | QL (120 Unit Per fill)    |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>                                      | 1         | QL (60 Unit Per fill)     |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | 1         | PA; QL (11 Unit Per fill) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                 | 2         | QL (8 Unit Per fill)      |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>                                         | 1         |                           |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG                                                                   | EX        |                           |
| DAWZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                                                         | EX        |                           |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION                         | EX        |                           |
| DULERA 200 MCG-5 MCG INHALER 200-5 MCG/ACTUATION                                                        | 2         | PA; QL (13 Gram Per fill) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION                                               | 2         | PA; QL (1 Unit Per fill)  |
| DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION                                               | 2         | PA; QL (9 Gram Per fill)  |
| DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION                                                | 2         | PA; QL (13 Gram Per fill) |
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY                                                       | EX        |                           |
| ESBRIET ORAL TABLET 267 MG, 801 MG                                                                      | EX        |                           |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                                                         | 4         | SP; QL (1 per 42 days)    |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML                                                     | 4         | SP; QL (1 per 42 days)    |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML                                                                 | EX        |                           |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>                                            | 1         | PA; QL (50 Unit Per fill) |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE          | EX        |                           |

| Drug Name                                                                                                                                | Drug Tier | Requirements / Limits           |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION                             | EX        |                                 |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION                             | EX        |                                 |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>                                                                   | 1         | QL (16 Unit Per fill)           |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | EX        |                                 |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>                   | 1         | PA; QL (1 Unit Per fill)        |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION            | EX        |                                 |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>                                                              | 1         | QL (120 Unit Per fill)          |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT                                                                                              | 4         | SP; LA; QL (24 per 21 days)     |
| HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT                                                                                              | 4         | SP; LA; QL (16 per 21 days)     |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %                                                                                | 3         |                                 |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i>                                                                                         | 4         | SP; QL (12 per 21 days)         |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION                                                                        | 3         | QL (1 Inhaler Per fill)         |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                    | 1         |                                 |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                          | 1         | QL (540 Unit Per fill)          |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG                                                                    | 4         | PA; QL (56 Unit Per fill); SP   |
| KALYDECO ORAL TABLET 150 MG                                                                                                              | 4         | PA; QL (56 Tablet Per fill); SP |
| LETAIRIS ORAL TABLET 10 MG, 5 MG                                                                                                         | EX        |                                 |

| Drug Name                                                                                                             | Drug Tier | Requirements / Limits            |
|-----------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | 1         |                                  |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION                                                 | EX        |                                  |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>                                                           | 1         | PA; QL (17 Gram Per fill)        |
| <i>montelukast oral granules in packet 4 mg</i>                                                                       | 1         |                                  |
| <i>montelukast oral tablet 10 mg</i>                                                                                  | 1         |                                  |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i>                                                                   | 1         |                                  |
| <i>nebusal inhalation solution for nebulization 3 %</i>                                                               | 1         |                                  |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                                                                      | 3         |                                  |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                                                                           | 4         | SP; LA; QL (1 per 21 days)       |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                                                                                 | 4         | SP; LA; QL (1 per 21 days)       |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                                                                              | 4         | SP; LA; QL (0.4 per 21 days)     |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                                      | 4         | PA; QL (60 Capsule Per fill); SP |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML                                                          | EX        |                                  |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG                                                                               | EX        |                                  |
| OPSUMIT ORAL TABLET 10 MG                                                                                             | 4         | QL (30 Tablet Per fill); SP; LA  |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG                                                                                | 4         | QL (30 Tablet Per fill); SP      |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                                      | 4         | PA; QL (56 Unit Per fill); SP    |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                                            | 4         | PA; QL (112 Tablet Per fill); SP |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                                                                  | 4         | SP; LA; QL (28 per 21 days)      |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML                                                          | EX        |                                  |
| <i>pirfenidone oral capsule 267 mg</i>                                                                                | 4         | QL (270 Tabs/Caps Per fill); SP  |
| <i>pirfenidone oral tablet 267 mg</i>                                                                                 | 4         | QL (270 Tabs/Caps Per fill); SP  |
| PIRFENIDONE ORAL TABLET 534 MG                                                                                        | EX        |                                  |
| <i>pirfenidone oral tablet 801 mg</i>                                                                                 | 4         | QL (90 Tablet Per fill); SP      |

| Drug Name                                                                                         | Drug Tier | Requirements / Limits            |
|---------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION                      | EX        |                                  |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | EX        |                                  |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML             | EX        |                                  |
| <i>pulmosal inhalation solution for nebulization 7 %</i>                                          | 1         |                                  |
| PULMOZYME INHALATION SOLUTION 1 MG/ML                                                             | 4         | PA; SP                           |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION                                | EX        |                                  |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION                           | 2         | QL (11 Gram Per fill)            |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION                           | 2         | QL (22 Gram Per fill)            |
| REVATIO ORAL TABLET 20 MG                                                                         | 4         | QL (90 Tablet Per fill); SP      |
| <i>roflumilast oral tablet 250 mcg</i>                                                            | 1         | PA; QL (30 Tablet Per fill)      |
| <i>roflumilast oral tablet 500 mcg</i>                                                            | 1         | PA                               |
| RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY                                                | 3         | PA; QL (29 Gram Per fill)        |
| <i>sajazir subcutaneous syringe 30 mg/3 ml</i>                                                    | 4         | SP; QL (12 per 21 days)          |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                        | EX        |                                  |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>                 | 4         | QL (112 Milliliter Per fill); SP |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>                                           | 4         | PA; QL (90 Tablet Per fill); SP  |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG                                                            | EX        |                                  |
| SINGULAIR ORAL TABLET 10 MG                                                                       | EX        |                                  |
| SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG                                                        | EX        |                                  |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>                 | 1         |                                  |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                            | 2         | QL (1 per 30 days)               |

| Drug Name                                                                             | Drug Tier | Requirements / Limits                  |
|---------------------------------------------------------------------------------------|-----------|----------------------------------------|
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG                | 2         | QL (30 Unit Per fill)                  |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                | 2         | QL (4 Gram Per fill)                   |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                  | 2         | QL (4 Gram Per fill)                   |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION  | EX        |                                        |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)  | 4         | PA; QL (56 Tablet Per fill); SP        |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>                               | 4         | QL (60 Tablet Per fill); SP            |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                                           | EX        |                                        |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                                | 4         | SP; LA; QL (2 per 21 days)             |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                      | 4         | SP; LA; QL (2 per 21 days)             |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>                                           | 1         |                                        |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)                         | 4         | PA; SP; QL (1.91 per 21 days)          |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)                              | 4         | PA; SP; QL (1.91 per 21 days)          |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG            | 3         |                                        |
| <i>theophylline oral elixir 80 mg/15 ml</i>                                           | 1         |                                        |
| <i>theophylline oral solution 80 mg/15 ml</i>                                         | 1         |                                        |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | 1         |                                        |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                 | 1         |                                        |
| <i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>              | 1         |                                        |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG                                                  | 4         | QL (60 Tablet Per fill); SP; LA        |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG                                             | 4         | PA; QL ( 120 tablets per fill); SP; LA |
| TRELEGY ELLIPTA 100-62.5-25 100-62.5-25 MCG                                           | 2         | QL (60 Unit Per fill)                  |

| Drug Name                                                                                                 | Drug Tier | Requirements / Limits           |
|-----------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG                           | 2         | QL (28 Unit Per fill)           |
| 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 Unit Per fill); SP   |
| 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 Tablet Per fill); SP |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION                              | EX        |                                 |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG | 4         | PA; SP                          |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 80 MCG                                                       | 4         | SP                              |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                                    | 4         | PA; SP                          |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                         | 4         | PA; SP                          |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                                    | 4         | PA; SP                          |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML                                                   | 4         | SP                              |
| VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION                                                  | EX        |                                 |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)                            | 4         | SP                              |
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>      | 1         | PA; QL (1 Unit Per fill)        |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                                                    | 2         | PA; QL (32 Milliliter Per fill) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                                    | 4         | PA; SP; LA; QL (2 per 21 days)  |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                                                     | 4         | PA; SP; LA; QL (6 per 21 days)  |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML                                          | 4         | PA; SP; LA; QL (2 per 21 days)  |

| Drug Name                                                           | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------|-----------|-----------------------|
| XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION             | EX        |                       |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML           | 2         | QL (30 Vial Per fill) |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i>                         | 1         |                       |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>             | EX        |                       |
| <b>PULMONARY DEVICES</b>                                            |           |                       |
| ACE AEROSOL CLOUD ENHANCER SPACER                                   | 2         |                       |
| AEROCHAMBER MECHANICAL VENT SPACER                                  | 2         |                       |
| AEROCHAMBER MINI SPACER                                             | 2         |                       |
| AEROCHAMBER PLUS FLOW-VU SPACER                                     | 2         |                       |
| AEROCHAMBER PLUS Z STAT SPACER                                      | 2         |                       |
| AEROCHAMBER2GO SPACER                                               | 2         |                       |
| AEROTRACH PLUS SPACER                                               | 2         |                       |
| AEROVENT PLUS SPACER                                                | 2         |                       |
| BREATHERITE MDI SPACER                                              | 2         |                       |
| COMPACT SPACE CHAMBER SPACER                                        | 2         |                       |
| EASIVENT HOLDING CHAMBER SPACER                                     | 2         |                       |
| FLEXICHAMBER SPACER                                                 | 2         |                       |
| LITEAIRE MDI CHAMBER SPACER                                         | 2         |                       |
| MICROCHAMBER SPACER                                                 | 2         |                       |
| MICROSPACER SPACER                                                  | 2         |                       |
| OPTICHAMBER DIAMOND VHC SPACER                                      | 2         |                       |
| POCKET CHAMBER SPACER                                               | 2         |                       |
| PRIMEAIRE SPACER                                                    | 2         |                       |
| PROCHAMBER SPACER                                                   | 2         |                       |
| RITEFLO AEROCHAMBER SPACER                                          | 2         |                       |
| SPACE CHAMBER SPACER                                                | 2         |                       |
| VORTEX HOLDING CHAMBER SPACER                                       | 2         |                       |
| <b>UROLOGICALS</b>                                                  |           |                       |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>                        |           |                       |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | 1         |                       |
| <i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>   | 1         |                       |

| Drug Name                                                                       | Drug Tier | Requirements / Limits  |
|---------------------------------------------------------------------------------|-----------|------------------------|
| <i>flavoxate oral tablet 100 mg</i>                                             | 1         |                        |
| GEMTESA ORAL TABLET 75 MG                                                       | 3         |                        |
| <i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>               | 1         |                        |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML                           | 2         |                        |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                       | 2         |                        |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | 1         |                        |
| OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG                                          | EX        |                        |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                     | 1         |                        |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1         |                        |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR                               | 3         | ST; QL (8 per 21 days) |
| <i>solifenacin oral tablet 10 mg, 5 mg</i>                                      | 1         |                        |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>               | 1         |                        |
| <i>tolterodine oral tablet 1 mg, 2 mg</i>                                       | 1         |                        |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG                            | EX        |                        |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                       | 1         |                        |
| <i>trospium oral tablet 20 mg</i>                                               | 1         |                        |
| VESICARE ORAL TABLET 10 MG, 5 MG                                                | EX        |                        |
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>                               |           |                        |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i>                       | 1         |                        |
| AVODART ORAL CAPSULE 0.5 MG                                                     | EX        |                        |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG                                           | EX        |                        |
| <i>dutasteride oral capsule 0.5 mg</i>                                          | 1         | ST                     |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>      | 1         | ST                     |
| ENTADFI ORAL CAPSULE 5-5 MG                                                     | EX        |                        |
| <i>finasteride oral tablet 5 mg</i>                                             | 1         |                        |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG                              | 3         | PA                     |
| PROSCAR ORAL TABLET 5 MG                                                        | 3         | ST                     |

| Drug Name                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG                                                                 | EX        |                       |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                                        | 1         |                       |
| <i>tamsulosin oral capsule 0.4 mg</i>                                                           | 1         |                       |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG                                              | EX        |                       |
| <b>CHOLINERGIC STIMULANTS</b>                                                                   |           |                       |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                               | 1         |                       |
| <b>MISCELLANEOUS UROLOGICALS</b>                                                                |           |                       |
| <i>alprostadil injection solution 500 mcg/ml</i>                                                | 1         |                       |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                             | 4         | SP; LA                |
| ELMIRON ORAL CAPSULE 100 MG                                                                     | 2         |                       |
| K-PHOS NO 2 ORAL TABLET 305-700 MG                                                              | 3         |                       |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG                                                     | 2         |                       |
| <i>mb caps oral capsule 120-10.8-40.8 mg</i>                                                    | 1         |                       |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>                             | 1         |                       |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML                                                            | 3         |                       |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 1         |                       |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                                        | EX        |                       |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                                      | EX        |                       |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML                                    | 2         |                       |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                                         | EX        |                       |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                                          | EX        |                       |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>                                 | 1         |                       |
| URELLE ORAL TABLET 81-10.8-40.8 MG                                                              | 3         |                       |
| <i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>                                                | 1         |                       |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG                                                       | 3         |                       |
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG                                                          | EX        |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits     |
|---------------------------------------------------------------|-----------|---------------------------|
| <i>urimar-t oral tablet 120-10.8-0.12 mg</i>                  | 1         |                           |
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG                          | EX        |                           |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)    | 3         |                           |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ               | 3         |                           |
| <i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>            | 1         |                           |
| <i>uro-mp oral capsule 118-10-40.8-36 mg</i>                  | 1         |                           |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG                       | 3         |                           |
| <i>uro-sp oral capsule 118-10-40.8-36 mg</i>                  | 1         |                           |
| <i>uryl oral tablet 81.6-40.8-0.12 mg</i>                     | 1         |                           |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG                       | EX        |                           |
| <b>URINARY ANESTHETICS</b>                                    |           |                           |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>             | 1         |                           |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG                           | EX        |                           |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>                |           |                           |
| <b>ELECTROLYTES</b>                                           |           |                           |
| AURYXIA ORAL TABLET 210 MG IRON                               | 3         |                           |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>     | 1         | QL (360 Capsule Per fill) |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>      | 1         | QL (360 Tablet Per fill)  |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ              | 3         |                           |
| <i>effe-r-k oral tablet, effervescent 25 meq</i>              | 1         |                           |
| FERRIC CITRATE ORAL TABLET 210 MG IRON                        | EX        |                           |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG               | EX        |                           |
| FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG       | EX        |                           |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                | 4         | SP                        |
| <i>klor-con 10 oral tablet extended release 10 meq</i>        | 1         |                           |
| <i>klor-con 8 oral tablet extended release 8 meq</i>          | 1         |                           |
| <i>klor-con m10 oral tablet, er particles/crystals 10 meq</i> | 1         |                           |

| Drug Name                                                                           | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>                       | 1         |                          |
| <i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>                       | 1         |                          |
| <i>klor-con oral packet 20 meq</i>                                                  | 1         |                          |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>                     | 1         | QL (90 Tablet Per fill)  |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                       | 2         | QL (30 Unit Per fill)    |
| <i>lugols oral solution 5 %</i>                                                     | 1         |                          |
| POKONZA ORAL PACKET 10 MEQ                                                          | EX        |                          |
| <i>potassium chloride oral capsule, extended release 10 meq</i>                     | 2         |                          |
| <i>potassium chloride oral capsule, extended release 8 meq</i>                      | 1         |                          |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>                    | 1         |                          |
| <i>potassium chloride oral packet 20 meq</i>                                        | 2         |                          |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>        | 1         |                          |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ                              | 3         |                          |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i> | 1         |                          |
| REVELA ORAL POWDER IN PACKET 0.8 GRAM                                               | 3         | QL (180 units per fill)  |
| REVELA ORAL POWDER IN PACKET 2.4 GRAM                                               | 3         | QL (90 units per fill)   |
| REVELA ORAL TABLET 800 MG                                                           | 3         | QL (270 Tablet Per fill) |
| <i>sevelamer carbonate oral powder in packet 0.8 gram</i>                           | 1         | QL (180 Unit Per fill)   |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i>                           | 1         | QL (90 Unit Per fill)    |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                       | 1         | QL (270 Tablet Per fill) |
| <i>sevelamer hcl oral tablet 400 mg</i>                                             | 1         | QL (450 Tablet Per fill) |
| <i>sevelamer hcl oral tablet 800 mg</i>                                             | 1         | QL (270 Tablet Per fill) |
| <i>sodium polystyrene sulfonate oral powder 15 gram</i>                             | 1         |                          |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>                         | 1         |                          |

| Drug Name                                                                          | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>                          | 1         |                          |
| <i>strong iodine oral solution 5 %</i>                                             | 1         |                          |
| VELPHORO ORAL TABLET, CHEWABLE 500 MG                                              | EX        |                          |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM                                              | 2         | QL (120 units per fill)  |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM                                 | 2         | QL (30 Unit Per fill)    |
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                                   | EX        |                          |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>                      |           |                          |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML                                                    | 4         | PA; SP; LA               |
| <b>VITAMINS &amp; HEMATINICS</b>                                                   |           |                          |
| ACCRUFER ORAL CAPSULE 30 MG                                                        | 3         |                          |
| <i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>                            | 0         | ACA                      |
| <i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>                        | 1         |                          |
| <i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>                          | 0         | ACA                      |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | 3         |                          |
| <i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>                | 1         |                          |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>                         | 0         | ACA                      |
| <i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>                            | 0         | ACA                      |
| <i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>                             | 1         |                          |
| <i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>                  | 1         |                          |
| CONCEPT DHA ORAL CAPSULE 35-1-200 MG                                               | 3         |                          |
| CONCEPT OB ORAL CAPSULE 85-1 MG                                                    | 3         |                          |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>               | 1         |                          |
| <i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray</i>        | 1         | ST; QL (4 Unit Per fill) |
| <i>dialyvite 800 oral tablet 0.8 mg</i>                                            | 0         | ACA                      |
| <i>dodex injection solution 1,000 mcg/ml</i>                                       | 1         |                          |
| <i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>                                    | 1         |                          |

| Drug Name                                                                                                                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG                                                                | 3         |                       |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>                                                                     | 1         |                       |
| FA-8 ORAL CAPSULE 0.8 MG                                                                                                                    | 3         |                       |
| FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML                                                                                                 | 2         |                       |
| FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML                                                                      | 3         |                       |
| <i>flotrex oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>                                                                                  | 1         | ACA                   |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>                                                                          | 1         | ACA                   |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | 1         | ACA                   |
| <i>folic acid injection solution 5 mg/ml</i>                                                                                                | 1         |                       |
| <i>folic acid oral tablet 1 mg</i>                                                                                                          | 1         |                       |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                                                                                              | 0         | ACA                   |
| <i>folitab oral tablet extended release 105 mg iron-500 mg-800 mcg</i>                                                                      | 0         | ACA                   |
| <i>folivane-ob oral capsule 85-1 mg</i>                                                                                                     | 1         |                       |
| <i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>                                                                                         | 0         | ACA                   |
| <i>full spectrum b-vitamin c oral tablet 0.8 mg</i>                                                                                         | 0         | ACA                   |
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>                                                                                 | 1         |                       |
| <i>kobee oral tablet 0.4 mg</i>                                                                                                             | 0         | ACA                   |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG                                                                                      | 3         |                       |
| <i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>   | 1         | ACA                   |
| MARNATAL-F ORAL CAPSULE 60 MG IRON- 1 MG                                                                                                    | 3         |                       |
| MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG                                                                                   | 3         |                       |
| <i>m-natal plus oral tablet 27 mg iron- 1 mg</i>                                                                                            | 1         |                       |
| <i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>                                                                         | 1         | ACA                   |
| <i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>                                                              | 1         | ACA                   |

| Drug Name                                                                  | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------|-----------|--------------------------|
| <i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i> | 2         | ACA                      |
| <i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>            | 1         | ACA                      |
| <i>mynatal oral capsule 65 mg iron- 1 mg</i>                               | 1         |                          |
| <i>mynatal plus oral tablet 65 mg iron- 1 mg</i>                           | 1         |                          |
| <i>mynatal-z oral tablet 65 mg iron- 1 mg</i>                              | 1         |                          |
| NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY                            | 2         | ST; QL (4 Unit Per fill) |
| NATAL PNV ORAL TABLET 6 MG IRON-833.5 MCG DFE                              | EX        |                          |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG        | 3         |                          |
| <i>neo-vital rx oral tablet 27 mg iron- 1 mg</i>                           | 1         |                          |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG                 | 3         |                          |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG                    | 3         |                          |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG                                       | 3         |                          |
| NESTABS ORAL TABLET 32-1,000 MG-MCG                                        | 3         |                          |
| <i>newgen oral tablet 32-1,000 mg-mcg</i>                                  | 1         |                          |
| NOVAFERRUM YUMMY PEDIATRIC ORAL DROPS 15 MG IRON/ML                        | 2         |                          |
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG                                | 3         |                          |
| OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG                                 | 3         |                          |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG                  | 3         |                          |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG                                 | 3         |                          |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG               | 3         |                          |
| <i>one natal rx oral tablet 27 mg iron- 1 mg</i>                           | 1         |                          |
| <i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>                        | 1         |                          |
| <i>pnv-omega oral capsule 28-1-300 mg</i>                                  | 1         |                          |
| <i>pnv-select oral tablet 27-1 mg</i>                                      | 1         |                          |
| <i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>     | 1         |                          |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>pr natal 400 oral combo pack 29-1-400 mg</i>                              | 1         |                       |
| <i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>       | 1         |                       |
| <i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>                 | 1         |                       |
| PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG                               | 3         |                       |
| <i>prenatabs fa oral tablet 29-1 mg</i>                                      | 1         |                       |
| <i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>                             | 1         |                       |
| <i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>                     | 0         | ACA                   |
| <i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i> | 0         | ACA                   |
| <i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>                | 0         | ACA                   |
| <i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>                    | 0         | ACA                   |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>                              | 0         | ACA                   |
| <i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>             | 1         |                       |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG             | 3         |                       |
| <i>prenatal plus oral tablet 29 mg iron- 1 mg</i>                            | 1         |                       |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG                   | 3         |                       |
| <i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>        | 0         | ACA                   |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>                       | 0         | ACA                   |
| <i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>        | 0         | ACA                   |
| <i>prenatal-u oral capsule 106.5-1 mg</i>                                    | 1         |                       |
| PRENATE AM ORAL TABLET 1-500 MG                                              | 3         |                       |
| PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG                                  | 3         |                       |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG           | 3         |                       |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG                   | 3         |                       |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG                         | 3         |                       |

| Drug Name                                                                     | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG           | 3         |                       |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG                       | 3         |                       |
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG                            | 3         |                       |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG                          | 3         |                       |
| PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG                                     | 3         |                       |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG                                   | 3         |                       |
| <i>purevita folic acid oral tablet 400 mcg</i>                                | 0         | ACA                   |
| <i>rena-vite oral tablet 0.8 mg</i>                                           | 0         | ACA                   |
| R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG                               | 3         |                       |
| SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG                 | 3         |                       |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG                       | 3         |                       |
| SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG                              | 3         |                       |
| <i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>            | 1         |                       |
| <i>se-natal 19 oral tablet 29 mg iron- 1 mg</i>                               | 1         |                       |
| <i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>    | 1         | ACA                   |
| <i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>                     | 1         | ACA                   |
| <i>stress formula with iron(sulf) oral tablet 500 mg- 400 mcg- 27 mg iron</i> | 0         | ACA                   |
| <i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>                   | 0         | ACA                   |
| <i>super quintis oral tablet 0.4 mg</i>                                       | 0         | ACA                   |
| <i>taron-c dha oral capsule 35-1-200 mg</i>                                   | 1         |                       |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG                                      | 3         |                       |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG                                          | 3         |                       |
| <i>tricon oral capsule 110-0.5 mg</i>                                         | 0         | ACA                   |
| <i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>                              | 1         |                       |

| Drug Name                                                                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>trinate oral tablet 28 mg iron- 1 mg</i>                                                              | 1         |                       |
| TRINAZ ORAL TABLET 12-1 MG                                                                               | EX        |                       |
| TRISTART DHA ORAL CAPSULE 31 MG<br>IRON- 1 MG-200 MG                                                     | 3         |                       |
| <i>tri-vitamin with fluoride oral drops 0.25 mg fluor.<br/>(0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | 1         | ACA                   |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG<br>IRON- 1 MG-200 MG                                                  | 3         |                       |
| VITAFOL GUMMIES ORAL TABLET,<br>CHEWABLE 3.33 MG IRON- 0.33 MG                                           | 3         |                       |
| VITAFOL ULTRA ORAL CAPSULE 29 MG<br>IRON- 1 MG-200 MG                                                    | 3         |                       |
| VITAFOL-OB ORAL TABLET 65-1 MG                                                                           | 3         |                       |
| VITAFOL-OB+DHA ORAL COMBO PACK 65-<br>1-250 MG                                                           | 3         |                       |
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON-<br>1 MG-200 MG                                                      | 3         |                       |
| VITAMEDMD ONE RX ORAL CAPSULE 30<br>MG IRON-1MG -200 MG                                                  | 3         |                       |
| <i>vitamin b complex-folic acid oral tablet 0.4 mg</i>                                                   | 0         | ACA                   |
| <i>vitamins a,c,d and fluoride oral drops 0.5 mg<br/>fluoride (1.1 mg)/ml</i>                            | 1         | ACA                   |
| <i>wescap-pn dha oral capsule 27 mg iron-1 mg -300<br/>mg</i>                                            | 1         |                       |
| <i>wesnatal dha complete oral combo pack 29 mg<br/>iron- 1 mg-200 mg</i>                                 | 1         |                       |
| <i>wesnate dha oral capsule 28 mg iron-1 mg -200<br/>mg</i>                                              | 1         |                       |
| <i>westab plus oral tablet 27 mg iron- 1 mg</i>                                                          | 1         |                       |
| <i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>                                                  | 1         |                       |
| <i>zatean-pn dha oral capsule 27 mg iron-1 mg -300<br/>mg</i>                                            | 1         |                       |
| <i>zatean-pn plus oral capsule 28-1-300 mg</i>                                                           | 1         |                       |
| <i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100<br/>mg</i>                                            | 1         |                       |

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