

# Health Options Program

## Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option

*(List of Covered Drugs; also called the Drug List)*

# 2027

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

This Prescription Drug Formulary for the Medicare Plus Rx Option (PDP) was updated on August 11, 2026. For more recent information or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday–Friday, or visit **HOPbenefits.com**.

**Important message about what you pay for insulin:** You won't pay more than \$35 for a one-month supply of each insulin product covered by the **Medicare Plus Rx Option**, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call the HOP Administration Unit for more information.

**Important message about what you pay for vaccines:** The **Medicare Plus Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible.

### MEMBER SERVICES

For help or information about prescription drugs, call **Optum Rx**.

**Phone:** 1-888-239-1301 (calls to this number are free)

**TTY:** 1-800-498-5428 (calls to this number are free)

**Hours:** 24 hours a day, seven days a week

For help or information about enrollment, billing, or ID cards, call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

**Phone:** 1-800-773-7725 (calls to this number are free)

**TTY:** 1-800-498-5428 (calls to this number are free)

**Fax:** 1-877-411-4921

**Hours:** Monday–Friday, 8:00 a.m. to 8:00 p.m.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means the Health Options Program, which is sponsored by the Pennsylvania Public School Employees’ Retirement System. When it refers to “plan” or “our plan,” it means the Medicare Plus Rx Option.

This document includes the Drug List for our plan, which is effective as of August 11, 2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments or coinsurance may change on January 1, 2028, and from time to time during the year.

### **What is the Medicare Plus Rx Option Comprehensive Formulary?**

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

*Please note that this formulary covers the Medicare Plus Rx Option only. If you are enrolled in the Medicare Standard Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through*

*the Health Options Program, you will have to contact the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.*

### **Can the formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **HOPbenefits.com**.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception for you and continue to cover the drug that

is being changed. For more information, see the section titled “How do I request an exception to the Medicare Plus Rx Option’s Formulary?”

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

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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the Medicare Plus Rx Option Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means that these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 11, 2026. To get updated information about the drugs covered by the Medicare Plus Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Plus Rx Option will be posted to **HOPbenefits.com**.

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

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

- **Medical condition**  
The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.
- **Alphabetical listing**  
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in

the Index. Look in the Index, and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index, and find the name of your drug in the first column of the list.

### **What are generic drugs?**

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

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

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

For a discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization (PA):** Medicare Plus Rx Option requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Plus Rx Option based on specific criteria before you fill your prescriptions. If you don’t get approval, the Medicare Plus Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Plus Rx Option limits the amount of the drug that the Medicare Plus Rx Option will cover. For example, the Medicare Plus Rx Option covers 30 pills per 30 days for Crestor. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Medicare Plus Rx Option requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Medicare Plus Rx Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted a document online that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask the Medicare Plus Rx Option to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section “How do I request an exception to the Medicare Plus Rx Option Formulary?” below for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Medicare Plus Rx Option does not cover your drug, you have two options:

- You can ask Optum Rx for a list of similar drugs that are covered by the Medicare Plus Rx Option. When you receive the list, show it to your doctor, and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See below for information about how to request an exception.

### ***How do I request an exception to the Medicare Plus Rx Option Formulary?***

You can ask the Medicare Plus Rx Option to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Plus Rx Option limits the amount of drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level (if this drug is not on Tier 5, which is specialty drugs). If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **Emergency transitions and level-of-care changes**

You may have a change in your treatment setting due to the level of care you require. Such transitions may include your being:

- Admitted to a long-term care facility following an inpatient hospital stay
- Discharged from a hospital or skilled nursing facility to a home setting
- Admitted to a hospital or skilled nursing facility from a home setting
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status

This transition policy applies to drugs that are covered under the Medicare Plus Rx Option and filled at a network pharmacy.

### **For More Information**

For more detailed information about the Medicare Plus Rx Option prescription drug coverage, please review your *Evidence of Coverage for the Medicare Plus Rx Option* and other plan materials. If you have questions about the Medicare Plus Rx Option, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option Only (Bonus Drug List)**

Certain Medicare-excluded drugs are covered under the Medicare Plus Rx Option. A list of these drugs can be found beginning on page 112. This is also called the Bonus Drug List.

### **How to Read the Medicare Plus Rx Option Prescription Drug Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by the Medicare Plus Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIDODERM), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you whether the Medicare Plus Rx Option has any special requirements for coverage of your drug.

## WHAT THE ABBREVIATIONS MEAN

**B/D:** This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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**NDS: Non-Extended Day Supply.** This prescription drug is **not** available for an extended day supply under the Medicare Plus Rx Option.

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**PA: Prior Authorization.** You or your physician need to get approval from the Medicare Plus Rx Option before you fill this prescription. If you don't get approval, the Medicare Plus Rx Option may not cover the drug. See page iv for more information.

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**QL: Quantity Limit.** The Medicare Plus Rx Option limits the amount of this drug that will be covered. See page iv for more information.

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**ST: Step Therapy.** The Medicare Plus Rx Option requires you to first try another drug to treat your medical condition before it will cover this drug for that condition. See page iv for more information.

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# 2027 Medicare Plus Rx Option

## DEDUCTIBLE

- You must pay the annual deductible of \$200 before the Medicare Plus Rx Option pays any portion of your Tier 3, 4, or 5 prescription drug costs.
- Tier 1 and Tier 2 are excluded from the deductible.

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## TIER 1

- In Initial Coverage, you'll pay a maximum of \$4 for up to a 30-day supply (and a maximum of \$12 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## TIER 2

- In Initial Coverage, you'll pay a maximum of \$10 for up to a 30-day supply (and a maximum of \$30 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

## TIER 3

- In Initial Coverage, you'll pay 20% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## TIER 4

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*

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## TIER 5

- In Initial Coverage, you pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing, with the exception of drugs on the Bonus Drug List. You may have cost sharing for drugs that are covered under the Bonus Drug List.\*
- Tier 5 drugs are limited to a 30-day supply.

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\*Refer to page 112 for the Bonus Drug List.

| Drug Name                                                     | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------|-----------|----------------------------|
| <b>Analgesics</b>                                             |           |                            |
| <i>Analgesics</i>                                             |           |                            |
| JOURNAVX TABS 50MG                                            | 3         | QL (30 EA per 90 days)     |
| <i>Nonsteroidal Anti-inflammatory Drugs</i>                   |           |                            |
| celecoxib caps 100mg, 200mg, 400mg, 50mg                      | 2         | QL (60 EA per 30 days)     |
| DICLOFENAC EPOLAMINE PTCH 1.3%                                | 3         | QL (60 EA per 30 days) PA  |
| diclofenac potassium caps 25mg                                | 2         |                            |
| diclofenac potassium pack 50mg                                | 2         |                            |
| diclofenac potassium tabs 50mg                                | 2         |                            |
| diclofenac potassium tabs 25mg                                | 5         | NDS                        |
| diclofenac sodium dr tbec 25mg, 50mg, 75mg                    | 2         |                            |
| diclofenac sodium er tb24 100mg                               | 2         |                            |
| diclofenac sodium/misoprostol tbec 50mg; 200mcg, 75mg; 200mcg | 2         |                            |
| diclofenac sodium topical soln 1.5%                           | 2         | QL (300 ML per 30 days) PA |
| diclofenac sodium topical soln 2%                             | 4         | QL (224 GM per 30 days) PA |
| diflunisal tabs 500mg                                         | 2         |                            |
| DOLOBID TABS 250MG                                            | 3         |                            |
| DOLOBID TABS 375MG                                            | 5         | NDS                        |
| ELYXYB SOLN 120MG/4.8ML                                       | 3         | QL (144 ML per 30 days) PA |
| etodolac er tb24 400mg, 500mg, 600mg                          | 2         |                            |
| etodolac caps 200mg, 300mg                                    | 2         |                            |
| etodolac tabs 400mg, 500mg                                    | 2         |                            |
| FENOPRON CAPS 300MG                                           | 3         |                            |
| FLURBIPROFEN TABS 100MG                                       | 2         |                            |
| ibuprofen susp 100mg/5ml                                      | 2         |                            |
| IBUPROFEN TABS 300MG                                          | 2         |                            |
| ibuprofen tabs 400mg, 600mg                                   | 1         |                            |
| ibuprofen tabs 800mg                                          | 2         |                            |
| ibu tabs 600mg                                                | 1         |                            |
| ibu tabs 800mg                                                | 2         |                            |
| indomethacin er cpcr 75mg                                     | 2         |                            |
| indomethacin caps 25mg, 50mg                                  | 1         |                            |
| indomethacin supp 50mg                                        | 5         | NDS                        |
| indomethacin susp 25mg/5ml                                    | 5         | NDS                        |
| KETOPROFEN ER CP24 200MG                                      | 2         |                            |
| KETOPROFEN CAPS 50MG                                          | 2         |                            |
| ketorolac tromethamine tabs 10mg                              | 2         | QL (20 EA per 30 days)     |
| LODINE TABS 400MG                                             | 4         |                            |
| MECLOFENAMATE SODIUM CAPS 100MG, 50MG                         | 2         |                            |
| meloxicam tabs 15mg, 7.5mg                                    | 1         |                            |
| nabumetone tabs 500mg, 750mg                                  | 2         |                            |
| naproxen dr tbec 375mg, 500mg                                 | 2         |                            |
| naproxen sodium tabs 275mg, 550mg                             | 2         |                            |
| naproxen susp 125mg/5ml                                       | 2         |                            |
| naproxen tabs 250mg, 375mg, 500mg                             | 1         |                            |
| oxaprozin tabs 600mg                                          | 2         |                            |
| piroxicam caps 10mg, 20mg                                     | 2         |                            |
| sulindac tabs 150mg, 200mg                                    | 2         |                            |

| Drug Name                                                                                   | Drug Tier | Requirements/Limits            |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------|
| TOLMETIN SODIUM CAPS 400MG                                                                  | 2         |                                |
| TOLMETIN SODIUM TABS 600MG                                                                  | 2         |                                |
| VYSCOXIA SUSP 10MG/ML                                                                       | 5         | QL (946 ML per 23 days) PA NDS |
| <b>Opioid Analgesics, Long-acting</b>                                                       |           |                                |
| BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG                                          | 3         | QL (60 EA per 30 days)         |
| BELBUCA FILM 750MCG, 900MCG                                                                 | 4         | QL (60 EA per 30 days)         |
| buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr                         | 2         | QL (4 EA per 28 days)          |
| BUTRANS PTWK 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR                               | 4         | QL (4 EA per 28 days)          |
| fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr     | 2         |                                |
| fentanyl pt72 87.5mcg/hr                                                                    | 4         |                                |
| HYDROCODONE BITARTRATE ER CP12 10MG, 15MG, 20MG, 30MG, 40MG, 50MG                           | 2         |                                |
| HYDROCODONE BITARTRATE ER T24A 120MG                                                        | 5         | NDS                            |
| hydrocodone bitartrate er t24a 20mg, 30mg, 40mg, 60mg, 80mg                                 | 2         |                                |
| hydrocodone bitartrate er t24a 100mg                                                        | 5         | NDS                            |
| hydromorphone hcl er tb24 12mg, 16mg, 8mg                                                   | 2         |                                |
| hydromorphone hydrochloride er tb24 32mg                                                    | 2         |                                |
| HYSINGLA ER T24A 20MG, 30MG, 40MG                                                           | 4         | ST                             |
| HYSINGLA ER T24A 100MG, 60MG, 80MG                                                          | 5         | ST NDS                         |
| METHADONE HCL SOLN 5MG/5ML                                                                  | 2         |                                |
| methadone hcl tabs 10mg, 5mg                                                                | 2         |                                |
| METHADONE HYDROCHLORIDE SOLN 10MG/5ML                                                       | 2         |                                |
| MORPHINE SULFATE ER CP24 100MG, 10MG, 120MG, 20MG, 30MG, 45MG, 50MG, 60MG, 75MG, 80MG, 90MG | 2         |                                |
| morphine sulfate er tbc 100mg, 15mg, 200mg, 30mg, 60mg                                      | 2         |                                |
| NUCYNTA ER TB12 100MG, 150MG, 50MG                                                          | 3         |                                |
| NUCYNTA ER TB12 200MG, 250MG                                                                | 5         | NDS                            |
| OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG                                                       | 3         | ST                             |
| OXYCONTIN T12A 40MG                                                                         | 4         | ST                             |
| OXYCONTIN T12A 60MG, 80MG                                                                   | 5         | ST NDS                         |
| OXYMORPHONE HYDROCHLORIDE ER TB12 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG                        | 2         |                                |
| OXYMORPHONE HYDROCHLORIDEER TB12 40MG                                                       | 2         |                                |
| TAPENTADOL HYDROCHLORIDE ER TB12 100MG, 150MG, 50MG                                         | 3         |                                |
| TAPENTADOL HYDROCHLORIDE ER TB12 200MG, 250MG                                               | 5         | NDS                            |
| tramadol hydrochloride er tb24 100mg, 200mg, 300mg                                          | 2         |                                |
| XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG                                               | 3         |                                |
| <b>Opioid Analgesics, Short-acting</b>                                                      |           |                                |
| ACETAMINOPHEN/CODEINE SOLN 120MG/5ML; 12MG/5ML                                              | 1         |                                |
| acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg                            | 2         |                                |

| Drug Name                                                                                                       | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>                                                              | 2         |                     |
| <i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg</i>          | 2         |                     |
| <i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>                                         | 2         |                     |
| <i>butorphanol tartrate soln 10mg/ml</i>                                                                        | 2         |                     |
| CODEINE SULFATE TABS 15MG, 60MG                                                                                 | 2         |                     |
| <i>codeine sulfate tabs 30mg</i>                                                                                | 2         |                     |
| DEMEROL INJ 25MG/ML, 50MG/ML                                                                                    | 4         | PA                  |
| DILAUDID LIQD 1MG/ML                                                                                            | 4         |                     |
| HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN 300MG/15ML; 10MG/15ML                                                 | 2         |                     |
| <i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>                                         | 2         |                     |
| <i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i> | 2         |                     |
| <i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>                                                              | 2         |                     |
| HYDROCODONE/IBUPROFEN TABS 10MG; 200MG, 5MG; 200MG                                                              | 2         |                     |
| <i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>                                                                  | 2         |                     |
| <i>hydromorphone hcl inj 10mg/ml</i>                                                                            | 2         |                     |
| <i>hydromorphone hcl liqd 1mg/ml</i>                                                                            | 2         |                     |
| <i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>                                                                     | 2         |                     |
| <i>hydromorphone hydrochloride inj 50mg/5ml</i>                                                                 | 2         |                     |
| MEPERIDINE HCL INJ 100MG/ML                                                                                     | 2         | PA                  |
| <i>meperidine hcl inj 25mg/ml, 50mg/ml</i>                                                                      | 2         | PA                  |
| MEPERIDINE HCL ORAL SOLN 50MG/5ML                                                                               | 2         |                     |
| <i>meperidine hydrochloride tabs 50mg</i>                                                                       | 2         |                     |
| <i>morphine sulfate soln 100mg/5ml, 10mg/5ml, 20mg/5ml</i>                                                      | 2         |                     |
| <i>morphine sulfate tabs 15mg, 30mg</i>                                                                         | 2         |                     |
| NUCYNTA TABS 50MG, 75MG                                                                                         | 4         |                     |
| NUCYNTA TABS 100MG                                                                                              | 5         | NDS                 |
| <i>oxycodone hydrochloride caps 5mg</i>                                                                         | 2         |                     |
| <i>oxycodone hydrochloride conc 100mg/5ml</i>                                                                   | 2         |                     |
| <i>oxycodone hydrochloride soln 5mg/5ml</i>                                                                     | 2         |                     |
| <i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>                                                 | 2         |                     |
| OXYCODONE/ACETAMINOPHEN TABS 300MG; 10MG, 300MG; 5MG                                                            | 5         | NDS                 |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>                         | 2         |                     |
| <i>oxymorphone hydrochloride tabs 10mg, 5mg</i>                                                                 | 2         |                     |
| PENTAZOCINE/NALOXONE HCL TABS 0.5MG; 50MG                                                                       | 2         |                     |
| <i>tapentadol hydrochloride tabs 100mg, 50mg, 75mg</i>                                                          | 2         |                     |
| <i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>                                                  | 2         |                     |
| TRAMADOL HYDROCHLORIDE TABS 25MG                                                                                | 2         |                     |
| <i>tramadol hydrochloride tabs 50mg</i>                                                                         | 1         |                     |
| <i>tramadol hydrochloride tabs 75mg</i>                                                                         | 2         |                     |

## Anesthetics

### Local Anesthetics

| Drug Name                                                                                                | Drug Tier | Requirements/Limits              |
|----------------------------------------------------------------------------------------------------------|-----------|----------------------------------|
| <i>lidocaine hydrochloride soln 4%</i>                                                                   | 2         | QL (250 ML per 30 days) PA       |
| <i>lidocaine/prilocaine crea 2.5%; 2.5%</i>                                                              | 2         | QL (30 GM per 30 days) PA        |
| <i>lidocaine ptch 5%</i>                                                                                 | 2         | QL (90 EA per 30 days) PA        |
| ZTLIDO PTCH 1.8%                                                                                         | 3         | QL (90 EA per 30 days) PA        |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                                                   |           |                                  |
| <b>Alcohol Deterrents/Anti-craving</b>                                                                   |           |                                  |
| <i>acamprosate calcium dr tbec 333mg</i>                                                                 | 2         |                                  |
| <i>disulfiram tabs 250mg, 500mg</i>                                                                      | 2         |                                  |
| <i>naltrexone hydrochloride tabs 50mg</i>                                                                | 2         |                                  |
| VIVITROL INJ 380MG                                                                                       | 5         | NDS                              |
| <b>Opioid Dependence</b>                                                                                 |           |                                  |
| <i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg</i>                                          | 2         |                                  |
| <i>buprenorphine hcl subl 2mg, 8mg</i>                                                                   | 2         |                                  |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i> | 2         |                                  |
| <i>lofexidine hydrochloride tabs 0.18mg</i>                                                              | 5         | QL (224 EA per 14 days) NDS      |
| SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 4MG; 2MG                                                  | 4         |                                  |
| ZUBSOLV SUBL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG                     | 3         | ST                               |
| ZUBSOLV SUBL 11.4MG; 2.9MG                                                                               | 4         | ST                               |
| <b>Opioid Reversal Agents</b>                                                                            |           |                                  |
| KLOXXADO LIQD 8MG/0.1ML                                                                                  | 3         |                                  |
| NALOXONE HYDROCHLORIDE INJ 0.4MG/ML                                                                      | 2         |                                  |
| <i>naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml</i>                                                      | 2         |                                  |
| OPVEE SOLN 2.7MG/0.1ML                                                                                   | 3         |                                  |
| ZURNAI INJ 1.5MG/0.5ML                                                                                   | 3         | ST                               |
| <b>Smoking Cessation Agents</b>                                                                          |           |                                  |
| <i>bupropion hydrochloride er (sr) tb12 150mg</i>                                                        | 2         | QL (60 EA per 30 days)           |
| NICOTROL NS SOLN 10MG/ML                                                                                 | 3         | QL (360 ML per 365 days)         |
| TYRVAYA SOLN 0.03MG/ACT                                                                                  | 4         | QL (8.4 ML per 30 days)          |
| <i>varenicline starting month tbpk 0</i>                                                                 | 2         | QL (504 EA per 365 days)         |
| <i>varenicline tartrate continuing month tabs 1mg</i>                                                    | 2         | QL (504 EA per 365 days)         |
| VARENICLINE TARTRATE TABS 0.5MG, 1MG                                                                     | 2         | QL (504 EA per 365 days)         |
| <b>Antibacterials</b>                                                                                    |           |                                  |
| <b>Aminoglycosides</b>                                                                                   |           |                                  |
| <i>amikacin sulfate inj 500mg/2ml</i>                                                                    | 2         |                                  |
| ARIKAYCE SUSP 590MG/8.4ML                                                                                | 5         | QL (235.2 ML per 28 days) PA NDS |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 1.2MG/ML; 0.9%, 1.6MG/ML; 0.9%, 1MG/ML; 0.9%                 | 2         |                                  |
| <i>gentamicin sulfate crea 0.1%</i>                                                                      | 2         |                                  |
| <i>gentamicin sulfate inj 40mg/ml</i>                                                                    | 2         |                                  |
| <i>gentamicin sulfate oint 0.1%</i>                                                                      | 2         |                                  |
| HUMATIN CAPS 250MG                                                                                       | 5         | NDS                              |
| ISOTONIC GENTAMICIN INJ 0.8MG/ML; 0.9%                                                                   | 2         |                                  |
| <i>neomycin sulfate tabs 500mg</i>                                                                       | 2         |                                  |
| STREPTOMYCIN SULFATE INJ 1GM                                                                             | 5         | QL (60 EA per 30 days) NDS       |
| TOBRAMYCIN SULFATE INJ 10MG/ML                                                                           | 2         |                                  |
| <i>tobramycin sulfate inj 80mg/2ml</i>                                                                   | 2         |                                  |

| Drug Name                                                                         | Drug Tier | Requirements/Limits          |
|-----------------------------------------------------------------------------------|-----------|------------------------------|
| <b>Antibacterials, Other</b>                                                      |           |                              |
| AMZEEQ FOAM 4%                                                                    | 3         |                              |
| aztreonam inj 1gm, 2gm                                                            | 2         |                              |
| BLUJEPa TABS 750MG                                                                | 5         | PA NDS                       |
| CLEOCIN PEDIATRIC GRANULES SOLR 75MG/5ML                                          | 4         |                              |
| CLEOCIN CREA 2%                                                                   | 4         |                              |
| CLEOCIN SUPP 100MG                                                                | 3         |                              |
| clindacin etz pledgets swab 1%                                                    | 2         | QL (69 EA per 30 days)       |
| clindamycin hcl caps 300mg                                                        | 2         |                              |
| clindamycin hydrochloride caps 150mg, 75mg                                        | 2         |                              |
| clindamycin palmitate hydrochloride solr 75mg/5ml                                 | 2         |                              |
| clindamycin phosphate/dextrose inj 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5% | 2         |                              |
| clindamycin phosphate crea 2%                                                     | 2         |                              |
| clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml                         | 2         |                              |
| clindamycin phosphate swab 1%                                                     | 2         | QL (69 EA per 30 days)       |
| colistimethate sodium inj 150mg                                                   | 2         |                              |
| dalbavancin hydrochloride inj 500mg                                               | 5         | NDS                          |
| DAPTOMYCIN INJ 350MG                                                              | 4         |                              |
| daptomycin inj 500mg                                                              | 4         |                              |
| FIRVANQ SOLR 50MG/ML                                                              | 3         | QL (1200 ML per 30 days)     |
| FIRVANQ SOLR 25MG/ML                                                              | 3         | QL (600 ML per 30 days)      |
| fosfomycin tromethamine pack 3gm                                                  | 2         |                              |
| linezolid inj 600mg/300ml                                                         | 2         |                              |
| linezolid susr 100mg/5ml                                                          | 5         | QL (1800 ML per 28 days) NDS |
| linezolid tabs 600mg                                                              | 1         | QL (56 EA per 28 days)       |
| MACROBID CAPS 100MG                                                               | 4         |                              |
| MACRODANTIN CAPS 100MG, 25MG, 50MG                                                | 4         |                              |
| methenamine hippurate tabs 1gm                                                    | 4         |                              |
| metronidazole vaginal gel 0.75%                                                   | 2         |                              |
| metronidazole caps 375mg                                                          | 2         |                              |
| metronidazole inj 500mg/100ml                                                     | 2         |                              |
| metronidazole tabs 250mg                                                          | 1         |                              |
| metronidazole tabs 125mg, 500mg                                                   | 2         |                              |
| nitrofurantoin macrocrystals caps 100mg, 25mg, 50mg                               | 2         |                              |
| nitrofurantoin monohydrate/macrocrystals caps 100mg                               | 2         |                              |
| NITROFURANTOIN SUSP 50MG/5ML                                                      | 5         | NDS                          |
| nitrofurantoin susp 25mg/5ml                                                      | 5         | NDS                          |
| ORLYNVAH TABS 500MG; 500MG                                                        | 5         | PA NDS                       |
| polymyxin b sulfate inj 500000unit                                                | 2         |                              |
| SIVEXTRO INJ 200MG                                                                | 5         | QL (6 EA per 30 days) NDS    |
| SIVEXTRO TABS 200MG                                                               | 5         | QL (6 EA per 30 days)        |
| SOLOSEC PACK 2GM                                                                  | 3         |                              |
| tigecycline inj 50mg                                                              | 2         |                              |
| tinidazole tabs 250mg, 500mg                                                      | 2         |                              |
| trimethoprim tabs 100mg                                                           | 1         |                              |
| TYGACIL INJ 50MG                                                                  | 4         |                              |
| vancomycin hcl inj 10gm                                                           | 2         |                              |

| Drug Name                                                  | Drug Tier | Requirements/Limits      |
|------------------------------------------------------------|-----------|--------------------------|
| <i>vancomycin hydrochloride caps 125mg</i>                 | 2         | QL (120 EA per 30 days)  |
| <i>vancomycin hydrochloride caps 250mg</i>                 | 2         | QL (240 EA per 30 days)  |
| <i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>      | 2         |                          |
| <i>vancomycin hydrochloride oral solr 250mg/5ml</i>        | 2         | QL (1200 ML per 30 days) |
| <i>vancomycin hydrochloride oral solr 25mg/ml</i>          | 2         | QL (600 ML per 30 days)  |
| VANDAZOLE GEL 0.75%                                        | 3         |                          |
| VOQUEZNA DUAL PAK THPK 500MG; 20MG                         | 3         | PA                       |
| VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG                | 3         | PA                       |
| XACIATO GEL 2%                                             | 3         |                          |
| ZYVOX INJ 600MG/300ML                                      | 4         |                          |
| ZYVOX SUSR 100MG/5ML                                       | 4         | QL (1800 ML per 28 days) |
| <b>Beta-lactam, Cephalosporins</b>                         |           |                          |
| AVYCAZ INJ 0.5GM; 2GM                                      | 5         | NDS                      |
| CEFACLOR ER TB12 500MG                                     | 2         |                          |
| CEFACLOR CAPS 250MG, 500MG                                 | 2         |                          |
| CEFACLOR SUSR 250MG/5ML                                    | 2         |                          |
| <i>cefadroxil caps 500mg</i>                               | 2         |                          |
| <i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>                | 2         |                          |
| CEFADROXIL TABS 1GM                                        | 2         |                          |
| <i>cefazolin sodium inj 10gm, 1gm, 500mg</i>               | 2         |                          |
| <i>cefdinir caps 300mg</i>                                 | 2         |                          |
| <i>cefdinir susr 125mg/5ml, 250mg/5ml</i>                  | 2         |                          |
| <i>cefepime inj 1gm, 2gm</i>                               | 2         |                          |
| <i>cefixime caps 400mg</i>                                 | 2         |                          |
| CEFIXIME SUSR 100MG/5ML                                    | 2         |                          |
| <i>cefixime susr 200mg/5ml</i>                             | 2         |                          |
| CEFIXIME TABS 400MG                                        | 3         |                          |
| CEFOTETAN INJ 1GM                                          | 2         |                          |
| <i>cefotetan inj 2gm</i>                                   | 2         |                          |
| <i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>                 | 2         |                          |
| CEFPODOXIME PROXETIL SUSR 100MG/5ML, 50MG/5ML              | 2         |                          |
| <i>cefpodoxime proxetil tabs 100mg, 200mg</i>              | 2         |                          |
| <i>cefprozil susr 125mg/5ml, 250mg/5ml</i>                 | 2         |                          |
| <i>cefprozil tabs 250mg, 500mg</i>                         | 2         |                          |
| <i>ceftaroline fosamil inj 400mg, 600mg</i>                | 5         | NDS                      |
| CEFTAZIDIME INJ 6GM                                        | 2         |                          |
| <i>ceftazidime inj 1gm, 2gm</i>                            | 2         |                          |
| <i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> | 2         |                          |
| <i>cefuroxime axetil tabs 250mg, 500mg</i>                 | 2         |                          |
| <i>cefuroxime sodium inj 750mg</i>                         | 1         |                          |
| <i>cefuroxime sodium inj 1.5gm</i>                         | 2         |                          |
| <i>cephalexin caps 250mg, 500mg</i>                        | 1         |                          |
| <i>cephalexin susr 125mg/5ml, 250mg/5ml</i>                | 2         |                          |
| TAZICEF INJ 6GM                                            | 2         |                          |
| <i>tazicef inj 1gm, 2gm</i>                                | 2         |                          |
| ZERBAXA INJ 1GM; 0.5GM                                     | 5         | NDS                      |
| ZEVTERA INJ 667MG                                          | 5         | NDS                      |
| <b>Beta-lactam, Penicillins</b>                            |           |                          |

| Drug Name                                                       | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------|-----------|---------------------|
| <i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i> | 2         |                     |
| <i>amoxicillin/clavulanate potassium susr 200mg/5ml;</i>        | 2         |                     |
| <i>28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml,</i>  |           |                     |
| <i>600mg/5ml; 42.9mg/5ml</i>                                    |           |                     |
| <i>amoxicillin/clavulanate potassium tabs 500mg; 125mg,</i>     | 1         |                     |
| <i>875mg; 125mg</i>                                             |           |                     |
| <i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>      | 2         |                     |
| <i>amoxicillin caps 250mg, 500mg</i>                            | 1         |                     |
| AMOXICILLIN CHEW 125MG, 250MG                                   | 1         |                     |
| <i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml,</i>        | 1         |                     |
| <i>400mg/5ml</i>                                                |           |                     |
| <i>amoxicillin tabs 500mg, 875mg</i>                            | 1         |                     |
| <i>ampicillin sodium inj 10gm, 1gm, 2gm</i>                     | 2         |                     |
| <i>ampicillin-sulbactam inj 10gm; 5gm</i>                       | 2         |                     |
| <i>ampicillin/sulbactam inj 1gm; 0.5gm, 2gm; 1gm</i>            | 2         |                     |
| <i>ampicillin caps 500mg</i>                                    | 1         |                     |
| AUGMENTIN ES-600 SUSR 600MG/5ML; 42.9MG/5ML                     | 4         |                     |
| AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML                           | 3         |                     |
| BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML,                  | 3         |                     |
| 900000UNIT/2ML; 300000UNIT/2ML                                  |           |                     |
| BICILLIN L-A INJ 1200000UNIT/2ML,                               | 3         |                     |
| 2400000UNIT/4ML, 600000UNIT/ML                                  |           |                     |
| <i>dicloxacillin sodium caps 250mg, 500mg</i>                   | 2         |                     |
| <i>nafcilin sodium inj 10gm, 1gm, 2gm</i>                       | 2         |                     |
| OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML                       | 3         |                     |
| <i>oxacillin sodium inj 10gm, 1gm, 2gm</i>                      | 2         |                     |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC                           | 3         |                     |
| DEXTROSE INJ 0; 40000UNIT/ML, 0; 60000UNIT/ML                   |           |                     |
| <i>penicillin g potassium inj 20000000unit</i>                  | 2         |                     |
| PENICILLIN G SODIUM INJ 5000000UNIT                             | 5         | NDS                 |
| PENICILLIN V POTASSIUM SOLR 250MG/5ML                           | 1         |                     |
| PENICILLIN V POTASSIUM SOLR 125MG/5ML                           | 2         |                     |
| <i>penicillin v potassium tabs 250mg, 500mg</i>                 | 1         |                     |
| <i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm,</i>   | 2         |                     |
| <i>36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>                    |           |                     |
| UNASYN BULK PACK INJ 10GM; 5GM                                  | 4         |                     |
| UNASYN INJ 2GM; 1GM                                             | 4         |                     |
| ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML                       | 3         |                     |
| <b>Carbapenems</b>                                              |           |                     |
| <i>ertapenem sodium inj 1gm</i>                                 | 2         |                     |
| IMIPENEM/CILASTATIN INJ 250MG; 250MG                            | 2         |                     |
| <i>imipenem/cilastatin inj 500mg; 500mg</i>                     | 2         |                     |
| <i>meropenem inj 1gm, 500mg</i>                                 | 2         |                     |
| VABOMERE INJ 1GM; 1GM                                           | 5         | NDS                 |
| <b>Macrolides</b>                                               |           |                     |
| <i>azithromycin inj 500mg</i>                                   | 2         |                     |
| <i>azithromycin susr 100mg/5ml, 200mg/5ml</i>                   | 2         |                     |
| <i>azithromycin tabs 250mg, 500mg</i>                           | 1         |                     |
| <i>azithromycin tabs 600mg</i>                                  | 2         |                     |

| Drug Name                                                          | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------------------|-----------|-----------------------------|
| <i>clarithromycin er tb24 500mg</i>                                | 2         |                             |
| CLARITHROMYCIN SUSR 125MG/5ML, 250MG/5ML                           | 2         |                             |
| <i>clarithromycin tabs 250mg, 500mg</i>                            | 2         |                             |
| DIFICID SUSR 40MG/ML                                               | 5         | QL (136 ML per 12 days) NDS |
| DIFICID TABS 200MG                                                 | 5         | QL (20 EA per 10 days) NDS  |
| E.E.S. 400 TABS 400MG                                              | 4         |                             |
| ERYTHROCIN LACTOBIONATE INJ 500MG                                  | 5         | NDS                         |
| <i>erythromycin base tabs 250mg, 500mg</i>                         | 2         |                             |
| ERYTHROMYCIN DR CPEP 250MG                                         | 2         |                             |
| <i>erythromycin dr tbec 250mg, 333mg, 500mg</i>                    | 2         |                             |
| <i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>       | 2         |                             |
| <i>fidaxomicin tabs 200mg</i>                                      | 5         | QL (20 EA per 10 days) NDS  |
| <b>Quinolones</b>                                                  |           |                             |
| BAXDELA INJ 300MG                                                  | 5         | NDS                         |
| BAXDELA TABS 450MG                                                 | 5         | NDS                         |
| <i>ciprofloxacin hcl tabs 750mg</i>                                | 2         |                             |
| <i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>               | 1         |                             |
| CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%                      | 2         |                             |
| CIPRO SUSR 500MG/5ML, 5GM/100ML                                    | 3         |                             |
| <i>levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml</i>    | 2         |                             |
| <i>levofloxacin oral soln 25mg/ml</i>                              | 2         |                             |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i>                       | 2         |                             |
| MOXIFLOXACIN HYDROCHLORIDE/SODIUM                                  | 2         |                             |
| HYDROCHLORIDE INJ 400MG/250ML; 0.8%                                |           |                             |
| <i>moxifloxacin hydrochloride tabs 400mg</i>                       | 2         |                             |
| OFLOXACIN TABS 300MG, 400MG                                        | 2         |                             |
| <b>Sulfonamides</b>                                                |           |                             |
| BACTRIM DS TABS 800MG; 160MG                                       | 4         |                             |
| BACTRIM TABS 400MG; 80MG                                           | 4         |                             |
| KLARON LOTN 10%                                                    | 4         |                             |
| <i>sulfacetamide sodium lotn 10%</i>                               | 2         |                             |
| <i>sulfadiazine tabs 500mg</i>                                     | 2         |                             |
| <i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>          | 1         |                             |
| <i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>      | 2         |                             |
| <i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>              | 1         |                             |
| <b>Tetracyclines</b>                                               |           |                             |
| <i>demeclocycline hcl tabs 150mg, 300mg</i>                        | 2         |                             |
| <i>doxy 100 inj 100mg</i>                                          | 2         |                             |
| <i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i> | 2         |                             |
| <i>doxycycline hyclate caps 100mg, 50mg</i>                        | 2         |                             |
| <i>doxycycline hyclate inj 100mg</i>                               | 2         |                             |
| <i>doxycycline hyclate tabs 150mg, 75mg</i>                        | 2         |                             |
| <i>doxycycline monohydrate caps 100mg, 150mg, 50mg, 75mg</i>       | 2         |                             |
| <i>doxycycline monohydrate tabs 100mg, 150mg, 50mg, 75mg</i>       | 2         |                             |
| <i>doxycycline susr 25mg/5ml</i>                                   | 2         |                             |
| <i>minocycline hcl caps 75mg</i>                                   | 2         |                             |
| <i>minocycline hcl tabs 100mg, 75mg</i>                            | 2         |                             |

| Drug Name                                                         | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------|-----------|--------------------------------|
| MINOCYCLINE HYDROCHLORIDE ER TB24 135MG, 45MG, 55MG, 90MG         | 2         |                                |
| <i>minocycline hydrochloride er tb24 105mg, 115mg, 65mg, 80mg</i> | 2         |                                |
| <i>minocycline hydrochloride caps 100mg, 50mg</i>                 | 2         |                                |
| <i>minocycline hydrochloride tabs 50mg</i>                        | 2         |                                |
| NUZYRA INJ 100MG                                                  | 5         | NDS                            |
| NUZYRA TABS 150MG                                                 | 5         | QL (30 EA per 14 days) NDS     |
| SEYSARA TABS 100MG, 150MG, 60MG                                   | 5         | NDS                            |
| <i>tetracycline hydrochloride caps 250mg, 500mg</i>               | 2         |                                |
| TETRACYCLINE HYDROCHLORIDE TABS 250MG                             | 5         | NDS                            |
| TETRACYCLINE HYDROCHLORID TABS 500MG                              | 5         | NDS                            |
| <b>Anticonvulsants</b>                                            |           |                                |
| <i>Anticonvulsants, Other</i>                                     |           |                                |
| <i>brivaracetam soln 10mg/ml</i>                                  | 2         | QL (600 ML per 30 days) PA     |
| <i>brivaracetam tabs 10mg</i>                                     | 2         | PA                             |
| <i>brivaracetam tabs 100mg, 25mg, 50mg, 75mg</i>                  | 2         | QL (60 EA per 30 days) PA      |
| BRIVIACT SOLN 10MG/ML                                             | 5         | QL (600 ML per 30 days) PA NDS |
| EPIDIOLEX SOLN 100MG/ML                                           | 5         | PA NDS                         |
| <i>felbamate susp 600mg/5ml</i>                                   | 4         |                                |
| <i>felbamate tabs 400mg, 600mg</i>                                | 2         |                                |
| FINTEPLA SOLN 2.2MG/ML                                            | 5         | QL (360 ML per 30 days) PA NDS |
| FYCOMPA SUSP 0.5MG/ML                                             | 5         | NDS                            |
| FYCOMPA TABS 2MG                                                  | 3         | QL (30 EA per 30 days)         |
| FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG                            | 5         | QL (30 EA per 30 days) NDS     |
| LAMICTAL XR KIT 0                                                 | 3         |                                |
| <i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i> | 2         |                                |
| <i>lamotrigine odt tbdp 100mg, 200mg, 25mg, 50mg</i>              | 2         |                                |
| <i>lamotrigine starter kit/blue kit 25mg</i>                      | 2         |                                |
| <i>lamotrigine starter kit/green kit 0</i>                        | 5         | NDS                            |
| <i>lamotrigine starter kit/orange kit 0</i>                       | 2         |                                |
| <i>lamotrigine titration kit 0</i>                                | 2         |                                |
| <i>lamotrigine chew 25mg, 5mg</i>                                 | 2         |                                |
| <i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>                 | 2         |                                |
| <i>levetiracetam er tb24 500mg, 750mg</i>                         | 2         |                                |
| <i>levetiracetam soln 100mg/ml</i>                                | 2         |                                |
| <i>levetiracetam tabs 500mg</i>                                   | 1         |                                |
| <i>levetiracetam tabs 1000mg, 250mg, 750mg</i>                    | 2         |                                |
| LEVETIRACETAM TB3D 250MG                                          | 3         |                                |
| LEVETIRACETAM TB3D 500MG                                          | 3         | QL (60 EA per 30 days)         |
| NAYZILAM SOLN 5MG/0.1ML                                           | 3         | QL (10 EA per 30 days)         |
| <i>perampanel susp 0.5mg/ml</i>                                   | 5         | NDS                            |
| <i>perampanel tabs 10mg, 12mg, 2mg, 6mg, 8mg</i>                  | 2         | QL (30 EA per 30 days)         |
| <i>perampanel tabs 4mg</i>                                        | 4         | QL (30 EA per 30 days)         |
| <i>roweepra tabs 500mg</i>                                        | 1         |                                |
| SPRITAM TB3D 250MG                                                | 3         |                                |
| SPRITAM TB3D 500MG                                                | 3         | QL (60 EA per 30 days)         |
| <i>subvenite starter kit/blue kit 25mg</i>                        | 2         |                                |

| Drug Name                                                            | Drug Tier | Requirements/Limits        |
|----------------------------------------------------------------------|-----------|----------------------------|
| <i>subvenite starter kit/green kit 0</i>                             | 2         | NDS                        |
| <i>subvenite starter kit/orange kit 0</i>                            | 2         |                            |
| SUBVENITE SUSP 10MG/ML                                               | 3         |                            |
| <i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>                      | 2         |                            |
| <i>topiramate er cp24 100mg, 25mg, 50mg</i>                          | 2         |                            |
| <i>topiramate er cp24 200mg</i>                                      | 2         | QL (60 EA per 30 days)     |
| <i>topiramate er cs24 100mg, 150mg, 200mg, 25mg, 50mg</i>            | 2         |                            |
| <i>topiramate cpsp 15mg, 25mg, 50mg</i>                              | 2         |                            |
| <i>topiramate soln 25mg/ml</i>                                       | 2         |                            |
| <i>topiramate tabs 25mg, 50mg</i>                                    | 1         |                            |
| <i>topiramate tabs 100mg, 200mg</i>                                  | 2         |                            |
| <i>valproic acid caps 250mg</i>                                      | 2         |                            |
| <i>valproic acid soln 250mg/5ml</i>                                  | 2         |                            |
| <b>Calcium Channel Modifying Agents</b>                              |           |                            |
| <i>ethosuximide caps 250mg</i>                                       | 2         |                            |
| <i>ethosuximide soln 250mg/5ml</i>                                   | 2         |                            |
| <i>methsuximide caps 300mg</i>                                       | 2         |                            |
| ZARONTIN CAPS 250MG                                                  | 4         |                            |
| ZARONTIN SOLN 250MG/5ML                                              | 4         |                            |
| <b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>              |           |                            |
| <i>clobazam susp 2.5mg/ml</i>                                        | 2         | QL (480 ML per 30 days)    |
| <i>clobazam tabs 10mg, 20mg</i>                                      | 2         | QL (60 EA per 30 days)     |
| <i>clonazepam odt tbdp 2mg</i>                                       | 2         | QL (300 EA per 30 days)    |
| <i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>               | 2         | QL (90 EA per 30 days)     |
| <i>clonazepam tabs 0.5mg, 1mg</i>                                    | 1         | QL (90 EA per 30 days)     |
| <i>clonazepam tabs 2mg</i>                                           | 2         | QL (300 EA per 30 days)    |
| DEPAKOTE ER TB24 250MG, 500MG                                        | 4         |                            |
| DEPAKOTE TBEC 125MG, 250MG, 500MG                                    | 4         |                            |
| DIACOMIT CAPS 250MG, 500MG                                           | 5         | PA NDS                     |
| DIACOMIT PACK 250MG, 500MG                                           | 5         | PA NDS                     |
| <i>diazepam gel 2.5mg, 20mg</i>                                      | 2         |                            |
| <i>diazepam gel 10mg</i>                                             | 2         | QL (5 EA per 30 days)      |
| <i>divalproex sodium dr csdr 125mg</i>                               | 2         |                            |
| <i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>                 | 2         |                            |
| <i>divalproex sodium er tb24 250mg, 500mg</i>                        | 2         |                            |
| <i>gabapentin caps 400mg</i>                                         | 1         | QL (270 EA per 30 days)    |
| <i>gabapentin caps 300mg</i>                                         | 1         | QL (360 EA per 30 days)    |
| <i>gabapentin caps 100mg</i>                                         | 2         | QL (360 EA per 30 days)    |
| <i>gabapentin soln 250mg/5ml</i>                                     | 2         | QL (2160 ML per 30 days)   |
| <i>gabapentin tabs 800mg</i>                                         | 2         | QL (150 EA per 30 days)    |
| <i>gabapentin tabs 600mg</i>                                         | 2         | QL (180 EA per 30 days)    |
| GABARONE TABS 400MG                                                  | 5         | QL (270 EA per 30 days) ST |
| GABARONE TABS 100MG                                                  | 5         | QL (540 EA per 30 days) ST |
| KLONOPIN TABS 2MG                                                    | 4         | QL (300 EA per 30 days)    |
| KLONOPIN TABS 0.5MG, 1MG                                             | 4         | QL (90 EA per 30 days)     |
| PHENOBARBITAL ELIX 20MG/5ML                                          | 2         |                            |
| PHENOBARBITAL TABS 15MG                                              | 1         |                            |
| PHENOBARBITAL TABS 100MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG | 2         |                            |

| Drug Name                                                           | Drug Tier | Requirements/Limits            |
|---------------------------------------------------------------------|-----------|--------------------------------|
| <i>pregabalin caps 300mg</i>                                        | 2         | QL (60 EA per 30 days)         |
| <i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i> | 2         | QL (90 EA per 30 days)         |
| <i>pregabalin soln 20mg/ml</i>                                      | 2         | QL (900 ML per 30 days)        |
| PRIMIDONE TABS 125MG                                                | 2         |                                |
| <i>primidone tabs 250mg, 50mg</i>                                   | 2         |                                |
| SYMPAZAN FILM 5MG                                                   | 4         | QL (60 EA per 30 days)         |
| SYMPAZAN FILM 10MG, 20MG                                            | 5         | NDS                            |
| TIAGABINE HYDROCHLORIDE TABS 12MG, 16MG                             | 2         |                                |
| <i>tiagabine hydrochloride tabs 2mg, 4mg</i>                        | 2         |                                |
| VALTOCO 10 MG DOSE LIQD 10MG/0.1ML                                  | 5         | QL (10 EA per 30 days) NDS     |
| VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML                                 | 5         | QL (10 EA per 30 days) NDS     |
| VALTOCO 20 MG DOSE LQPK 10MG/0.1ML                                  | 5         | QL (10 EA per 30 days) NDS     |
| VALTOCO 5 MG DOSE LIQD 5MG/0.1ML                                    | 5         | QL (10 EA per 30 days) NDS     |
| <i>vigabatrin pack 500mg</i>                                        | 5         | PA NDS                         |
| <i>vigabatrin tabs 500mg</i>                                        | 5         | QL (180 EA per 30 days) PA NDS |
| <i>vigadrone pack 500mg</i>                                         | 5         | PA NDS                         |
| <i>vigadrone tabs 500mg</i>                                         | 5         | QL (180 EA per 30 days) PA NDS |
| VIGAFYDE SOLN 100MG/ML                                              | 5         | PA NDS                         |
| ZTALMY SUSP 50MG/ML                                                 | 5         | PA NDS                         |
| <b><i>Sodium Channel Agents</i></b>                                 |           |                                |
| APTiom TABS 400MG                                                   | 5         | NDS                            |
| APTiom TABS 200MG                                                   | 5         | QL (30 EA per 30 days) NDS     |
| APTiom TABS 600MG, 800MG                                            | 5         | QL (60 EA per 30 days) NDS     |
| BANZEL SUSP 40MG/ML                                                 | 5         | NDS                            |
| BANZEL TABS 200MG, 400MG                                            | 5         | NDS                            |
| <i>carbamazepine er cp12 100mg, 200mg, 300mg</i>                    | 2         |                                |
| <i>carbamazepine er tb12 100mg, 200mg, 400mg</i>                    | 2         |                                |
| <i>carbamazepine chew 100mg</i>                                     | 1         |                                |
| <i>carbamazepine chew 200mg</i>                                     | 2         |                                |
| <i>carbamazepine susp 100mg/5ml</i>                                 | 2         |                                |
| <i>carbamazepine tabs 200mg</i>                                     | 2         |                                |
| CARBATROL CP12 100MG, 200MG, 300MG                                  | 4         |                                |
| DILANTIN CAPS 30MG                                                  | 3         |                                |
| <i>eslicarbazepine acetate tabs 400mg</i>                           | 2         |                                |
| <i>eslicarbazepine acetate tabs 200mg</i>                           | 2         | QL (30 EA per 30 days)         |
| <i>eslicarbazepine acetate tabs 600mg, 800mg</i>                    | 2         | QL (60 EA per 30 days)         |
| <i>lacosamide soln 10mg/ml</i>                                      | 2         |                                |
| <i>lacosamide tabs 100mg, 150mg, 200mg, 50mg</i>                    | 2         |                                |
| <i>oxcarbazepine er tb24 150mg, 300mg, 600mg</i>                    | 2         |                                |
| <i>oxcarbazepine susp 300mg/5ml</i>                                 | 2         |                                |
| <i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>                       | 2         |                                |
| OXTELLAR XR TB24 150MG, 300MG                                       | 3         |                                |
| OXTELLAR XR TB24 600MG                                              | 5         | NDS                            |
| <i>phenytek caps 200mg, 300mg</i>                                   | 4         |                                |
| <i>phenytoin sodium extended caps 100mg</i>                         | 2         |                                |
| <i>phenytoin chew 50mg</i>                                          | 2         |                                |
| <i>phenytoin susp 125mg/5ml</i>                                     | 2         |                                |
| <i>rufinamide susp 40mg/ml</i>                                      | 5         | NDS                            |

| Drug Name                                                                           | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>rufinamide tabs 200mg</i>                                                        | 2         |                                |
| <i>rufinamide tabs 400mg</i>                                                        | 5         | NDS                            |
| TEGRETOL-XR TB12 100MG, 200MG, 400MG                                                | 4         |                                |
| TEGRETOL TABS 200MG                                                                 | 4         |                                |
| VIMPAT SOLN 10MG/ML                                                                 | 5         | NDS                            |
| VIMPAT TABS 50MG                                                                    | 3         |                                |
| VIMPAT TABS 100MG, 150MG, 200MG                                                     | 5         | NDS                            |
| XCOPRI TABS 100MG, 25MG, 50MG                                                       | 5         | QL (30 EA per 30 days) PA NDS  |
| XCOPRI TABS 150MG, 200MG                                                            | 5         | QL (60 EA per 30 days) PA NDS  |
| XCOPRI TBPk 0                                                                       | 3         | QL (56 EA per 365 days) PA     |
| XCOPRI TBPk 0                                                                       | 5         | PA NDS                         |
| XCOPRI TBPk 0                                                                       | 5         | QL (56 EA per 28 days) PA NDS  |
| XCOPRI TBPk 0                                                                       | 5         | QL (56 EA per 365 days) PA NDS |
| ZONISADE SUSP 100MG/5ML                                                             | 3         | ST                             |
| <i>zonisamide caps 100mg, 25mg, 50mg</i>                                            | 2         |                                |
| <b>Antidementia Agents</b>                                                          |           |                                |
| <b><i>Antidementia Agents, Other</i></b>                                            |           |                                |
| LEQEMBI IQLIK INJ 360MG/1.8ML                                                       | 5         | QL (7.2 ML per 28 days) PA NDS |
| <i>memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i> | 2         | QL (30 EA per 30 days)         |
| NAMZARIC CP24 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG                         | 3         | QL (30 EA per 30 days) ST      |
| <b><i>Cholinesterase Inhibitors</i></b>                                             |           |                                |
| <i>donepezil hcl tabs 10mg</i>                                                      | 1         |                                |
| <i>donepezil hcl tabs 23mg</i>                                                      | 2         |                                |
| <i>donepezil hcl tbdp 10mg, 5mg</i>                                                 | 2         |                                |
| <i>donepezil hydrochloride tabs 5mg</i>                                             | 1         |                                |
| <i>galantamine hydrobromide er cp24 16mg, 24mg, 8mg</i>                             | 2         |                                |
| GALANTAMINE HYDROBROMIDE SOLN 4MG/ML                                                | 2         |                                |
| <i>galantamine hydrobromide tabs 12mg, 4mg, 8mg</i>                                 | 2         |                                |
| <i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>                            | 2         |                                |
| <i>rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>     | 2         |                                |
| ZUNVEYL TBEC 10MG                                                                   | 3         | QL (120 EA per 30 days) ST     |
| <b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>                       |           |                                |
| <i>memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg</i>                        | 2         | QL (30 EA per 30 days)         |
| <i>memantine hydrochloride soln 2mg/ml</i>                                          | 2         |                                |
| <i>memantine hydrochloride tabs 10mg, 5mg</i>                                       | 2         |                                |
| <b>Antidepressants</b>                                                              |           |                                |
| <b><i>Antidepressants, Other</i></b>                                                |           |                                |
| AUVELITY TBCR 105MG; 45MG                                                           | 5         | QL (60 EA per 30 days) NDS     |
| <i>bupropion hydrochloride er (sr) tb12 200mg</i>                                   | 1         | QL (60 EA per 30 days)         |
| <i>bupropion hydrochloride er (sr) tb12 150mg</i>                                   | 2         | QL (60 EA per 30 days)         |
| <i>bupropion hydrochloride er (sr) tb12 100mg</i>                                   | 2         | QL (90 EA per 30 days)         |
| BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG                                          | 3         | QL (30 EA per 30 days) ST      |
| <i>bupropion hydrochloride er (xl) tb24 300mg</i>                                   | 2         | QL (30 EA per 30 days)         |
| <i>bupropion hydrochloride er (xl) tb24 150mg</i>                                   | 2         | QL (90 EA per 30 days)         |
| <i>bupropion hydrochloride tabs 100mg</i>                                           | 2         | QL (120 EA per 30 days)        |
| <i>bupropion hydrochloride tabs 75mg</i>                                            | 2         | QL (180 EA per 30 days)        |

| Drug Name                                                                                                    | Drug Tier | Requirements/Limits           |
|--------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 2.5MG, 25MG; 10MG                                                | 2         |                               |
| EXXUA TITRATION PACK TB24 18.2MG                                                                             | 5         | QL (30 EA per 30 days) ST NDS |
| EXXUA TB24 18.2MG, 36.3MG, 54.5MG, 72.6MG                                                                    | 5         | QL (30 EA per 30 days) ST NDS |
| <i>mirtazapine odt tbdp 15mg, 30mg, 45mg</i>                                                                 | 2         |                               |
| <i>mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg</i>                                                              | 2         |                               |
| <i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>                                          | 2         | QL (30 EA per 30 days)        |
| <i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>                                                       | 2         | QL (90 EA per 30 days)        |
| PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG, 10MG; 4MG, 25MG; 2MG, 25MG; 4MG, 50MG; 4MG                        | 2         |                               |
| QUETIAPINE FUMARATE TABS 150MG                                                                               | 2         | QL (90 EA per 30 days)        |
| REMERON SOLTAB TBDP 15MG, 30MG, 45MG                                                                         | 4         | ST                            |
| REMERON TABS 15MG, 30MG                                                                                      | 4         | ST                            |
| ZURZUVAE CAPS 30MG                                                                                           | 5         | QL (14 EA per 14 days) PA NDS |
| ZURZUVAE CAPS 20MG, 25MG                                                                                     | 5         | QL (28 EA per 14 days) PA NDS |
| <b>Monoamine Oxidase Inhibitors</b>                                                                          |           |                               |
| EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR                                                                     | 5         | QL (30 EA per 30 days) ST NDS |
| MARPLAN TABS 10MG                                                                                            | 3         | ST                            |
| NARDIL TABS 15MG                                                                                             | 4         | ST                            |
| <i>phenelzine sulfate tabs 15mg</i>                                                                          | 2         |                               |
| <i>tranylcypromine sulfate tabs 10mg</i>                                                                     | 2         |                               |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b> |           |                               |
| CELEXA TABS 10MG, 20MG, 40MG                                                                                 | 4         | QL (30 EA per 30 days) ST     |
| <i>citalopram hydrobromide caps 30mg</i>                                                                     | 3         | QL (30 EA per 30 days) ST     |
| <i>citalopram hydrobromide soln 10mg/5ml</i>                                                                 | 2         | QL (600 ML per 30 days)       |
| <i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>                                                         | 1         | QL (30 EA per 30 days)        |
| DESVENLAFAXINE ER TB24 100MG                                                                                 | 3         | QL (120 EA per 30 days) ST    |
| DESVENLAFAXINE ER TB24 50MG                                                                                  | 3         | QL (30 EA per 30 days) ST     |
| <i>desvenlafaxine er tb24 100mg</i>                                                                          | 2         | QL (120 EA per 30 days)       |
| <i>desvenlafaxine er tb24 25mg, 50mg</i>                                                                     | 2         | QL (30 EA per 30 days)        |
| DRIZALMA SPRINKLE CSDR 20MG, 60MG                                                                            | 3         | QL (60 EA per 30 days)        |
| DRIZALMA SPRINKLE CSDR 30MG, 40MG                                                                            | 3         | QL (90 EA per 30 days)        |
| <i>duloxetine hydrochloride dr cpep 20mg, 60mg</i>                                                           | 2         | QL (60 EA per 30 days)        |
| <i>duloxetine hydrochloride dr cpep 30mg</i>                                                                 | 2         | QL (90 EA per 30 days)        |
| ESCITALOPRAM OXALATE CAPS 15MG                                                                               | 3         |                               |
| <i>escitalopram oxalate soln 5mg/5ml</i>                                                                     | 2         |                               |
| <i>escitalopram oxalate tabs 10mg, 20mg</i>                                                                  | 1         |                               |
| <i>escitalopram oxalate tabs 5mg</i>                                                                         | 2         |                               |
| FETZIMA TITRATION PACK C4PK 0                                                                                | 3         | QL (56 EA per 365 days) ST    |
| FETZIMA CP24 120MG, 20MG, 40MG, 80MG                                                                         | 3         | QL (30 EA per 30 days) ST     |
| FLUOXETINE DR CPDR 90MG                                                                                      | 2         | QL (4 EA per 28 days)         |
| <i>fluoxetine hydrochloride caps 10mg</i>                                                                    | 1         |                               |
| <i>fluoxetine hydrochloride caps 20mg, 40mg</i>                                                              | 2         |                               |
| <i>fluoxetine hydrochloride soln 20mg/5ml</i>                                                                | 2         |                               |
| FLUOXETINE HYDROCHLORIDE TABS 10MG, 20MG                                                                     | 2         |                               |
| <i>fluvoxamine maleate tabs 100mg, 25mg, 50mg</i>                                                            | 2         |                               |

| Drug Name                                                                  | Drug Tier | Requirements/Limits        |
|----------------------------------------------------------------------------|-----------|----------------------------|
| NEFAZODONE HYDROCHLORIDE TABS 100MG, 150MG, 200MG, 250MG, 50MG             | 2         |                            |
| <i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>                         | 2         |                            |
| <i>paroxetine hcl tabs 30mg</i>                                            | 1         |                            |
| <i>paroxetine hcl tabs 40mg</i>                                            | 2         |                            |
| PAROXETINE HYDROCHLORIDE SUSP 10MG/5ML                                     | 2         |                            |
| <i>paroxetine hydrochloride tabs 10mg</i>                                  | 1         |                            |
| <i>paroxetine hydrochloride tabs 20mg</i>                                  | 2         |                            |
| <i>paroxetine caps 7.5mg</i>                                               | 2         | QL (30 EA per 30 days)     |
| PAXIL CR TB24 12.5MG, 25MG, 37.5MG                                         | 4         | ST                         |
| PAXIL TABS 10MG, 20MG, 30MG, 40MG                                          | 4         | ST                         |
| PRISTIQ TB24 100MG                                                         | 4         | QL (120 EA per 30 days) ST |
| PRISTIQ TB24 25MG, 50MG                                                    | 4         | QL (30 EA per 30 days) ST  |
| RALDESY SOLN 10MG/ML                                                       | 3         |                            |
| <i>sertraline hcl conc 20mg/ml</i>                                         | 2         |                            |
| <i>sertraline hcl tabs 50mg</i>                                            | 1         |                            |
| <i>sertraline hydrochloride tabs 100mg, 25mg</i>                           | 1         |                            |
| <i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>                     | 2         |                            |
| TRINTELLIX TABS 10MG, 20MG, 5MG                                            | 3         | QL (30 EA per 30 days) ST  |
| VENLAFAXINE BESYLATE ER TB24 112.5MG                                       | 3         | ST                         |
| <i>venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg</i>               | 2         |                            |
| <i>venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>      | 2         |                            |
| VIIBRYD TABS 10MG, 20MG, 40MG                                              | 3         | QL (30 EA per 30 days) ST  |
| VILAZODONE HYDROCHLORIDE TABS 10MG, 20MG, 40MG                             | 2         | QL (30 EA per 30 days) ST  |
| <b>Tricyclics</b>                                                          |           |                            |
| <i>amitriptyline hydrochloride tabs 10mg, 25mg</i>                         | 1         |                            |
| <i>amitriptyline hydrochloride tabs 100mg, 150mg, 50mg, 75mg</i>           | 2         |                            |
| <i>amoxapine tabs 100mg, 150mg, 25mg, 50mg</i>                             | 2         |                            |
| <i>clomipramine hydrochloride caps 25mg, 50mg, 75mg</i>                    | 2         |                            |
| <i>desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i> | 2         |                            |
| <i>doxepin hcl caps 75mg</i>                                               | 2         |                            |
| DOXEPIN HCL CONC 10MG/ML                                                   | 1         |                            |
| <i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>           | 2         |                            |
| <i>imipramine hcl tabs 25mg, 50mg</i>                                      | 2         |                            |
| <i>imipramine hydrochloride tabs 10mg</i>                                  | 1         |                            |
| <i>imipramine pamoate caps 100mg, 125mg, 150mg, 75mg</i>                   | 2         |                            |
| NORPRAMIN TABS 10MG, 25MG                                                  | 4         | ST                         |
| <i>nortriptyline hcl caps 25mg, 75mg</i>                                   | 2         |                            |
| <i>nortriptyline hcl soln 10mg/5ml</i>                                     | 2         |                            |
| <i>nortriptyline hydrochloride caps 10mg</i>                               | 1         |                            |
| <i>nortriptyline hydrochloride caps 50mg</i>                               | 2         |                            |
| <i>protriptyline hcl tabs 10mg, 5mg</i>                                    | 2         |                            |
| <i>trimipramine maleate caps 100mg, 25mg, 50mg</i>                         | 2         |                            |

## Antiemetics

*Antiemetics, Other*

| Drug Name                                                            | Drug Tier | Requirements/Limits            |
|----------------------------------------------------------------------|-----------|--------------------------------|
| BONJESTA TBCR 20MG; 20MG                                             | 3         | QL (60 EA per 30 days)         |
| <i>compro supp 25mg</i>                                              | 2         |                                |
| DICLEGIS TBEC 10MG; 10MG                                             | 4         | QL (120 EA per 30 days)        |
| <i>doxylamine succinate/pyridoxine hydrochloride tbec 10mg; 10mg</i> | 2         | QL (120 EA per 30 days)        |
| <i>meclizine hcl tabs 12.5mg</i>                                     | 1         |                                |
| <i>meclizine hydrochloride tabs 25mg, 50mg</i>                       | 2         |                                |
| <i>prochlorperazine maleate tabs 10mg, 5mg</i>                       | 1         |                                |
| <i>prochlorperazine supp 25mg</i>                                    | 2         |                                |
| <i>promethazine hcl supp 12.5mg</i>                                  | 2         | PA                             |
| <i>promethazine hydrochloride soln 6.25mg/5ml</i>                    | 1         | PA                             |
| <i>promethazine hydrochloride supp 25mg</i>                          | 2         | PA                             |
| <i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>            | 2         | PA                             |
| PROMETHEGAN SUPP 50MG                                                | 2         | PA                             |
| <i>promethegan supp 25mg</i>                                         | 2         | PA                             |
| <i>scopolamine pt72 1mg/3days</i>                                    | 2         |                                |
| <i>trimethobenzamide hydrochloride caps 300mg</i>                    | 2         | B/D                            |
| <b>Emetogenic Therapy Adjuncts</b>                                   |           |                                |
| <i>aprepitant caps 40mg</i>                                          | 2         | QL (1 EA per 30 days) B/D      |
| <i>aprepitant caps 125mg</i>                                         | 2         | QL (2 EA per 30 days) B/D      |
| <i>aprepitant caps 80mg</i>                                          | 2         | QL (8 EA per 30 days) B/D      |
| <i>aprepitant cppk 0</i>                                             | 2         | QL (6 EA per 30 days) B/D      |
| <i>dronabinol caps 2.5mg, 5mg</i>                                    | 1         | QL (60 EA per 30 days) PA      |
| <i>dronabinol caps 10mg</i>                                          | 2         | QL (60 EA per 30 days) PA      |
| EMEND BIPACK CAPS 80MG                                               | 4         | QL (8 EA per 30 days) B/D      |
| EMEND TRIPACK CPPK 0                                                 | 4         | QL (6 EA per 30 days) B/D      |
| EMEND SUSR 125MG/5ML                                                 | 3         | QL (6 EA per 30 days) B/D      |
| <i>granisetron hydrochloride tabs 1mg</i>                            | 2         | QL (30 EA per 30 days) B/D     |
| GRANISOL SOLN 2MG/10ML                                               | 3         | QL (150 ML per 30 days) B/D    |
| MARINOL CAPS 2.5MG                                                   | 4         | PA                             |
| NEREUS CAPS 85MG                                                     | 3         | PA                             |
| <i>ondansetron hcl soln 4mg/5ml</i>                                  | 2         | QL (450 ML per 30 days) B/D    |
| <i>ondansetron hydrochloride tabs 4mg, 8mg</i>                       | 1         | B/D                            |
| <i>ondansetron odt tbdp 4mg, 8mg</i>                                 | 1         | B/D                            |
| VARUBI TBPK 90MG                                                     | 3         | QL (4 EA per 28 days) B/D      |
| <b>Antifungals</b>                                                   |           |                                |
| <b>Antifungals</b>                                                   |           |                                |
| AMBISOME INJ 50MG                                                    | 5         | B/D NDS                        |
| <i>amphotericin b liposome inj 50mg</i>                              | 5         | B/D NDS                        |
| AMPHOTERICIN B INJ 50MG                                              | 2         | B/D                            |
| ANCOBON CAPS 250MG, 500MG                                            | 5         | NDS                            |
| <i>caspofungin acetate inj 70mg</i>                                  | 2         |                                |
| <i>caspofungin acetate inj 50mg</i>                                  | 4         |                                |
| <i>clotrimazole crea 1%</i>                                          | 1         | QL (90 GM per 30 days)         |
| <i>clotrimazole soln 1%</i>                                          | 2         | QL (60 ML per 30 days)         |
| <i>clotrimazole troc 10mg</i>                                        | 2         |                                |
| CRESEMBA CAPS 74.5MG                                                 | 5         | QL (175 EA per 30 days) PA NDS |
| CRESEMBA CAPS 186MG                                                  | 5         | QL (70 EA per 30 days) PA NDS  |
| DIFLUCAN SUSR 40MG/ML                                                | 4         |                                |

| Drug Name                                                                      | Drug Tier | Requirements/Limits            |
|--------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>econazole nitrate crea 1%</i>                                               | 2         | QL (85 GM per 30 days)         |
| ERAXIS INJ 50MG                                                                | 3         |                                |
| ERAXIS INJ 100MG                                                               | 4         |                                |
| EXELDERM CREA 1%                                                               | 3         |                                |
| <i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i> | 2         |                                |
| <i>fluconazole susr 10mg/ml, 40mg/ml</i>                                       | 2         |                                |
| <i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>                              | 2         |                                |
| <i>flucytosine caps 250mg, 500mg</i>                                           | 5         | NDS                            |
| <i>griseofulvin microsize susp 125mg/5ml</i>                                   | 2         |                                |
| <i>griseofulvin microsize tabs 500mg</i>                                       | 2         |                                |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>                           | 2         |                                |
| <i>griseofulvin ultramicrosize tabs 165mg</i>                                  | 5         | NDS                            |
| GYNAZOLE-1 CREA 2%                                                             | 3         |                                |
| <i>itraconazole caps 100mg</i>                                                 | 2         | PA                             |
| <i>itraconazole soln 10mg/ml</i>                                               | 4         | PA                             |
| <i>ketoconazole crea 2%</i>                                                    | 2         | QL (90 GM per 30 days)         |
| <i>ketoconazole foam 2%</i>                                                    | 2         |                                |
| <i>ketoconazole sham 2%</i>                                                    | 2         | QL (120 ML per 30 days)        |
| <i>ketoconazole tabs 200mg</i>                                                 | 2         |                                |
| LULICONAZOLE CREA 1%                                                           | 3         |                                |
| <i>micafungin inj 100mg, 50mg</i>                                              | 2         |                                |
| MICONAZOLE 3 SUPP 200MG                                                        | 2         |                                |
| <i>naftifine hydrochloride crea 1%, 2%</i>                                     | 2         |                                |
| <i>naftifine hydrochloride gel 2%</i>                                          | 2         |                                |
| NOXAFIL PACK 300MG                                                             | 5         | QL (32 EA per 30 days) PA NDS  |
| <i>nyamyc powd 100000unit/gm</i>                                               | 2         | QL (120 GM per 30 days)        |
| <i>nystatin crea 100000unit/gm</i>                                             | 1         | QL (60 GM per 30 days)         |
| <i>nystatin oint 100000unit/gm</i>                                             | 2         | QL (60 GM per 30 days)         |
| <i>nystatin powd 100000unit/gm</i>                                             | 2         | QL (120 GM per 30 days)        |
| <i>nystatin susp 100000unit/ml</i>                                             | 1         |                                |
| <i>nystatin tabs 500000unit</i>                                                | 2         |                                |
| <i>nystop powd 100000unit/gm</i>                                               | 2         | QL (120 GM per 30 days)        |
| <i>oxiconazole nitrate crea 1%</i>                                             | 2         | QL (90 GM per 30 days)         |
| <i>posaconazole dr tbec 100mg</i>                                              | 5         | QL (93 EA per 30 days) PA NDS  |
| <i>posaconazole susp 40mg/ml</i>                                               | 5         | QL (600 ML per 30 days) PA NDS |
| <i>terbinafine hcl tabs 250mg</i>                                              | 2         | QL (84 EA per 180 days)        |
| <i>terconazole crea 0.4%, 0.8%</i>                                             | 2         |                                |
| <i>terconazole supp 80mg</i>                                                   | 2         |                                |
| VFEND IV INJ 200MG                                                             | 4         | PA                             |
| VFEND SUSR 40MG/ML                                                             | 5         | QL (600 ML per 30 days) NDS    |
| <i>voriconazole inj 200mg</i>                                                  | 4         | PA                             |
| <i>voriconazole susr 40mg/ml</i>                                               | 5         | QL (600 ML per 30 days) NDS    |
| <i>voriconazole tabs 200mg</i>                                                 | 2         | QL (120 EA per 30 days)        |
| <i>voriconazole tabs 50mg</i>                                                  | 2         | QL (480 EA per 30 days)        |
| <b>Antigout Agents</b>                                                         |           |                                |
| <i>Antigout Agents</i>                                                         |           |                                |
| <i>allopurinol tabs 100mg, 300mg</i>                                           | 1         |                                |
| <i>colchicine tabs 0.6mg</i>                                                   | 2         |                                |

| Drug Name                                                          | Drug Tier | Requirements/Limits           |
|--------------------------------------------------------------------|-----------|-------------------------------|
| <i>febuxostat tabs 40mg, 80mg</i>                                  | 2         |                               |
| <i>probenecid/colchicine tabs 0.5mg; 500mg</i>                     | 2         |                               |
| <i>probenecid tabs 500mg</i>                                       | 2         |                               |
| <b>Antimigraine Agents</b>                                         |           |                               |
| <b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b> |           |                               |
| AIMOVIG INJ 140MG/ML                                               | 3         | QL (1 ML per 28 days) PA      |
| AIMOVIG INJ 70MG/ML                                                | 3         | QL (2 ML per 28 days) PA      |
| AJOVY INJ 225MG/1.5ML                                              | 3         | QL (4.5 ML per 84 days) PA    |
| EMGALITY INJ 120MG/ML                                              | 3         | QL (2 ML per 28 days) PA      |
| EMGALITY INJ 100MG/ML                                              | 5         | QL (3 ML per 28 days) PA NDS  |
| NURTEC TBDP 75MG                                                   | 5         | QL (18 EA per 30 days) PA NDS |
| QULIPTA TABS 10MG, 30MG, 60MG                                      | 5         | QL (30 EA per 30 days) PA NDS |
| UBRELVY TABS 100MG, 50MG                                           | 5         | QL (16 EA per 30 days) PA NDS |
| <b>Ergot Alkaloids</b>                                             |           |                               |
| BREKIYA INJ 1MG/ML                                                 | 3         | QL (24 ML per 28 days) PA     |
| CAFERGOT TABS 100MG; 1MG                                           | 4         | QL (40 EA per 28 days)        |
| <i>dihydroergotamine mesylate soln 4mg/ml</i>                      | 4         | QL (8 ML per 30 days) PA      |
| ERGOMAR SUBL 2MG                                                   | 5         | NDS                           |
| ERGOTAMINE TARTRATE/CAFFEINE TABS 100MG; 1MG                       | 2         | QL (40 EA per 28 days)        |
| MIGERGOT SUPP 100MG; 2MG                                           | 5         | QL (20 EA per 28 days) NDS    |
| TRUDHESA AERS 0.725MG/ACT                                          | 5         | QL (12 ML per 28 days) PA NDS |
| <b>Prophylactic</b>                                                |           |                               |
| TIMOLOL MALEATE TABS 20MG, 5MG                                     | 2         |                               |
| <i>timolol maleate tabs 10mg</i>                                   | 2         |                               |
| <b>Serotonin (5-HT) Receptor Agonist</b>                           |           |                               |
| IMITREX STATDOSE REFILL INJ 6MG/0.5ML                              | 5         | QL (5 ML per 30 days) NDS     |
| IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML                              | 5         | QL (5 ML per 30 days) NDS     |
| IMITREX TABS 100MG, 25MG, 50MG                                     | 4         | QL (9 EA per 30 days)         |
| MAXALT-MLT TBDP 10MG                                               | 4         | QL (18 EA per 30 days)        |
| MAXALT TABS 10MG                                                   | 4         | QL (18 EA per 30 days)        |
| <i>naratriptan hcl tabs 1mg, 2.5mg</i>                             | 2         | QL (9 EA per 30 days)         |
| ONZETRA XSAIL EXHP 11MG/NOSEPC                                     | 4         | QL (16 EA per 30 days)        |
| <i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>                     | 2         | QL (18 EA per 30 days)        |
| <i>rizatriptan benzoate tabs 10mg, 5mg</i>                         | 2         | QL (18 EA per 30 days)        |
| <i>sumatriptan succinate inj 6mg/0.5ml</i>                         | 2         | QL (5 ML per 30 days)         |
| <i>sumatriptan succinate tabs 25mg, 50mg</i>                       | 1         | QL (9 EA per 30 days)         |
| <i>sumatriptan succinate tabs 100mg</i>                            | 2         | QL (9 EA per 30 days)         |
| <i>sumatriptan/naproxen sodium tabs 500mg; 85mg</i>                | 2         | QL (9 EA per 30 days)         |
| <i>sumatriptan soln 20mg/act, 5mg/act</i>                          | 2         | QL (12 EA per 30 days)        |
| SYMBRAVO TABS 20MG; 10MG                                           | 3         | QL (9 EA per 30 days) ST      |
| TREXIMET TABS 500MG; 85MG                                          | 5         | QL (9 EA per 30 days) NDS     |
| <i>zolmitriptan odt tbdp 2.5mg</i>                                 | 2         | QL (12 EA per 30 days)        |
| <i>zolmitriptan odt tbdp 5mg</i>                                   | 2         | QL (9 EA per 30 days)         |
| ZOLMITRIPTAN SOLN 2.5MG                                            | 3         | QL (18 EA per 30 days)        |
| <i>zolmitriptan soln 5mg</i>                                       | 2         | QL (12 EA per 30 days)        |
| <i>zolmitriptan tabs 2.5mg, 5mg</i>                                | 2         | QL (12 EA per 30 days)        |
| ZOMIG SOLN 2.5MG                                                   | 3         | QL (18 EA per 30 days)        |
| <b>Antimyasthenic Agents</b>                                       |           |                               |

| Drug Name                                                   | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------|-----------|-------------------------------|
| <b>Parasympathomimetics</b>                                 |           |                               |
| <i>pyridostigmine bromide soln 60mg/5ml</i>                 | 2         |                               |
| PYRIDOSTIGMINE BROMIDE TABS 30MG                            | 2         |                               |
| <i>pyridostigmine bromide tabs 60mg</i>                     | 2         |                               |
| <b>Antimycobacterials</b>                                   |           |                               |
| <b>Antimycobacterials, Other</b>                            |           |                               |
| <i>dapsone tabs 100mg, 25mg</i>                             | 2         |                               |
| EMROSI CP24 40MG                                            | 5         | NDS                           |
| PRETOMANID TABS 200MG                                       | 3         |                               |
| <i>rifabutin caps 150mg</i>                                 | 2         |                               |
| ZILXI FOAM 1.5%                                             | 3         |                               |
| <b>Antituberculars</b>                                      |           |                               |
| CYCLOSERINE CAPS 250MG                                      | 5         | NDS                           |
| <i>ethambutol hydrochloride tabs 100mg, 400mg</i>           | 2         |                               |
| <i>isoniazid syrp 50mg/5ml</i>                              | 2         |                               |
| <i>isoniazid tabs 100mg, 300mg</i>                          | 1         |                               |
| PRIFTIN TABS 150MG                                          | 3         |                               |
| <i>pyrazinamide tabs 500mg</i>                              | 2         |                               |
| <i>rifampin caps 150mg, 300mg</i>                           | 2         |                               |
| <i>rifampin inj 600mg</i>                                   | 2         |                               |
| SIRTURO TABS 100MG, 20MG                                    | 5         | NDS                           |
| <b>Antineoplastics</b>                                      |           |                               |
| <b>Alkylating Agents</b>                                    |           |                               |
| <i>cyclophosphamide caps 25mg, 50mg</i>                     | 2         | B/D                           |
| CYCLOPHOSPHAMIDE TABS 50MG                                  | 3         | B/D                           |
| LEUKERAN TABS 2MG                                           | 5         | NDS                           |
| <i>lomustine caps 10mg, 40mg</i>                            | 2         |                               |
| <i>lomustine caps 100mg</i>                                 | 5         | NDS                           |
| MATULANE CAPS 50MG                                          | 5         | NDS                           |
| VALCHLOR GEL 0.016%                                         | 5         | QL (60 GM per 30 days) PA NDS |
| <b>Antiandrogens</b>                                        |           |                               |
| <i>abiraterone acetate tabs 250mg</i>                       | 2         | PA                            |
| <i>abiraterone acetate tabs 500mg</i>                       | 5         | PA NDS                        |
| <i>abirtega tabs 250mg</i>                                  | 2         | PA                            |
| <i>bicalutamide tabs 50mg</i>                               | 2         |                               |
| CASODEX TABS 50MG                                           | 5         | NDS                           |
| ERLEADA TABS 240MG, 60MG                                    | 5         | PA NDS                        |
| EULEXIN CAPS 125MG                                          | 3         |                               |
| NILUTAMIDE TABS 150MG                                       | 5         | NDS                           |
| NUBEQA TABS 300MG                                           | 5         | PA NDS                        |
| XTANDI CAPS 40MG                                            | 5         | PA NDS                        |
| XTANDI TABS 40MG, 80MG                                      | 5         | PA NDS                        |
| YONSA TABS 125MG                                            | 5         | PA NDS                        |
| <b>Antiangiogenic Agents</b>                                |           |                               |
| <i>lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i> | 5         | QL (30 EA per 30 days) PA NDS |
| <i>pomalidomide caps 1mg, 2mg, 3mg, 4mg</i>                 | 5         | QL (30 EA per 30 days) PA NDS |
| POMALYST CAPS 1MG, 2MG, 3MG, 4MG                            | 5         | QL (30 EA per 30 days) PA NDS |
| REVLIMID CAPS 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG            | 5         | QL (30 EA per 30 days) PA NDS |

| Drug Name                                            | Drug Tier | Requirements/Limits            |
|------------------------------------------------------|-----------|--------------------------------|
| THALOMID CAPS 50MG                                   | 5         | PA NDS                         |
| THALOMID CAPS 100MG                                  | 5         | QL (112 EA per 28 days) PA NDS |
| <b>Antiestrogens/Modifiers</b>                       |           |                                |
| INLURIYO TABS 200MG                                  | 5         | PA NDS                         |
| ORSERDU TABS 345MG                                   | 5         | QL (30 EA per 30 days) PA NDS  |
| ORSERDU TABS 86MG                                    | 5         | QL (90 EA per 30 days) PA NDS  |
| SOLTAMOX SOLN 10MG/5ML                               | 5         | NDS                            |
| <i>tamoxifen citrate tabs 10mg, 20mg</i>             | 2         |                                |
| <i>toremifene citrate tabs 60mg</i>                  | 4         |                                |
| <b>Antimetabolites</b>                               |           |                                |
| DROXIA CAPS 200MG, 300MG, 400MG                      | 3         |                                |
| HYDREA CAPS 500MG                                    | 4         |                                |
| <i>hydroxyurea caps 500mg</i>                        | 2         |                                |
| <i>mercaptopurine susp 2000mg/100ml</i>              | 5         | NDS                            |
| <i>mercaptopurine tabs 50mg</i>                      | 2         |                                |
| PURIXAN SUSP 2000MG/100ML                            | 5         | NDS                            |
| TABLOID TABS 40MG                                    | 5         | NDS                            |
| XROMI SOLN 100MG/ML                                  | 4         | PA                             |
| <b>Antineoplastics, Other</b>                        |           |                                |
| AKEEGA TABS 500MG; 100MG, 500MG; 50MG                | 5         | PA NDS                         |
| IBRANCE TABS 100MG, 125MG, 75MG                      | 5         | PA NDS                         |
| INREBIC CAPS 100MG                                   | 5         | PA NDS                         |
| ITOVEBI TABS 9MG                                     | 5         | PA                             |
| ITOVEBI TABS 3MG                                     | 5         | QL (60 EA per 30 days) PA NDS  |
| IWILFIN TABS 192MG                                   | 5         | PA NDS                         |
| KOMZIFTI CAPS 200MG                                  | 5         | PA NDS                         |
| LAZCLUZE TABS 240MG                                  | 5         | PA NDS                         |
| LAZCLUZE TABS 80MG                                   | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i> | 2         |                                |
| LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG              | 5         | PA NDS                         |
| LYSODREN TABS 500MG                                  | 5         | NDS                            |
| MODEYSO CAPS 125MG                                   | 5         | PA NDS                         |
| OGSIVEO TABS 100MG                                   | 5         | PA NDS                         |
| OGSIVEO TABS 150MG                                   | 5         | QL (60 EA per 30 days) PA NDS  |
| OJEMDA SUSR 25MG/ML                                  | 5         | PA NDS                         |
| OJEMDA TABS 100MG                                    | 5         | PA NDS                         |
| ONUREG TABS 200MG, 300MG                             | 5         | PA NDS                         |
| REVUFORJ TABS 110MG, 160MG, 25MG                     | 5         | PA NDS                         |
| VONJO CAPS 100MG                                     | 5         | PA NDS                         |
| ZOLINZA CAPS 100MG                                   | 5         | PA NDS                         |
| <b>Aromatase Inhibitors, 3rd Generation</b>          |           |                                |
| <i>anastrozole tabs 1mg</i>                          | 2         |                                |
| AROMASIN TABS 25MG                                   | 5         | NDS                            |
| <i>exemestane tabs 25mg</i>                          | 2         |                                |
| <i>letrozole tabs 2.5mg</i>                          | 2         |                                |
| <b>Enzyme Inhibitors</b>                             |           |                                |
| AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG           | 5         | PA NDS                         |
| <b>Molecular Target Inhibitors</b>                   |           |                                |
| ALECENSA CAPS 150MG                                  | 5         | PA NDS                         |

| Drug Name                                              | Drug Tier | Requirements/Limits            |
|--------------------------------------------------------|-----------|--------------------------------|
| ALUNBRIG TABS 30MG                                     | 5         | QL (120 EA per 30 days) PA NDS |
| ALUNBRIG TABS 180MG, 90MG                              | 5         | QL (30 EA per 30 days) PA NDS  |
| ALUNBRIG TBPB 0                                        | 5         | QL (60 EA per 365 days) PA NDS |
| AUGTYRO CAPS 160MG, 40MG                               | 5         | PA NDS                         |
| AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG           | 5         | QL (30 EA per 30 days) PA NDS  |
| BALVERSA TABS 3MG, 4MG, 5MG                            | 5         | PA NDS                         |
| BOSULIF CAPS 100MG, 50MG                               | 5         | PA NDS                         |
| BOSULIF TABS 100MG, 400MG, 500MG                       | 5         | PA NDS                         |
| <i>bosutinib tabs 400mg</i>                            | 5         | PA NDS                         |
| BRAFTOVI CAPS 75MG                                     | 5         | PA NDS                         |
| BRUKINSA TABS 160MG                                    | 5         | PA NDS                         |
| CABOMETYX TABS 20MG, 60MG                              | 5         | QL (30 EA per 30 days) PA NDS  |
| CABOMETYX TABS 40MG                                    | 5         | QL (60 EA per 30 days) PA NDS  |
| CALQUENCE TABS 100MG                                   | 5         | PA NDS                         |
| CAPRELSA TABS 300MG                                    | 5         | QL (30 EA per 30 days) PA NDS  |
| CAPRELSA TABS 100MG                                    | 5         | QL (60 EA per 30 days) PA NDS  |
| COMETRIQ KIT 0, 20MG                                   | 5         | PA NDS                         |
| COPIKTRA CAPS 15MG, 25MG                               | 5         | PA NDS                         |
| COTELLIC TABS 20MG                                     | 5         | PA NDS                         |
| DANZITEN TABS 71MG, 95MG                               | 5         | PA NDS                         |
| <i>dasatinib tabs 100mg, 140mg, 70mg</i>               | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>dasatinib tabs 80mg</i>                             | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>dasatinib tabs 20mg, 50mg</i>                       | 5         | QL (90 EA per 30 days) PA NDS  |
| DAURISMO TABS 100MG, 25MG                              | 5         | PA NDS                         |
| ENSACOVE CAPS 100MG, 25MG                              | 5         | PA NDS                         |
| ERIVEDGE CAPS 150MG                                    | 5         | PA NDS                         |
| <i>erlotinib hydrochloride tabs 100mg, 150mg, 25mg</i> | 5         | PA NDS                         |
| <i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>         | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>everolimus tbso 2mg, 3mg, 5mg</i>                   | 5         | PA NDS                         |
| FOTIVDA CAPS 0.89MG, 1.34MG                            | 5         | PA NDS                         |
| FRUZAQLA CAPS 5MG                                      | 5         | QL (21 EA per 28 days) PA NDS  |
| FRUZAQLA CAPS 1MG                                      | 5         | QL (84 EA per 28 days) PA NDS  |
| GAVRETO CAPS 100MG                                     | 5         | PA NDS                         |
| <i>gefitinib tabs 250mg</i>                            | 5         | PA NDS                         |
| GILOTRIF TABS 20MG, 30MG, 40MG                         | 5         | QL (30 EA per 30 days) PA NDS  |
| GOMEKLI CAPS 1MG, 2MG                                  | 5         | PA NDS                         |
| GOMEKLI TBSO 1MG                                       | 5         | PA NDS                         |
| HERNEXEOS TABS 60MG                                    | 5         | PA NDS                         |
| HYRNUO TABS 10MG                                       | 5         | PA NDS                         |
| IBRANCE CAPS 125MG                                     | 5         | PA NDS                         |
| IBTROZI CAPS 200MG                                     | 5         | PA NDS                         |
| ICLUSIG TABS 10MG, 15MG, 30MG, 45MG                    | 5         | QL (30 EA per 30 days) PA NDS  |
| IDHIFA TABS 100MG, 50MG                                | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>imatinib mesylate tabs 100mg, 400mg</i>             | 2         | PA NDS                         |
| IMBRUVICA CAPS 140MG                                   | 5         | QL (120 EA per 30 days) PA NDS |
| IMBRUVICA CAPS 70MG                                    | 5         | QL (28 EA per 28 days) PA NDS  |
| IMBRUVICA SUSP 70MG/ML                                 | 5         | QL (240 ML per 30 days) PA NDS |
| IMBRUVICA TABS 140MG, 280MG, 420MG                     | 5         | QL (28 EA per 28 days) PA NDS  |
| IMKELDI SOLN 80MG/ML                                   | 5         | PA NDS                         |

| Drug Name                                    | Drug Tier | Requirements/Limits            |
|----------------------------------------------|-----------|--------------------------------|
| INLYTA TABS 5MG                              | 5         | QL (120 EA per 30 days) PA NDS |
| INLYTA TABS 1MG                              | 5         | QL (180 EA per 30 days) PA NDS |
| INQOVI TABS 100MG; 35MG                      | 5         | PA NDS                         |
| IRESSA TABS 250MG                            | 5         | PA NDS                         |
| JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG  | 5         | QL (30 EA per 30 days) PA NDS  |
| JAKAFI TABS 10MG, 15MG, 20MG, 25MG, 5MG      | 5         | QL (60 EA per 30 days) PA NDS  |
| JAYPIRCA TABS 50MG                           | 5         | QL (30 EA per 30 days) PA NDS  |
| JAYPIRCA TABS 100MG                          | 5         | QL (90 EA per 30 days) PA NDS  |
| KISQALI TBPK 200MG                           | 5         | QL (21 EA per 21 days) PA NDS  |
| KISQALI TBPK 200MG                           | 5         | QL (42 EA per 21 days) PA NDS  |
| KISQALI TBPK 200MG                           | 5         | QL (63 EA per 21 days) PA NDS  |
| KOSELUGO CAPS 10MG, 25MG                     | 5         | PA NDS                         |
| KOSELUGO CPSP 5MG, 7.5MG                     | 5         | PA NDS                         |
| KRAZATI TABS 200MG                           | 5         | PA NDS                         |
| <i>lapatinib ditosylate tabs 250mg</i>       | 5         | PA NDS                         |
| LENVIMA 10 MG DAILY DOSE CPPK 10MG           | 5         | PA NDS                         |
| LENVIMA 12MG DAILY DOSE CPPK 4MG             | 5         | PA NDS                         |
| LENVIMA 14 MG DAILY DOSE CPPK 0              | 5         | PA NDS                         |
| LENVIMA 18 MG DAILY DOSE CPPK 0              | 5         | PA NDS                         |
| LENVIMA 20 MG DAILY DOSE CPPK 10MG           | 5         | PA NDS                         |
| LENVIMA 24 MG DAILY DOSE CPPK 0              | 5         | PA NDS                         |
| LENVIMA 4 MG DAILY DOSE CPPK 4MG             | 5         | PA NDS                         |
| LENVIMA 8 MG DAILY DOSE CPPK 4MG             | 5         | PA NDS                         |
| LIFYORLI CPPK 0                              | 5         | PA NDS                         |
| LORBRENA TABS 100MG                          | 5         | QL (30 EA per 30 days) PA NDS  |
| LORBRENA TABS 25MG                           | 5         | QL (90 EA per 30 days) PA NDS  |
| LUMAKRAS TABS 120MG, 240MG, 320MG            | 5         | PA NDS                         |
| LYNPARZA TABS 100MG, 150MG                   | 5         | QL (120 EA per 30 days) PA NDS |
| LYTGOBI TBPK 4MG                             | 5         | PA NDS                         |
| MEKINIST SOLR 0.05MG/ML                      | 5         | PA NDS                         |
| MEKINIST TABS 2MG                            | 5         | QL (30 EA per 30 days) PA NDS  |
| MEKINIST TABS 0.5MG                          | 5         | QL (90 EA per 30 days) PA NDS  |
| MEKTOVI TABS 15MG                            | 5         | PA NDS                         |
| NERLYNX TABS 40MG                            | 5         | QL (180 EA per 30 days) PA NDS |
| NEXAVAR TABS 200MG                           | 5         | PA NDS                         |
| NILOTINIB D-TARTRATE CAPS 150MG, 200MG, 50MG | 5         | PA NDS                         |
| <i>nilotinib hydrochloride caps 200mg</i>    | 5         | QL (112 EA per 28 days) PA NDS |
| <i>nilotinib hydrochloride caps 150mg</i>    | 5         | QL (140 EA per 28 days) PA NDS |
| <i>nilotinib hydrochloride caps 50mg</i>     | 5         | QL (420 EA per 30 days) PA NDS |
| NINLARO CAPS 2.3MG, 3MG, 4MG                 | 5         | PA NDS                         |
| ODOMZO CAPS 200MG                            | 5         | PA NDS                         |
| OJJAARA TABS 100MG, 150MG, 200MG             | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>pazopanib hydrochloride tabs 200mg</i>    | 5         | PA NDS                         |
| PEMAZYRE TABS 13.5MG, 4.5MG, 9MG             | 5         | QL (30 EA per 30 days) PA NDS  |
| PHYRAGO TABS 100MG, 140MG, 70MG              | 5         | QL (30 EA per 30 days) PA NDS  |
| PHYRAGO TABS 80MG                            | 5         | QL (60 EA per 30 days) PA NDS  |
| PHYRAGO TABS 20MG, 50MG                      | 5         | QL (90 EA per 30 days) PA NDS  |
| PIQRAY 200MG DAILY DOSE TBPK 200MG           | 5         | PA NDS                         |
| PIQRAY 250MG DAILY DOSE TBPK 0               | 5         | PA NDS                         |

| Drug Name                                       | Drug Tier | Requirements/Limits            |
|-------------------------------------------------|-----------|--------------------------------|
| PIQRAY 300MG DAILY DOSE TBPK 150MG              | 5         | PA NDS                         |
| QINLOCK TABS 50MG                               | 5         | PA NDS                         |
| RETEVMO TABS 80MG                               | 5         | QL (60 EA per 30 days) PA      |
| RETEVMO TABS 120MG, 160MG                       | 5         | QL (60 EA per 30 days) PA NDS  |
| RETEVMO TABS 40MG                               | 5         | QL (90 EA per 30 days) PA NDS  |
| REZLIDHIA CAPS 150MG                            | 5         | PA NDS                         |
| ROMVIMZA CAPS 14MG, 20MG, 30MG                  | 5         | PA NDS                         |
| ROZLYTREK CAPS 100MG                            | 5         | QL (150 EA per 30 days) PA NDS |
| ROZLYTREK CAPS 200MG                            | 5         | QL (90 EA per 30 days) PA NDS  |
| ROZLYTREK PACK 50MG                             | 5         | PA NDS                         |
| RUBRACA TABS 250MG, 300MG                       | 5         | PA NDS                         |
| RUBRACA TABS 200MG                              | 5         | QL (120 EA per 30 days) PA NDS |
| RYDAPT CAPS 25MG                                | 5         | PA NDS                         |
| SCEMBLIX TABS 100MG                             | 5         | QL (120 EA per 30 days) PA NDS |
| SCEMBLIX TABS 40MG                              | 5         | QL (240 EA per 30 days) PA NDS |
| SCEMBLIX TABS 20MG                              | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>sorafenib tosylate tabs 200mg</i>            | 5         | PA NDS                         |
| SPRYCEL TABS 100MG, 140MG, 70MG                 | 5         | QL (30 EA per 30 days) PA NDS  |
| SPRYCEL TABS 80MG                               | 5         | QL (60 EA per 30 days) PA NDS  |
| SPRYCEL TABS 20MG, 50MG                         | 5         | QL (90 EA per 30 days) PA NDS  |
| STIVARGA TABS 40MG                              | 5         | PA NDS                         |
| <i>sunitinib malate caps 12.5mg, 25mg, 50mg</i> | 5         | QL (28 EA per 28 days) PA NDS  |
| <i>sunitinib malate caps 37.5mg</i>             | 5         | QL (56 EA per 28 days) PA NDS  |
| TABRECTA TABS 150MG, 200MG                      | 5         | QL (120 EA per 30 days) PA NDS |
| TAFINLAR CAPS 50MG, 75MG                        | 5         | PA NDS                         |
| TAFINLAR TBSO 10MG                              | 5         | PA NDS                         |
| TAGRISO TABS 80MG                               | 5         | PA NDS                         |
| TAGRISO TABS 40MG                               | 5         | QL (30 EA per 30 days) PA NDS  |
| TALZENNA CAPS 0.1MG, 1MG                        | 5         | PA NDS                         |
| TALZENNA CAPS 0.35MG, 0.5MG, 0.75MG             | 5         | QL (30 EA per 30 days) PA NDS  |
| TALZENNA CAPS 0.25MG                            | 5         | QL (90 EA per 30 days) PA NDS  |
| TASIGNA CAPS 200MG                              | 5         | QL (112 EA per 28 days) PA NDS |
| TASIGNA CAPS 150MG                              | 5         | QL (140 EA per 28 days) PA NDS |
| TASIGNA CAPS 50MG                               | 5         | QL (420 EA per 30 days) PA NDS |
| TEPMETKO TABS 225MG                             | 5         | PA NDS                         |
| TIBSOVO TABS 250MG                              | 5         | PA NDS                         |
| <i>torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg</i>     | 5         | QL (30 EA per 30 days) PA NDS  |
| TRUQAP TABS 200MG                               | 5         | PA NDS                         |
| TRUQAP TBPK 160MG                               | 5         | PA NDS                         |
| TUKYSA TABS 150MG, 50MG                         | 5         | PA NDS                         |
| TURALIO CAPS 125MG                              | 5         | PA NDS                         |
| VANFLYTA TABS 17.7MG, 26.5MG                    | 5         | PA NDS                         |
| VENCLEXTA STARTING PACK TBPK 0                  | 5         | QL (84 EA per 365 days) PA NDS |
| VENCLEXTA TABS 10MG                             | 3         | PA                             |
| VENCLEXTA TABS 100MG, 50MG                      | 5         | PA NDS                         |
| VERZENIO TABS 100MG, 150MG, 200MG, 50MG         | 5         | QL (56 EA per 28 days) PA NDS  |
| VIJOICE PACK 50MG                               | 5         | QL (28 EA per 28 days) PA NDS  |
| VIJOICE TBPK 125MG, 50MG                        | 5         | QL (28 EA per 28 days) PA NDS  |
| VIJOICE TBPK 0                                  | 5         | QL (56 EA per 28 days) PA NDS  |

| Drug Name                                                   | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------|-----------|--------------------------------|
| VITRAKVI CAPS 100MG                                         | 5         | QL (120 EA per 30 days) PA NDS |
| VITRAKVI CAPS 25MG                                          | 5         | QL (180 EA per 30 days) PA NDS |
| VITRAKVI SOLN 20MG/ML                                       | 5         | QL (600 ML per 30 days) PA NDS |
| VOTRIENT TABS 200MG                                         | 5         | PA NDS                         |
| XALKORI CAPS 200MG, 250MG                                   | 5         | PA NDS                         |
| XALKORI CPSP 150MG, 20MG, 50MG                              | 5         | PA NDS                         |
| XOSPATA TABS 40MG                                           | 5         | PA NDS                         |
| XPOVIO 60 MG TWICE WEEKLY TBPk 20MG                         | 5         | PA NDS                         |
| XPOVIO 80 MG TWICE WEEKLY TBPk 20MG                         | 5         | PA NDS                         |
| XPOVIO TBPk 10MG, 40MG, 50MG, 60MG, 80MG                    | 5         | PA NDS                         |
| ZEJULA TABS 100MG, 200MG, 300MG                             | 5         | QL (30 EA per 30 days) PA NDS  |
| ZELBORAF TABS 240MG                                         | 5         | PA NDS                         |
| ZYKADIA TABS 150MG                                          | 5         | PA NDS                         |
| <b>Retinoids</b>                                            |           |                                |
| <i>bexarotene caps 75mg</i>                                 | 5         | PA NDS                         |
| <i>bexarotene gel 1%</i>                                    | 5         | QL (60 GM per 30 days) PA NDS  |
| PANRETIN GEL 0.1%                                           | 5         | QL (120 GM per 30 days) NDS    |
| <i>tretinoin caps 10mg</i>                                  | 5         | NDS                            |
| <b>Treatment Adjuncts</b>                                   |           |                                |
| <i>mesna tabs 400mg</i>                                     | 4         |                                |
| MESNEX TABS 400MG                                           | 4         |                                |
| VORANIGO TABS 40MG                                          | 5         | QL (30 EA per 30 days) PA NDS  |
| VORANIGO TABS 10MG                                          | 5         | QL (60 EA per 30 days) PA NDS  |
| <b>Antiparasitics</b>                                       |           |                                |
| <b>Anthelmintics</b>                                        |           |                                |
| <i>albendazole tabs 200mg</i>                               | 2         |                                |
| EMVERM CHEW 100MG                                           | 5         | NDS                            |
| <i>ivermectin tabs 3mg, 6mg</i>                             | 2         | PA                             |
| <i>praziquantel tabs 600mg</i>                              | 2         |                                |
| STROMECTOL TABS 3MG                                         | 4         | PA                             |
| <b>Antiprotozoals</b>                                       |           |                                |
| <i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>           | 2         |                                |
| <i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i> | 2         |                                |
| <i>atovaquone susp 750mg/5ml</i>                            | 2         | QL (300 ML per 30 days)        |
| BENZNIDAZOLE TABS 100MG, 12.5MG                             | 3         |                                |
| CHLOROQUINE PHOSPHATE TABS 250MG                            | 2         |                                |
| <i>chloroquine phosphate tabs 500mg</i>                     | 2         |                                |
| COARTEM TABS 20MG; 120MG                                    | 3         |                                |
| DARAPRIM TABS 25MG                                          | 5         | PA NDS                         |
| HYDROXYCHLOROQUINE SULFATE TABS 100MG, 300MG, 400MG         | 2         |                                |
| <i>hydroxychloroquine sulfate tabs 200mg</i>                | 2         |                                |
| KRINTAFEL TABS 150MG                                        | 3         |                                |
| LAMPIT TABS 120MG, 30MG                                     | 3         |                                |
| MALARONE TABS 250MG; 100MG, 62.5MG; 25MG                    | 4         |                                |
| <i>mefloquine hydrochloride tabs 250mg</i>                  | 2         |                                |
| MEPRON SUSP 750MG/5ML                                       | 5         | QL (300 ML per 30 days) NDS    |
| NEBUPENT SOLR 300MG                                         | 4         | B/D                            |
| <i>nitazoxanide tabs 500mg</i>                              | 5         | QL (60 EA per 30 days) NDS     |

| Drug Name                                                                                                                                                         | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| PENTAM 300 INJ 300MG                                                                                                                                              | 4         |                               |
| pentamidine isethionate inj 300mg                                                                                                                                 | 2         |                               |
| pentamidine isethionate inhalation solr 300mg                                                                                                                     | 2         | B/D                           |
| primaquine phosphate tabs 26.3mg                                                                                                                                  | 2         |                               |
| pyrimethamine tabs 25mg                                                                                                                                           | 5         | PA NDS                        |
| quinine sulfate caps 324mg                                                                                                                                        | 2         | PA                            |
| SOVUNA TABS 300MG                                                                                                                                                 | 3         |                               |
| <b>Antiparkinson Agents</b>                                                                                                                                       |           |                               |
| <b>Anticholinergics</b>                                                                                                                                           |           |                               |
| benztropine mesylate tabs 1mg                                                                                                                                     | 1         |                               |
| benztropine mesylate tabs 0.5mg, 2mg                                                                                                                              | 2         |                               |
| trihexyphenidyl hydrochloride soln 0.4mg/ml                                                                                                                       | 2         |                               |
| trihexyphenidyl hydrochloride tabs 2mg                                                                                                                            | 1         |                               |
| trihexyphenidyl hydrochloride tabs 5mg                                                                                                                            | 2         |                               |
| <b>Antiparkinson Agents, Other</b>                                                                                                                                |           |                               |
| carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg | 2         |                               |
| entacapone tabs 200mg                                                                                                                                             | 2         |                               |
| GOCOVRI CP24 68.5MG                                                                                                                                               | 5         | QL (30 EA per 30 days) PA NDS |
| GOCOVRI CP24 137MG                                                                                                                                                | 5         | QL (60 EA per 30 days) PA NDS |
| NOURIANZ TABS 20MG, 40MG                                                                                                                                          | 5         | PA NDS                        |
| ONGENTYS CAPS 50MG                                                                                                                                                | 3         | QL (30 EA per 30 days) ST     |
| ONGENTYS CAPS 25MG                                                                                                                                                | 4         | QL (30 EA per 30 days) ST     |
| TASMAR TABS 100MG                                                                                                                                                 | 5         | QL (180 EA per 30 days) NDS   |
| tolcapone tabs 100mg                                                                                                                                              | 5         | QL (180 EA per 30 days) NDS   |
| <b>Dopamine Agonists</b>                                                                                                                                          |           |                               |
| apomorphine hydrochloride inj 30mg/3ml                                                                                                                            | 5         | QL (90 ML per 30 days) PA NDS |
| bromocriptine mesylate caps 5mg                                                                                                                                   | 2         |                               |
| bromocriptine mesylate tabs 2.5mg                                                                                                                                 | 2         |                               |
| NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR                                                                                            | 3         |                               |
| PARLODEL CAPS 5MG                                                                                                                                                 | 4         |                               |
| PARLODEL TABS 2.5MG                                                                                                                                               | 4         |                               |
| pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg                                                                                       | 2         |                               |
| ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg                                                                                                                       | 2         |                               |
| ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg                                                                                                                     | 2         |                               |
| ropinirole hydrochloride tabs 0.25mg, 3mg                                                                                                                         | 2         |                               |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>                                                                                           |           |                               |
| CARBIDOPA/LEVODOPA ER CPCR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG                                                                          | 3         |                               |
| carbidopa/levodopa er tbc 25mg; 100mg, 50mg; 200mg                                                                                                                | 2         |                               |
| carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg                                                                                                 | 2         |                               |
| carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg                                                                                                     | 2         |                               |

| Drug Name                                                                | Drug Tier | Requirements/Limits           |
|--------------------------------------------------------------------------|-----------|-------------------------------|
| <i>carbidopa tabs 25mg</i>                                               | 2         |                               |
| DUOPA SUSP 4.63MG/ML; 20MG/ML                                            | 5         | PA NDS                        |
| INBRIJA CAPS 42MG                                                        | 5         | PA NDS                        |
| RYTARY CPR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG | 3         |                               |
| SINEMET TABS 25MG; 100MG                                                 | 3         |                               |
| SINEMET TABS 10MG; 100MG                                                 | 4         |                               |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                            |           |                               |
| <i>rasagiline mesylate tabs 0.5mg, 1mg</i>                               | 2         |                               |
| <i>selegiline hcl caps 5mg</i>                                           | 2         |                               |
| <i>selegiline hcl tabs 5mg</i>                                           | 2         |                               |
| <b>Antipsychotics</b>                                                    |           |                               |
| <b>1st Generation/Typical</b>                                            |           |                               |
| <i>chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml</i>               | 2         |                               |
| <i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>  | 2         |                               |
| <i>fluphenazine decanoate inj 25mg/ml</i>                                | 2         |                               |
| FLUPHENAZINE HCL CONC 5MG/ML                                             | 2         |                               |
| FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML                                | 2         |                               |
| FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML                                  | 2         |                               |
| <i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>             | 2         |                               |
| <i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>                       | 2         |                               |
| <i>haloperidol lactate inj 5mg/ml</i>                                    | 2         |                               |
| <i>haloperidol conc 2mg/ml</i>                                           | 2         |                               |
| <i>haloperidol tabs 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>                 | 2         |                               |
| <i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>                               | 2         |                               |
| <i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>                      | 2         |                               |
| <i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>                             | 2         |                               |
| <i>pimozide tabs 1mg, 2mg</i>                                            | 2         |                               |
| <i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>           | 2         |                               |
| <i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>                              | 2         |                               |
| <i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>                           | 2         |                               |
| <i>trifluoperazine hydrochloride tabs 1mg</i>                            | 2         |                               |
| <b>2nd Generation/Atypical</b>                                           |           |                               |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML                                        | 5         | QL (2.4 ML per 56 days) NDS   |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML                                        | 5         | QL (3.2 ML per 56 days) NDS   |
| ABILIFY MAINTENA INJ 300MG, 400MG                                        | 5         | QL (1 EA per 30 days) NDS     |
| <i>aripiprazole odt tbdp 10mg</i>                                        | 2         | QL (60 EA per 30 days)        |
| <i>aripiprazole odt tbdp 15mg</i>                                        | 4         | QL (60 EA per 30 days)        |
| <i>aripiprazole soln 1mg/ml</i>                                          | 2         | QL (750 ML per 30 days)       |
| <i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>                | 2         | QL (30 EA per 30 days)        |
| ARISTADA INITIO INJ 675MG/2.4ML                                          | 5         | NDS                           |
| ARISTADA INJ 441MG/1.6ML                                                 | 5         | QL (1.6 ML per 30 days) NDS   |
| ARISTADA INJ 662MG/2.4ML                                                 | 5         | QL (2.4 ML per 30 days) NDS   |
| ARISTADA INJ 882MG/3.2ML                                                 | 5         | QL (3.2 ML per 30 days) NDS   |
| ARISTADA INJ 1064MG/3.9ML                                                | 5         | QL (3.9 ML per 60 days) NDS   |
| <i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>                        | 2         | QL (60 EA per 30 days)        |
| CAPLYTA CAPS 10.5MG, 21MG, 42MG                                          | 5         | QL (30 EA per 30 days) PA NDS |
| FANAPT TITRATION PACK A TABS 0                                           | 3         | QL (16 EA per 365 days) ST    |

| Drug Name                                                    | Drug Tier | Requirements/Limits             |
|--------------------------------------------------------------|-----------|---------------------------------|
| FANAPT TITRATION PACK B TABS 0                               | 3         | QL (24 EA per 365 days) ST      |
| FANAPT TITRATION PACK C TABS 0                               | 3         | QL (16 EA per 365 days) ST      |
| FANAPT TABS 2MG                                              | 3         | QL (60 EA per 30 days) ST       |
| FANAPT TABS 10MG, 12MG, 1MG, 4MG, 6MG, 8MG                   | 5         | QL (60 EA per 30 days) ST NDS   |
| GEODON INJ 20MG                                              | 4         | QL (60 EA per 30 days)          |
| INVEGA HAFYERA INJ 1560MG/5ML                                | 5         | QL (5 ML per 180 days) ST NDS   |
| INVEGA HAFYERA INJ 1092MG/3.5ML                              | 5         | ST NDS                          |
| INVEGA SUSTENNA INJ 39MG/0.25ML                              | 3         | QL (0.25 ML per 30 days)        |
| INVEGA SUSTENNA INJ 78MG/0.5ML                               | 5         | QL (0.5 ML per 30 days) NDS     |
| INVEGA SUSTENNA INJ 117MG/0.75ML                             | 5         | QL (0.75 ML per 30 days) NDS    |
| INVEGA SUSTENNA INJ 156MG/ML                                 | 5         | QL (1 ML per 30 days) NDS       |
| INVEGA SUSTENNA INJ 234MG/1.5ML                              | 5         | QL (1.5 ML per 30 days) NDS     |
| INVEGA TRINZA INJ 273MG/0.88ML                               | 5         | QL (0.88 ML per 84 days) ST NDS |
| INVEGA TRINZA INJ 410MG/1.32ML                               | 5         | QL (1.32 ML per 84 days) ST NDS |
| INVEGA TRINZA INJ 546MG/1.75ML                               | 5         | QL (1.75 ML per 84 days) ST NDS |
| INVEGA TRINZA INJ 819MG/2.63ML                               | 5         | QL (2.63 ML per 84 days) ST NDS |
| INVEGA TB24 3MG, 9MG                                         | 4         | QL (30 EA per 30 days) ST       |
| INVEGA TB24 6MG                                              | 4         | QL (60 EA per 30 days) ST       |
| LATUDA TABS 120MG, 20MG, 40MG, 60MG                          | 5         | QL (30 EA per 30 days) NDS      |
| LATUDA TABS 80MG                                             | 5         | QL (60 EA per 30 days) NDS      |
| <i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i> | 2         | QL (30 EA per 30 days)          |
| <i>lurasidone hydrochloride tabs 80mg</i>                    | 2         | QL (60 EA per 30 days)          |
| LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG   | 5         | QL (30 EA per 30 days) ST NDS   |
| NUPLAZID CAPS 34MG                                           | 5         | QL (30 EA per 30 days) PA NDS   |
| NUPLAZID TABS 10MG                                           | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</i>             | 2         | QL (30 EA per 30 days)          |
| <i>olanzapine inj 10mg</i>                                   | 2         |                                 |
| <i>olanzapine tabs 7.5mg</i>                                 | 1         | QL (30 EA per 30 days)          |
| <i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg</i>          | 2         | QL (30 EA per 30 days)          |
| OPIPZA FILM 2MG                                              | 5         | QL (30 EA per 30 days) PA NDS   |
| OPIPZA FILM 10MG, 5MG                                        | 5         | QL (90 EA per 30 days) PA NDS   |
| <i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>                  | 2         | QL (30 EA per 30 days)          |
| <i>paliperidone er tb24 6mg</i>                              | 2         | QL (60 EA per 30 days)          |
| PERSERIS INJ 90MG                                            | 5         | NDS                             |
| PERSERIS INJ 120MG                                           | 5         | QL (1 EA per 30 days) NDS       |
| <i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i> | 2         | QL (60 EA per 30 days)          |
| <i>quetiapine fumarate er tb24 200mg</i>                     | 2         | QL (90 EA per 30 days)          |
| <i>quetiapine fumarate tabs 300mg, 400mg</i>                 | 2         | QL (60 EA per 30 days)          |
| <i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>     | 2         | QL (90 EA per 30 days)          |
| REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG               | 5         | QL (30 EA per 30 days) NDS      |
| RISPERDAL CONSTA INJ 12.5MG                                  | 3         | QL (2 EA per 28 days)           |
| RISPERDAL CONSTA INJ 25MG                                    | 4         | QL (2 EA per 28 days)           |
| RISPERDAL CONSTA INJ 37.5MG                                  | 5         | NDS                             |
| RISPERDAL CONSTA INJ 50MG                                    | 5         | QL (2 EA per 28 days) NDS       |
| RISPERDAL SOLN 1MG/ML                                        | 4         | QL (240 ML per 30 days)         |
| RISPERDAL TABS 0.5MG, 1MG, 2MG, 3MG, 4MG                     | 4         | QL (60 EA per 30 days)          |
| <i>risperidone er inj 37.5mg</i>                             | 2         |                                 |
| <i>risperidone er inj 12.5mg</i>                             | 2         | QL (2 EA per 28 days)           |

| Drug Name                                             | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------|-----------|---------------------------------|
| <i>risperidone er inj 25mg</i>                        | 4         | QL (2 EA per 28 days)           |
| <i>risperidone er inj 50mg</i>                        | 5         | QL (2 EA per 28 days) NDS       |
| RISPERIDONE ODT TBDP 0.25MG                           | 2         | QL (60 EA per 30 days)          |
| <i>risperidone odt tbdp 0.5mg, 1mg, 2mg, 3mg, 4mg</i> | 2         | QL (60 EA per 30 days)          |
| <i>risperidone soln 1mg/ml</i>                        | 2         | QL (240 ML per 30 days)         |
| <i>risperidone tabs 1mg</i>                           | 1         | QL (60 EA per 30 days)          |
| <i>risperidone tabs 0.25mg, 0.5mg, 2mg, 3mg, 4mg</i>  | 2         | QL (60 EA per 30 days)          |
| SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR       | 5         | QL (30 EA per 30 days) ST NDS   |
| SEROQUEL TABS 100MG, 200MG, 25MG, 50MG                | 4         |                                 |
| SEROQUEL TABS 300MG                                   | 4         | QL (60 EA per 30 days)          |
| UZEDY INJ 50MG/0.14ML                                 | 5         | QL (0.14 ML per 30 days) ST NDS |
| UZEDY INJ 100MG/0.28ML                                | 5         | QL (0.28 ML per 30 days) ST NDS |
| UZEDY INJ 125MG/0.35ML                                | 5         | QL (0.35 ML per 30 days) ST NDS |
| UZEDY INJ 150MG/0.42ML                                | 5         | QL (0.42 ML per 60 days) ST NDS |
| UZEDY INJ 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML      | 5         | ST NDS                          |
| VRAYLAR CAPS 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG    | 3         | QL (30 EA per 30 days)          |
| <i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>    | 2         | QL (60 EA per 30 days)          |
| <i>ziprasidone mesylate inj 20mg</i>                  | 2         | QL (60 EA per 30 days)          |
| ZYPREXA ZYDIS TBDP 10MG, 5MG                          | 4         | QL (30 EA per 30 days)          |
| ZYPREXA ZYDIS TBDP 15MG, 20MG                         | 5         | QL (30 EA per 30 days) NDS      |
| ZYPREXA INJ 10MG                                      | 4         |                                 |
| <b>Treatment-Resistant</b>                            |           |                                 |
| <i>clozapine odt tbdp 200mg</i>                       | 2         | QL (120 EA per 30 days)         |
| <i>clozapine odt tbdp 150mg</i>                       | 2         | QL (180 EA per 30 days)         |
| <i>clozapine odt tbdp 100mg, 25mg</i>                 | 2         | QL (270 EA per 30 days)         |
| <i>clozapine odt tbdp 12.5mg</i>                      | 2         | QL (90 EA per 30 days)          |
| <i>clozapine tabs 200mg</i>                           | 2         | QL (120 EA per 30 days)         |
| <i>clozapine tabs 50mg</i>                            | 2         | QL (180 EA per 30 days)         |
| <i>clozapine tabs 100mg, 25mg</i>                     | 2         | QL (270 EA per 30 days)         |
| CLOZARIL TABS 25MG                                    | 4         | QL (270 EA per 30 days)         |
| CLOZARIL TABS 100MG                                   | 5         | QL (270 EA per 30 days) NDS     |
| VERSACLOZ SUSP 50MG/ML                                | 5         | QL (540 ML per 30 days) NDS     |
| <b>Antispasticity Agents</b>                          |           |                                 |
| <b>Antispasticity Agents</b>                          |           |                                 |
| <i>baclofen soln 10mg/5ml, 5mg/5ml</i>                | 4         | ST                              |
| <i>baclofen susp 25mg/5ml</i>                         | 4         |                                 |
| <i>baclofen tabs 10mg, 15mg, 20mg, 5mg</i>            | 2         |                                 |
| <i>dantrolene sodium caps 100mg, 25mg, 50mg</i>       | 2         |                                 |
| OZOBAX DS SOLN 10MG/5ML                               | 5         | ST NDS                          |
| SOHONOS CAPS 5MG                                      | 5         | QL (112 EA per 28 days) PA NDS  |
| SOHONOS CAPS 2.5MG                                    | 5         | QL (224 EA per 28 days) PA NDS  |
| SOHONOS CAPS 1.5MG                                    | 5         | QL (364 EA per 28 days) PA NDS  |
| SOHONOS CAPS 10MG                                     | 5         | QL (56 EA per 28 days) PA NDS   |
| SOHONOS CAPS 1MG                                      | 5         | QL (560 EA per 28 days) PA NDS  |
| <i>tizanidine hcl tabs 2mg</i>                        | 2         |                                 |
| TIZANIDINE HYDROCHLORIDE CAPS 8MG                     | 5         | NDS                             |
| <i>tizanidine hydrochloride tabs 4mg</i>              | 2         |                                 |

| Drug Name                                                   | Drug Tier | Requirements/Limits             |
|-------------------------------------------------------------|-----------|---------------------------------|
| ZANAFLEX CAPS 8MG                                           | 5         | NDS                             |
| ZANAFLEX TABS 4MG                                           | 4         | ST                              |
| <b>Antivirals</b>                                           |           |                                 |
| <i><b>Anti-cytomegalovirus (CMV) Agents</b></i>             |           |                                 |
| LIVTENCITY TABS 200MG                                       | 5         | QL (360 EA per 30 days) NDS     |
| PREVYMIS PACK 20MG                                          | 3         | QL (120 EA per 30 days)         |
| PREVYMIS PACK 120MG                                         | 5         | QL (120 EA per 30 days)         |
| PREVYMIS TABS 240MG, 480MG                                  | 5         | QL (28 EA per 28 days) NDS      |
| <i>valganciclovir hydrochloride solr 50mg/ml</i>            | 5         | QL (1080 ML per 30 days) NDS    |
| <i>valganciclovir tabs 450mg</i>                            | 2         | QL (120 EA per 30 days)         |
| <i><b>Anti-hepatitis B (HBV) Agents</b></i>                 |           |                                 |
| <i>adefovir dipivoxil tabs 10mg</i>                         | 2         | QL (30 EA per 30 days)          |
| BARACLUDE SOLN 0.05MG/ML                                    | 5         | QL (600 ML per 30 days) NDS     |
| <i>entecavir tabs 0.5mg, 1mg</i>                            | 2         | QL (30 EA per 30 days)          |
| HEPCLUDEX INJ 8.5MG                                         | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>lamivudine tabs 100mg</i>                                | 2         | QL (30 EA per 30 days)          |
| VEMLIDY TABS 25MG                                           | 5         | QL (30 EA per 30 days) NDS      |
| <i><b>Anti-hepatitis C (HCV) Agents</b></i>                 |           |                                 |
| EPCLUSA PACK 200MG; 50MG                                    | 5         | QL (168 EA per 365 days) PA NDS |
| EPCLUSA PACK 150MG; 37.5MG                                  | 5         | QL (84 EA per 365 days) PA NDS  |
| EPCLUSA TABS 200MG; 50MG                                    | 5         | QL (168 EA per 365 days) PA NDS |
| EPCLUSA TABS 400MG; 100MG                                   | 5         | QL (84 EA per 365 days) PA NDS  |
| HARVONI PACK 33.75MG; 150MG                                 | 5         | QL (168 EA per 365 days) PA NDS |
| HARVONI PACK 45MG; 200MG                                    | 5         | QL (336 EA per 365 days) PA NDS |
| HARVONI TABS 90MG; 400MG                                    | 5         | QL (168 EA per 365 days) PA NDS |
| HARVONI TABS 45MG; 200MG                                    | 5         | QL (336 EA per 365 days) PA NDS |
| LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG                      | 5         | QL (168 EA per 365 days) PA NDS |
| MAVYRET PACK 50MG; 20MG                                     | 5         | QL (560 EA per 365 days) PA NDS |
| MAVYRET TABS 100MG; 40MG                                    | 5         | QL (336 EA per 365 days) PA NDS |
| RIBAVIRIN CAPS 200MG                                        | 2         |                                 |
| RIBAVIRIN TABS 200MG                                        | 2         |                                 |
| SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG                    | 5         | QL (84 EA per 365 days) PA NDS  |
| SOVALDI PACK 150MG                                          | 5         | QL (168 EA per 365 days) PA NDS |
| SOVALDI PACK 200MG                                          | 5         | QL (336 EA per 365 days) PA NDS |
| SOVALDI TABS 200MG, 400MG                                   | 5         | QL (336 EA per 365 days) PA NDS |
| VOSEVI TABS 400MG; 100MG; 100MG                             | 5         | QL (84 EA per 365 days) PA NDS  |
| <i><b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b></i> |           |                                 |
| BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG          | 5         | QL (30 EA per 30 days) NDS      |
| DOVATO TABS 50MG; 300MG                                     | 5         | QL (30 EA per 30 days) NDS      |
| GENVOYA TABS 150MG; 150MG; 200MG; 10MG                      | 5         | QL (30 EA per 30 days) NDS      |
| ISENTRESS HD TABS 600MG                                     | 5         | QL (60 EA per 30 days) NDS      |
| ISENTRESS CHEW 25MG                                         | 3         | QL (180 EA per 30 days)         |
| ISENTRESS CHEW 100MG                                        | 5         | QL (180 EA per 30 days) NDS     |
| ISENTRESS PACK 100MG                                        | 5         | QL (60 EA per 30 days) NDS      |
| ISENTRESS TABS 400MG                                        | 5         | QL (60 EA per 30 days) NDS      |
| JULUCA TABS 50MG; 25MG                                      | 5         | QL (30 EA per 30 days) NDS      |
| STRIBILD TABS 150MG; 150MG; 200MG; 300MG                    | 5         | QL (30 EA per 30 days) NDS      |
| TIVICAY PD TBSO 5MG                                         | 5         | QL (180 EA per 30 days) NDS     |

| Drug Name                                                                                 | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------------------|-----------|-----------------------------|
| TIVICAY TABS 50MG                                                                         | 5         | QL (60 EA per 30 days) NDS  |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>           |           |                             |
| COMPLERA TABS 200MG; 25MG; 300MG                                                          | 5         | QL (30 EA per 30 days) NDS  |
| DELSTRIGO TABS 100MG; 300MG; 300MG                                                        | 5         | QL (30 EA per 30 days) NDS  |
| EDURANT PED TBSO 2.5MG                                                                    | 5         | QL (180 EA per 30 days) NDS |
| EDURANT TABS 25MG                                                                         | 5         | QL (30 EA per 30 days)      |
| efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg            | 2         | QL (30 EA per 30 days) NDS  |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABS 400MG; 300MG; 300MG               | 5         | QL (30 EA per 30 days) NDS  |
| efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg               | 5         | QL (30 EA per 30 days) NDS  |
| efavirenz tabs 600mg                                                                      | 2         | QL (30 EA per 30 days)      |
| emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg           | 5         | QL (30 EA per 30 days)      |
| etravirine tabs 100mg, 200mg                                                              | 5         | QL (60 EA per 30 days) NDS  |
| IDVYNZO TABS 100MG; 0.25MG                                                                | 5         | QL (30 EA per 30 days) NDS  |
| INTELENCE TABS 25MG                                                                       | 3         | QL (120 EA per 30 days)     |
| nevirapine er tb24 400mg                                                                  | 2         | QL (30 EA per 30 days)      |
| NEVIRAPINE SUSP 50MG/5ML                                                                  | 2         | QL (1200 ML per 30 days)    |
| nevirapine tabs 200mg                                                                     | 2         | QL (60 EA per 30 days)      |
| PIFELTRO TABS 100MG                                                                       | 5         | QL (30 EA per 30 days) NDS  |
| rilpivirine hydrochloride tabs 25mg                                                       | 5         | QL (30 EA per 30 days) NDS  |
| SYMFI TABS 600MG; 300MG; 300MG                                                            | 5         | QL (30 EA per 30 days) NDS  |
| <b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b> |           |                             |
| abacavir sulfate/lamivudine tabs 600mg; 300mg                                             | 2         | QL (30 EA per 30 days)      |
| abacavir soln 20mg/ml                                                                     | 2         | QL (960 ML per 30 days)     |
| abacavir tabs 300mg                                                                       | 2         | QL (60 EA per 30 days)      |
| CIMDUO TABS 300MG; 300MG                                                                  | 5         | QL (30 EA per 30 days) NDS  |
| DESCOVY TABS 120MG; 15MG, 200MG; 25MG                                                     | 5         | QL (30 EA per 30 days) NDS  |
| emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg                             | 2         | QL (30 EA per 30 days)      |
| emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg                             | 2         | QL (30 EA per 30 days) NDS  |
| emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg                             | 5         | QL (30 EA per 30 days) NDS  |
| emtricitabine/tenofovir disoproxil tabs 167mg; 250mg                                      | 2         | QL (30 EA per 30 days)      |
| emtricitabine caps 200mg                                                                  | 2         | QL (30 EA per 30 days)      |
| EMTRIVA CAPS 200MG                                                                        | 4         | QL (30 EA per 30 days)      |
| EMTRIVA SOLN 10MG/ML                                                                      | 3         | QL (850 ML per 30 days)     |
| EPIVIR SOLN 10MG/ML                                                                       | 4         | QL (960 ML per 30 days)     |
| EPIVIR TABS 300MG                                                                         | 4         | QL (30 EA per 30 days)      |
| EPIVIR TABS 150MG                                                                         | 4         | QL (60 EA per 30 days)      |
| lamivudine/zidovudine tabs 150mg; 300mg                                                   | 2         | QL (60 EA per 30 days)      |
| lamivudine soln 10mg/ml                                                                   | 2         | QL (960 ML per 30 days)     |
| lamivudine tabs 300mg                                                                     | 2         | QL (30 EA per 30 days)      |
| lamivudine tabs 150mg                                                                     | 2         | QL (60 EA per 30 days)      |

| Drug Name                                        | Drug Tier | Requirements/Limits         |
|--------------------------------------------------|-----------|-----------------------------|
| ODEFSEY TABS 200MG; 25MG; 25MG                   | 5         | QL (30 EA per 30 days) NDS  |
| RETROVIR CAPS 100MG                              | 4         | QL (180 EA per 30 days)     |
| RETROVIR SYRP 50MG/5ML                           | 4         | QL (1920 ML per 30 days)    |
| <i>tenofovir disoproxil fumarate tabs 300mg</i>  | 2         | QL (30 EA per 30 days)      |
| TRIUMEQ PD TBSO 60MG; 5MG; 30MG                  | 5         | QL (180 EA per 30 days) NDS |
| TRIUMEQ TABS 600MG; 50MG; 300MG                  | 5         | QL (30 EA per 30 days) NDS  |
| VIREAD POWD 40MG/GM                              | 5         | QL (240 GM per 30 days) NDS |
| VIREAD TABS 150MG, 200MG, 250MG                  | 5         | QL (30 EA per 30 days) NDS  |
| ZIAGEN SOLN 20MG/ML                              | 4         | QL (960 ML per 30 days)     |
| <i>zidovudine caps 100mg</i>                     | 2         | QL (180 EA per 30 days)     |
| <i>zidovudine syrp 50mg/5ml</i>                  | 2         | QL (1920 ML per 30 days)    |
| <i>zidovudine tabs 300mg</i>                     | 2         | QL (60 EA per 30 days)      |
| <b>Anti-HIV Agents, Other</b>                    |           |                             |
| <i>maraviroc tabs 300mg</i>                      | 5         | QL (120 EA per 30 days) NDS |
| <i>maraviroc tabs 150mg</i>                      | 5         | QL (60 EA per 30 days) NDS  |
| RUKOBIA TB12 600MG                               | 5         | QL (60 EA per 30 days) NDS  |
| SELZENTRY SOLN 20MG/ML                           | 5         | NDS                         |
| SUNLENCA TABS 300MG                              | 5         | QL (24 EA per 168 days) NDS |
| SUNLENCA TBPK 300MG                              | 5         | QL (10 EA per 365 days) NDS |
| SUNLENCA TBPK 300MG                              | 5         | QL (8 EA per 365 days) NDS  |
| <b>Anti-HIV Agents, Protease Inhibitors (PI)</b> |           |                             |
| APTIVUS CAPS 250MG                               | 5         | QL (120 EA per 30 days) NDS |
| <i>atazanavir sulfate caps 300mg</i>             | 2         | QL (30 EA per 30 days)      |
| <i>atazanavir caps 150mg</i>                     | 2         |                             |
| <i>atazanavir caps 200mg</i>                     | 2         | QL (60 EA per 30 days)      |
| <i>darunavir tabs 600mg</i>                      | 2         | QL (60 EA per 30 days)      |
| <i>darunavir tabs 800mg</i>                      | 5         | QL (30 EA per 30 days) NDS  |
| EVOTAZ TABS 300MG; 150MG                         | 5         | QL (30 EA per 30 days) NDS  |
| <i>fosamprenavir calcium tabs 700mg</i>          | 5         | QL (120 EA per 30 days) NDS |
| KALETRA SOLN 400MG/5ML; 100MG/5ML                | 4         | QL (480 ML per 30 days)     |
| KALETRA TABS 200MG; 50MG                         | 2         | QL (120 EA per 30 days)     |
| KALETRA TABS 100MG; 25MG                         | 4         | QL (240 EA per 30 days)     |
| <i>lopinavir/ritonavir tabs 200mg; 50mg</i>      | 2         | QL (120 EA per 30 days)     |
| <i>lopinavir/ritonavir tabs 100mg; 25mg</i>      | 2         | QL (240 EA per 30 days)     |
| NORVIR PACK 100MG                                | 3         | QL (360 EA per 30 days)     |
| NORVIR TABS 100MG                                | 4         | QL (360 EA per 30 days)     |
| PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG        | 5         | QL (30 EA per 30 days) NDS  |
| PREZISTA SUSP 100MG/ML                           | 5         | QL (400 ML per 30 days) NDS |
| PREZISTA TABS 75MG                               | 3         | QL (300 EA per 30 days)     |
| PREZISTA TABS 150MG                              | 5         | QL (180 EA per 30 days) NDS |
| REYATAZ CAPS 300MG                               | 5         | QL (30 EA per 30 days) NDS  |
| REYATAZ CAPS 200MG                               | 5         | QL (60 EA per 30 days) NDS  |
| REYATAZ PACK 50MG                                | 5         | QL (180 EA per 30 days) NDS |
| <i>ritonavir tabs 100mg</i>                      | 2         | QL (360 EA per 30 days)     |
| SYMTUZA TABS 150MG; 800MG; 200MG; 10MG           | 5         | QL (30 EA per 30 days) NDS  |
| VIRACEPT TABS 625MG                              | 5         | QL (120 EA per 30 days) NDS |
| VIRACEPT TABS 250MG                              | 5         | QL (300 EA per 30 days) NDS |
| <b>Anti-influenza Agents</b>                     |           |                             |
| <i>amantadine hcl caps 100mg</i>                 | 2         |                             |

| Drug Name                                         | Drug Tier | Requirements/Limits       |
|---------------------------------------------------|-----------|---------------------------|
| <i>amantadine hcl soln 50mg/5ml</i>               | 2         |                           |
| <i>amantadine hydrochloride tabs 100mg</i>        | 2         |                           |
| <i>oseltamivir phosphate caps 75mg</i>            | 2         | QL (110 EA per 365 days)  |
| <i>oseltamivir phosphate caps 30mg</i>            | 2         | QL (168 EA per 365 days)  |
| <i>oseltamivir phosphate caps 45mg</i>            | 2         | QL (84 EA per 365 days)   |
| <i>oseltamivir phosphate susr 6mg/ml</i>          | 2         | QL (1080 ML per 365 days) |
| RELENZA DISKHALER AEPB 5MG/BLISTER                | 3         | QL (240 EA per 365 days)  |
| RIMANTADINE HYDROCHLORIDE TABS 100MG              | 2         |                           |
| XOFLUZA TBPB 40MG, 80MG                           | 3         | QL (1 EA per 30 days)     |
| <b>Antiherpetic Agents</b>                        |           |                           |
| <i>acyclovir sodium inj 50mg/ml</i>               | 2         | B/D                       |
| <i>acyclovir caps 200mg</i>                       | 1         |                           |
| <i>acyclovir susp 200mg/5ml</i>                   | 2         |                           |
| <i>acyclovir tabs 800mg</i>                       | 1         |                           |
| <i>acyclovir tabs 400mg</i>                       | 2         |                           |
| <i>famciclovir tabs 125mg, 250mg</i>              | 2         | QL (60 EA per 30 days)    |
| <i>famciclovir tabs 500mg</i>                     | 2         | QL (90 EA per 30 days)    |
| <i>valacyclovir hydrochloride tabs 1gm, 500mg</i> | 2         | QL (120 EA per 30 days)   |
| <b>Antiviral, Coronavirus Agents</b>              |           |                           |
| PAXLOVID TBPB 150MG; 100MG                        | 3         | QL (11 EA per 5 days)     |
| PAXLOVID TBPB 150MG; 100MG                        | 3         | QL (20 EA per 5 days)     |
| PAXLOVID TBPB 150MG; 100MG                        | 3         | QL (30 EA per 5 days)     |
| <b>Anxiolytics</b>                                |           |                           |
| <b>Anxiolytics, Other</b>                         |           |                           |
| <i>buspirone hcl tabs 15mg</i>                    | 2         |                           |
| <i>buspirone hydrochloride tabs 10mg, 30mg</i>    | 1         |                           |
| <i>buspirone hydrochloride tabs 5mg, 7.5mg</i>    | 2         |                           |
| <i>meprobamate tabs 200mg, 400mg</i>              | 2         |                           |
| <b>Benzodiazepines</b>                            |           |                           |
| <i>alprazolam er tb24 2mg</i>                     | 2         | QL (150 EA per 30 days)   |
| <i>alprazolam er tb24 0.5mg, 1mg</i>              | 2         | QL (30 EA per 30 days)    |
| <i>alprazolam er tb24 3mg</i>                     | 2         | QL (90 EA per 30 days)    |
| ALPRAZOLAM INTENSOL CONC 1MG/ML                   | 2         |                           |
| <i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>     | 2         | QL (120 EA per 30 days)   |
| <i>alprazolam odt tbdp 2mg</i>                    | 2         | QL (150 EA per 30 days)   |
| <i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>         | 1         | QL (120 EA per 30 days)   |
| <i>alprazolam tabs 2mg</i>                        | 1         | QL (150 EA per 30 days)   |
| <i>chlordiazepoxide hcl caps 10mg</i>             | 1         | QL (900 EA per 30 days)   |
| <i>chlordiazepoxide hcl caps 5mg</i>              | 2         | QL (120 EA per 30 days)   |
| <i>chlordiazepoxide hydrochloride caps 25mg</i>   | 1         | QL (360 EA per 30 days)   |
| <i>clorazepate dipotassium tabs 15mg</i>          | 2         | QL (180 EA per 30 days)   |
| <i>clorazepate dipotassium tabs 7.5mg</i>         | 2         | QL (360 EA per 30 days)   |
| <i>clorazepate dipotassium tabs 3.75mg</i>        | 2         | QL (720 EA per 30 days)   |
| <i>diazepam intensol conc 5mg/ml</i>              | 2         |                           |
| <i>diazepam soln 5mg/5ml</i>                      | 2         | QL (1200 ML per 30 days)  |
| <i>diazepam tabs 10mg</i>                         | 1         | QL (120 EA per 30 days)   |
| <i>diazepam tabs 5mg</i>                          | 1         | QL (240 EA per 30 days)   |
| <i>diazepam tabs 2mg</i>                          | 1         | QL (300 EA per 30 days)   |
| <i>lorazepam intensol conc 2mg/ml</i>             | 2         | QL (150 ML per 30 days)   |

| Drug Name                                                                             | Drug Tier | Requirements/Limits       |
|---------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>lorazepam tabs 2mg</i>                                                             | 1         | QL (150 EA per 30 days)   |
| <i>lorazepam tabs 0.5mg, 1mg</i>                                                      | 1         | QL (90 EA per 30 days)    |
| <i>oxazepam caps 10mg, 15mg, 30mg</i>                                                 | 2         | QL (120 EA per 30 days)   |
| VALIUM TABS 10MG                                                                      | 4         | QL (120 EA per 30 days)   |
| VALIUM TABS 5MG                                                                       | 4         | QL (240 EA per 30 days)   |
| VALIUM TABS 2MG                                                                       | 4         | QL (300 EA per 30 days)   |
| <b>Bipolar Agents</b>                                                                 |           |                           |
| <b>Mood Stabilizers</b>                                                               |           |                           |
| EQUETRO CP12 100MG, 200MG, 300MG                                                      | 3         |                           |
| <i>lithium carbonate er tbc 300mg, 450mg</i>                                          | 2         |                           |
| LITHIUM CARBONATE CAPS 600MG                                                          | 2         |                           |
| <i>lithium carbonate caps 150mg, 300mg</i>                                            | 1         |                           |
| <i>lithium carbonate tabs 300mg</i>                                                   | 1         |                           |
| <i>lithium soln 8meq/5ml</i>                                                          | 2         |                           |
| <b>Blood Glucose Regulators</b>                                                       |           |                           |
| <b>Antidiabetic Agents</b>                                                            |           |                           |
| <i>acarbose tabs 100mg, 25mg, 50mg</i>                                                | 2         |                           |
| ALOGLIPTIN/METFORMIN HCL TABS 12.5MG; 500MG                                           | 3         | ST                        |
| ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABS 12.5MG; 1000MG                                | 3         | ST                        |
| ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG         | 3         | ST                        |
| ALOGLIPTIN TABS 12.5MG, 25MG, 6.25MG                                                  | 3         | QL (30 EA per 30 days) ST |
| CYCLOSET TABS 0.8MG                                                                   | 3         |                           |
| <i>dapagliflozin/metformin hydrochloride er tb24 10mg; 500mg</i>                      | 2         | QL (30 EA per 30 days)    |
| <i>dapagliflozin/metformin hydrochloride er tb24 5mg; 500mg</i>                       | 2         | QL (60 EA per 30 days)    |
| DUETACT TABS 2MG; 30MG, 4MG; 30MG                                                     | 4         |                           |
| GLIMEPIRIDE TABS 3MG                                                                  | 3         |                           |
| <i>glimepiride tabs 1mg, 2mg, 4mg</i>                                                 | 1         |                           |
| <i>glipizide er tb24 2.5mg, 5mg</i>                                                   | 1         |                           |
| <i>glipizide er tb24 10mg</i>                                                         | 2         |                           |
| <i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>  | 2         |                           |
| GLIPIZIDE TABS 2.5MG                                                                  | 2         |                           |
| <i>glipizide tabs 10mg, 5mg</i>                                                       | 1         |                           |
| GLUCOTROL XL TB24 5MG                                                                 | 4         |                           |
| <i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i> | 2         |                           |
| <i>glyburide tabs 1.25mg, 2.5mg</i>                                                   | 1         |                           |
| <i>glyburide tabs 5mg</i>                                                             | 2         |                           |
| GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG                                                    | 3         | QL (30 EA per 30 days)    |
| INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG              | 3         | QL (60 EA per 30 days)    |
| INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG                 | 3         | QL (60 EA per 30 days)    |
| JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG                              | 3         |                           |
| JANUMET TABS 1000MG; 50MG, 500MG; 50MG                                                | 3         |                           |
| JANUVIA TABS 100MG, 25MG, 50MG                                                        | 3         | QL (30 EA per 30 days)    |

| Drug Name                                                                                               | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG                                                           | 3         |                            |
| JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG                                                             | 3         |                            |
| <i>liraglutide inj 6mg/ml</i>                                                                           | 3         | QL (9 ML per 30 days) PA   |
| <i>metformin hydrochloride er tb24 500mg, 750mg</i>                                                     | 1         |                            |
| <i>metformin hydrochloride er tb24 1000mg, 500mg</i>                                                    | 2         |                            |
| <i>metformin hydrochloride soln 500mg/5ml</i>                                                           | 2         |                            |
| METFORMIN HYDROCHLORIDE TABS 750MG                                                                      | 5         | PA                         |
| <i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>                                                | 1         |                            |
| <i>metformin hydrochloride tabs 625mg</i>                                                               | 5         | PA NDS                     |
| MIGLITOL TABS 100MG, 25MG, 50MG                                                                         | 2         |                            |
| MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML                  | 3         | QL (2 ML per 28 days) PA   |
| <i>nateglinide tabs 60mg</i>                                                                            | 1         |                            |
| <i>nateglinide tabs 120mg</i>                                                                           | 2         |                            |
| OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML                                                                   | 3         | QL (3 ML per 28 days) PA   |
| OZEMPIC TABS 4MG, 9MG                                                                                   | 3         | QL (30 EA per 30 days) PA  |
| OZEMPIC TABS 1.5MG                                                                                      | 3         | QL (60 EA per 365 days) PA |
| <i>pioglitazone hcl-glimepiride tabs 2mg; 30mg, 4mg; 30mg</i>                                           | 2         |                            |
| <i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>                                     | 2         |                            |
| <i>pioglitazone hcl tabs 45mg</i>                                                                       | 2         |                            |
| <i>pioglitazone hydrochloride tabs 15mg, 30mg</i>                                                       | 2         |                            |
| <i>repaglinide tabs 1mg</i>                                                                             | 1         |                            |
| <i>repaglinide tabs 0.5mg, 2mg</i>                                                                      | 2         |                            |
| <i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg</i> | 2         |                            |
| <i>saxagliptin hydrochloride tabs 2.5mg, 5mg</i>                                                        | 2         | QL (30 EA per 30 days)     |
| SEGLUROMET TABS 7.5MG; 1000MG                                                                           | 3         | QL (60 EA per 30 days) ST  |
| SEGLUROMET TABS 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 500MG                                               | 3         | ST                         |
| <i>sitagliptin phosphate/metformin hydrochloride tabs 1000mg; 50mg, 500mg; 50mg</i>                     | 2         |                            |
| <i>sitagliptin phosphate tabs 100mg, 25mg, 50mg</i>                                                     | 2         | QL (30 EA per 30 days)     |
| SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML                                                                 | 3         | QL (15 ML per 24 days)     |
| STEGLUJAN TABS 5MG; 100MG                                                                               | 3         | QL (30 EA per 30 days) ST  |
| STEGLUJAN TABS 15MG; 100MG                                                                              | 3         | ST                         |
| SYNJARDY XR TB24 25MG; 1000MG                                                                           | 3         | QL (30 EA per 30 days)     |
| SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG                                              | 3         | QL (60 EA per 30 days)     |
| SYNJARDY TABS 12.5MG; 1000MG, 5MG; 500MG                                                                | 3         |                            |
| SYNJARDY TABS 12.5MG; 500MG, 5MG; 1000MG                                                                | 3         | QL (60 EA per 30 days)     |
| TRADJENTA TABS 5MG                                                                                      | 3         | QL (30 EA per 30 days)     |
| TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG                                                   | 3         | QL (30 EA per 30 days)     |
| TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG                                              | 3         | QL (60 EA per 30 days)     |
| TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML                                         | 3         | QL (2 ML per 28 days) PA   |
| VICTOZA INJ 18MG/3ML                                                                                    | 3         | QL (9 ML per 30 days) PA   |

| Drug Name                                                                | Drug Tier | Requirements/Limits    |
|--------------------------------------------------------------------------|-----------|------------------------|
| XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG                                 | 3         | QL (30 EA per 30 days) |
| XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG                    | 3         | QL (60 EA per 30 days) |
| XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML                                | 3         | QL (15 ML per 30 days) |
| ZITUVIMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG               | 3         | ST                     |
| <b>Glycemic Agents</b>                                                   |           |                        |
| BAQSIMI ONE PACK POWD 3MG/DOSE                                           | 3         |                        |
| diazoxide susp 50mg/ml                                                   | 5         | NDS                    |
| glucagon emergency kit for low blood sugar inj 1mg                       | 2         |                        |
| GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML                          | 3         |                        |
| GVOKE KIT INJ 1MG/0.2ML                                                  | 3         |                        |
| GVOKE PFS INJ 1MG/0.2ML                                                  | 3         |                        |
| PROGLYCEM SUSP 50MG/ML                                                   | 5         | NDS                    |
| <b>Insulins</b>                                                          |           |                        |
| ADMELOG SOLOSTAR INJ 100UNIT/ML                                          | 4         | ST                     |
| ADMELOG INJ 100UNIT/ML                                                   | 4         | ST                     |
| AFREZZA POWD 4UNIT, 8UNIT                                                | 3         | PA                     |
| AFREZZA POWD 0, 12UNIT                                                   | 5         | PA NDS                 |
| APIDRA SOLOSTAR INJ 100UNIT/ML                                           | 3         |                        |
| APIDRA INJ 100UNIT/ML                                                    | 3         |                        |
| BASAGLAR KWIKPEN INJ 100UNIT/ML                                          | 3         | ST                     |
| FIASP FLEXTOUCH INJ 100UNIT/ML                                           | 3         |                        |
| FIASP PENFILL INJ 100UNIT/ML                                             | 3         |                        |
| FIASP INJ 100UNIT/ML                                                     | 3         |                        |
| HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML                                    | 3         |                        |
| HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML                               | 3         |                        |
| HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML                       | 3         |                        |
| HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML                       | 3         |                        |
| HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML                               | 3         |                        |
| HUMALOG INJ 100UNIT/ML                                                   | 3         |                        |
| HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML                           | 3         |                        |
| HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML                                   | 3         |                        |
| HUMULIN N KWIKPEN INJ 100UNIT/ML                                         | 3         |                        |
| HUMULIN N INJ 100UNIT/ML                                                 | 3         |                        |
| HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML                            | 5         | NDS                    |
| HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML                                   | 5         | NDS                    |
| HUMULIN R INJ 100UNIT/ML                                                 | 3         |                        |
| INSULIN GLARGINE-YFGN INJ 100UNIT/ML                                     | 3         | ST                     |
| INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML                             | 3         |                        |
| INSULIN LISPRO KWIKPEN INJ 100UNIT/ML                                    | 3         |                        |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML | 3         |                        |
| INSULIN LISPRO INJ 100UNIT/ML                                            | 3         |                        |
| KIRSTY INJ 100UNIT/ML                                                    | 3         | ST                     |
| LANTUS SOLOSTAR INJ 100UNIT/ML                                           | 3         |                        |

| Drug Name                                                    | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|-----------|---------------------|
| LANTUS INJ 100UNIT/ML                                        | 3         |                     |
| LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML                   | 3         |                     |
| LYUMJEV INJ 100UNIT/ML                                       | 3         |                     |
| MERILOG SOLOSTAR INJ 100UNIT/ML                              | 3         | ST                  |
| MERILOG INJ 100UNIT/ML                                       | 3         | ST                  |
| NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML               | 3         |                     |
| NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML                       | 3         |                     |
| NOVOLIN N FLEXPEN INJ 100UNIT/ML                             | 3         |                     |
| NOVOLIN N INJ 100UNIT/ML                                     | 3         |                     |
| NOVOLIN R FLEXPEN INJ 100UNIT/ML                             | 3         |                     |
| NOVOLIN R INJ 100UNIT/ML                                     | 3         |                     |
| NOVOLOG FLEXPEN INJ 100UNIT/ML                               | 3         |                     |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML | 3         |                     |
| NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML                   | 3         |                     |
| NOVOLOG PENFILL INJ 100UNIT/ML                               | 3         |                     |
| NOVOLOG INJ 100UNIT/ML                                       | 3         |                     |
| REZVOGLAR KWIKPEN INJ 100UNIT/ML                             | 3         | ST                  |
| SEMGLEE INJ 100UNIT/ML                                       | 3         | ST                  |
| TOUJEO MAX SOLOSTAR INJ 300UNIT/ML                           | 3         |                     |
| TOUJEO SOLOSTAR INJ 300UNIT/ML                               | 3         |                     |
| TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML                 | 3         |                     |
| TRESIBA INJ 100UNIT/ML                                       | 3         |                     |

## Blood Products and Modifiers

### Anticoagulants

|                                                                                                                               |   |                            |
|-------------------------------------------------------------------------------------------------------------------------------|---|----------------------------|
| ARIXTRA INJ 2.5MG/0.5ML                                                                                                       | 4 | QL (15 ML per 30 days)     |
| ARIXTRA INJ 5MG/0.4ML                                                                                                         | 5 | NDS                        |
| ARIXTRA INJ 7.5MG/0.6ML                                                                                                       | 5 | QL (18 ML per 30 days) NDS |
| ARIXTRA INJ 10MG/0.8ML                                                                                                        | 5 | QL (24 ML per 30 days) NDS |
| <i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>                                                                           | 2 | QL (60 EA per 30 days)     |
| ELIQUIS STARTER PACK TBPk 5MG                                                                                                 | 3 | QL (148 EA per 365 days)   |
| ELIQUIS TABS 2.5MG                                                                                                            | 3 | QL (60 EA per 30 days)     |
| ELIQUIS TABS 5MG                                                                                                              | 3 | QL (90 EA per 30 days)     |
| <i>enoxaparin sodium inj 30mg/0.3ml</i>                                                                                       | 2 | QL (18 ML per 30 days)     |
| <i>enoxaparin sodium inj 40mg/0.4ml</i>                                                                                       | 2 | QL (24 ML per 30 days)     |
| <i>enoxaparin sodium inj 60mg/0.6ml</i>                                                                                       | 2 | QL (36 ML per 30 days)     |
| <i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>                                                                          | 2 | QL (48 ML per 30 days)     |
| <i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>                                                                               | 2 | QL (60 ML per 30 days)     |
| <i>fondaparinux sodium inj 2.5mg/0.5ml</i>                                                                                    | 2 | QL (15 ML per 30 days)     |
| <i>fondaparinux sodium inj 5mg/0.4ml</i>                                                                                      | 5 | NDS                        |
| <i>fondaparinux sodium inj 7.5mg/0.6ml</i>                                                                                    | 5 | QL (18 ML per 30 days) NDS |
| <i>fondaparinux sodium inj 10mg/0.8ml</i>                                                                                     | 5 | QL (24 ML per 30 days) NDS |
| FRAGMIN INJ 2500UNIT/0.2ML                                                                                                    | 3 |                            |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML | 5 | NDS                        |
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>                                                | 2 |                            |
| <i>jantoven tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>                                                                     | 1 |                            |

| Drug Name                                                                                                                     | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>jantoven tabs 1mg, 7.5mg</i>                                                                                               | 2         |                                |
| PRADAXA CAPS 110MG, 150MG, 75MG                                                                                               | 4         | QL (60 EA per 30 days)         |
| <i>rivaroxaban susr 1mg/ml</i>                                                                                                | 2         | QL (600 ML per 30 days)        |
| <i>rivaroxaban tabs 2.5mg</i>                                                                                                 | 2         | QL (360 EA per 30 days)        |
| SAVAYSA TABS 15MG, 30MG, 60MG                                                                                                 | 4         | QL (30 EA per 30 days)         |
| <i>warfarin sodium tabs 10mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg</i>                                                              | 1         |                                |
| <i>warfarin sodium tabs 1mg, 7.5mg</i>                                                                                        | 2         |                                |
| XARELTO STARTER PACK TBPK 0                                                                                                   | 3         | QL (102 EA per 365 days)       |
| XARELTO SUSR 1MG/ML                                                                                                           | 3         | QL (600 ML per 30 days)        |
| XARELTO TABS 10MG, 20MG                                                                                                       | 3         | QL (30 EA per 30 days)         |
| XARELTO TABS 2.5MG                                                                                                            | 3         | QL (360 EA per 30 days)        |
| XARELTO TABS 15MG                                                                                                             | 3         | QL (60 EA per 30 days)         |
| <b>Blood Products and Modifiers, Other</b>                                                                                    |           |                                |
| ALVAIZ TABS 18MG, 9MG                                                                                                         | 5         | QL (30 EA per 30 days) PA NDS  |
| ALVAIZ TABS 36MG, 54MG                                                                                                        | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>anagrelide hydrochloride caps 0.5mg, 1mg</i>                                                                               | 2         |                                |
| ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML                                 | 3         | PA                             |
| ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML | 5         | PA NDS                         |
| <i>eltrombopag olamine pack 12.5mg, 25mg</i>                                                                                  | 5         | QL (180 EA per 30 days) PA NDS |
| <i>eltrombopag olamine tabs 12.5mg, 25mg</i>                                                                                  | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>eltrombopag olamine tabs 50mg, 75mg</i>                                                                                    | 5         | QL (60 EA per 30 days) PA NDS  |
| EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML                                                                | 3         | PA                             |
| EPOGEN INJ 20000UNIT/ML                                                                                                       | 4         | PA                             |
| FABHALTA CAPS 200MG                                                                                                           | 5         | QL (60 EA per 30 days) PA NDS  |
| FULPHILA INJ 6MG/0.6ML                                                                                                        | 5         | QL (1.2 ML per 28 days) PA NDS |
| FYLNETRA INJ 6MG/0.6ML                                                                                                        | 5         | PA NDS                         |
| GRANIX INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML                                                                              | 4         | ST                             |
| LEUKINE INJ 250MCG                                                                                                            | 5         | PA NDS                         |
| MIRCERA INJ 100MCG/0.3ML, 200MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML                                                              | 3         | PA                             |
| MULPLETA TABS 3MG                                                                                                             | 5         | PA NDS                         |
| NEULASTA INJ 6MG/0.6ML                                                                                                        | 5         | QL (1.2 ML per 28 days) PA NDS |
| NEUPOGEN INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML                                                              | 5         | ST NDS                         |
| NIVESTYM INJ 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML                                                              | 5         | NDS                            |
| NYVEPRIA INJ 6MG/0.6ML                                                                                                        | 5         | PA NDS                         |
| PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML                                                               | 3         | PA                             |
| PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML                                                                                        | 5         | PA NDS                         |
| PROMACTA PACK 12.5MG, 25MG                                                                                                    | 5         | QL (180 EA per 30 days) PA NDS |
| RELEUKO INJ 300MCG/0.5ML                                                                                                      | 4         | ST                             |

| Drug Name                                                                                     | Drug Tier | Requirements/Limits            |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------|
| RELEUKO INJ 480MCG/0.8ML                                                                      | 5         | ST NDS                         |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 3         | PA                             |
| RETACRIT INJ 40000UNIT/ML                                                                     | 5         | PA NDS                         |
| ROLVEDON INJ 13.2MG/0.6ML                                                                     | 5         | PA NDS                         |
| STIMUFEND INJ 6MG/0.6ML                                                                       | 5         | PA NDS                         |
| UDENYCA INJ 6MG/0.6ML                                                                         | 5         | QL (1.2 ML per 28 days) PA NDS |
| XOLREMDI CAPS 100MG                                                                           | 5         | QL (120 EA per 30 days) PA NDS |
| ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML                                                         | 5         | NDS                            |
| ZIEXTENZO INJ 6MG/0.6ML                                                                       | 5         | PA NDS                         |
| <b>Hemostasis Agents</b>                                                                      |           |                                |
| <i>tranexamic acid tabs 650mg</i>                                                             | 2         |                                |
| <b>Platelet Modifying Agents</b>                                                              |           |                                |
| <i>aspirin/dipyridamole er cp12 25mg; 200mg</i>                                               | 2         |                                |
| CABLIVI INJ 11MG                                                                              | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>cilostazol tabs 100mg, 50mg</i>                                                            | 1         |                                |
| <i>clopidogrel tabs 300mg, 75mg</i>                                                           | 2         |                                |
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i>                                                     | 2         |                                |
| DOPTELET SPRINKLE CPSP 10MG                                                                   | 5         | QL (60 EA per 30 days) PA NDS  |
| DOPTELET TABS 20MG                                                                            | 5         | QL (90 EA per 30 days) PA NDS  |
| <i>prasugrel hydrochloride tabs 10mg, 5mg</i>                                                 | 2         |                                |
| TAVALISSE TABS 100MG, 150MG                                                                   | 5         | PA NDS                         |
| <i>ticagrelor tabs 60mg, 90mg</i>                                                             | 2         |                                |
| WAYRILZ TABS 400MG                                                                            | 5         | QL (60 EA per 30 days) PA NDS  |
| <b>Cardiovascular Agents</b>                                                                  |           |                                |
| <b>Alpha-adrenergic Agonists</b>                                                              |           |                                |
| CLONIDINE HYDROCHLORIDE ER TB24 0.17MG                                                        | 3         | ST                             |
| CLONIDINE HYDROCHLORIDE TABS 0.05MG                                                           | 1         |                                |
| <i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>                                       | 1         |                                |
| <i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>                                      | 2         |                                |
| <i>droxidopa caps 100mg</i>                                                                   | 2         | QL (90 EA per 30 days) PA      |
| <i>droxidopa caps 200mg, 300mg</i>                                                            | 5         | QL (180 EA per 30 days) PA NDS |
| <i>guanfacine hydrochloride tabs 1mg</i>                                                      | 1         |                                |
| <i>guanfacine hydrochloride tabs 2mg</i>                                                      | 2         |                                |
| <i>methyldopa tabs 250mg, 500mg</i>                                                           | 2         |                                |
| <i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>                                          | 2         |                                |
| NEXICLON XR TB24 0.17MG                                                                       | 3         | ST                             |
| <b>Alpha-adrenergic Blocking Agents</b>                                                       |           |                                |
| <i>phenoxybenzamine hydrochloride caps 10mg</i>                                               | 5         | PA NDS                         |
| <i>prazosin hydrochloride caps 1mg, 2mg, 5mg</i>                                              | 2         |                                |
| <b>Angiotensin II Receptor Antagonists</b>                                                    |           |                                |
| ARBLI SUSP 10MG/ML                                                                            | 3         | PA                             |
| <i>candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg</i>                                        | 2         |                                |
| COZAAR TABS 100MG, 25MG, 50MG                                                                 | 4         |                                |
| EDARBI TABS 40MG, 80MG                                                                        | 3         |                                |
| <i>irbesartan tabs 150mg, 300mg, 75mg</i>                                                     | 2         |                                |
| <i>losartan potassium tabs 100mg, 25mg, 50mg</i>                                              | 1         |                                |
| <i>olmesartan medoxomil tabs 20mg, 40mg, 5mg</i>                                              | 2         |                                |

| Drug Name                                             | Drug Tier | Requirements/Limits |
|-------------------------------------------------------|-----------|---------------------|
| telmisartan tabs 20mg, 40mg, 80mg                     | 2         | NDS                 |
| valsartan soln 4mg/ml                                 | 5         |                     |
| valsartan tabs 160mg, 320mg, 40mg, 80mg               | 1         |                     |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b> |           |                     |
| benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg   | 1         |                     |
| captopril tabs 25mg, 50mg                             | 1         |                     |
| captopril tabs 100mg, 12.5mg                          | 2         |                     |
| enalapril maleate soln 1mg/ml                         | 2         |                     |
| enalapril maleate tabs 10mg, 5mg                      | 1         |                     |
| enalapril maleate tabs 2.5mg, 20mg                    | 2         |                     |
| fosinopril sodium tabs 20mg                           | 1         |                     |
| fosinopril sodium tabs 10mg, 40mg                     | 2         |                     |
| lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg    | 1         |                     |
| LOTENSIN TABS 10MG, 20MG, 40MG                        | 4         |                     |
| moexipril hydrochloride tabs 15mg, 7.5mg              | 2         |                     |
| PERINDOPRIL ERBUMINE TABS 2MG, 8MG                    | 2         |                     |
| perindopril erbumine tabs 4mg                         | 2         |                     |
| quinapril hydrochloride tabs 10mg                     | 1         |                     |
| quinapril hydrochloride tabs 20mg, 40mg, 5mg          | 2         |                     |
| ramipril caps 10mg, 2.5mg, 5mg                        | 1         |                     |
| ramipril caps 1.25mg                                  | 2         |                     |
| trandolapril tabs 2mg                                 | 1         |                     |
| trandolapril tabs 1mg, 4mg                            | 2         |                     |
| <b>Antiarrhythmics</b>                                |           |                     |
| amiodarone hydrochloride tabs 100mg, 200mg, 400mg     | 2         |                     |
| DIGOXIN SOLN 0.05MG/ML                                | 2         |                     |
| digoxin tabs 125mcg, 250mcg, 62.5mcg                  | 2         |                     |
| disopyramide phosphate caps 100mg, 150mg              | 2         |                     |
| dofetilide caps 125mcg, 250mcg, 500mcg                | 2         |                     |
| flecainide acetate tabs 100mg, 150mg, 50mg            | 2         |                     |
| mexiletine hydrochloride caps 150mg, 200mg, 250mg     | 2         |                     |
| MULTAQ TABS 400MG                                     | 3         |                     |
| NORPACE CR CP12 100MG, 150MG                          | 3         |                     |
| NORPACE CAPS 100MG, 150MG                             | 4         |                     |
| pacerone tabs 100mg, 200mg                            | 4         |                     |
| propafenone hydrochloride er cp12 225mg, 325mg, 425mg | 2         |                     |
| propafenone hydrochloride tabs 150mg, 225mg, 300mg    | 2         |                     |
| quinidine gluconate cr tbc 324mg                      | 2         |                     |
| QUINIDINE SULFATE TABS 200MG, 300MG                   | 2         |                     |
| sotalol hcl tabs 120mg, 160mg, 240mg                  | 2         |                     |
| sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg    | 2         |                     |
| sotalol hydrochloride tabs 80mg                       | 2         |                     |
| SOTYLIZE SOLN 5MG/ML                                  | 3         |                     |
| <b>Beta-adrenergic Blocking Agents</b>                |           |                     |
| acebutolol hydrochloride caps 200mg                   | 1         |                     |
| acebutolol hydrochloride caps 400mg                   | 2         |                     |
| atenolol tabs 100mg, 25mg, 50mg                       | 1         |                     |
| betaxolol hcl tabs 10mg, 20mg                         | 2         |                     |
| BISOPROLOL FUMARATE TABS 2.5MG                        | 2         |                     |

| Drug Name                                                                | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------|-----------|---------------------|
| <i>bisoprolol fumarate tabs 10mg, 5mg</i>                                | 2         |                     |
| <i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>                     | 1         |                     |
| HEMANGEOL SOLN 4.28MG/ML                                                 | 5         | NDS                 |
| LABETALOL HYDROCHLORIDE TABS 400MG                                       | 3         |                     |
| <i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>                  | 2         |                     |
| LOPRESSOR SOLN 10MG/ML                                                   | 3         | PA                  |
| LOPRESSOR TABS 12.5MG                                                    | 3         |                     |
| LOPRESSOR TABS 100MG, 50MG                                               | 4         |                     |
| <i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>             | 2         |                     |
| <i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>                        | 1         |                     |
| <i>metoprolol tartrate tabs 37.5mg, 75mg</i>                             | 2         |                     |
| <i>nadolol tabs 20mg, 40mg, 80mg</i>                                     | 2         |                     |
| <i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>               | 2         |                     |
| <i>pindolol tabs 10mg, 5mg</i>                                           | 2         |                     |
| PROPRANOLOL HCL SOLN 40MG/5ML                                            | 2         |                     |
| <i>propranolol hcl tabs 40mg</i>                                         | 2         |                     |
| <i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>        | 2         |                     |
| <i>propranolol hydrochloride soln 20mg/5ml</i>                           | 2         |                     |
| <i>propranolol hydrochloride tabs 10mg</i>                               | 1         |                     |
| <i>propranolol hydrochloride tabs 20mg, 60mg, 80mg</i>                   | 2         |                     |
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>                 |           |                     |
| <i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>                         | 1         |                     |
| <i>felodipine er tb24 10mg, 2.5mg, 5mg</i>                               | 2         |                     |
| <i>isradipine caps 2.5mg, 5mg</i>                                        | 2         |                     |
| <i>nicardipine hcl caps 20mg, 30mg</i>                                   | 2         |                     |
| <i>nifedipine er tb24 30mg, 60mg, 90mg</i>                               | 2         |                     |
| <i>nifedipine caps 10mg, 20mg</i>                                        | 2         |                     |
| <i>nimodipine caps 30mg</i>                                              | 2         |                     |
| NYMALIZE SOLN 6MG/ML                                                     | 5         | NDS                 |
| SDAMLO SOLR 10MG, 5MG                                                    | 5         | ST NDS              |
| SULAR TB24 17MG, 34MG, 8.5MG                                             | 4         |                     |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>              |           |                     |
| CARDAMYST SOLN 70MG/DOSE                                                 | 5         | PA NDS              |
| CARDIZEM LA TB24 120MG                                                   | 3         |                     |
| CARDIZEM LA TB24 180MG, 240MG, 300MG, 360MG, 420MG                       | 4         |                     |
| <i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>                         | 2         |                     |
| <i>dilt-xr cp24 120mg, 180mg, 240mg</i>                                  | 2         |                     |
| <i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i>                           | 2         |                     |
| <i>diltiazem hcl er cp24 420mg</i>                                       | 2         |                     |
| <i>diltiazem hcl er tb24 420mg</i>                                       | 2         |                     |
| <i>diltiazem hcl tabs 30mg, 60mg</i>                                     | 2         |                     |
| <i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 2         |                     |
| <i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 2         |                     |
| <i>diltiazem hydrochloride tabs 90mg</i>                                 | 1         |                     |
| <i>diltiazem hydrochloride tabs 120mg</i>                                | 2         |                     |

| Drug Name                                                                                                                                            | Drug Tier | Requirements/Limits           |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>matzim la tb</i> 24 180mg, 240mg, 300mg, 360mg, 420mg                                                                                             | 2         |                               |
| <i>tiadylt er cp</i> 24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg                                                                                     | 2         |                               |
| TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG                                                                                                 | 4         |                               |
| <i>verapamil hcl er cp</i> 24 120mg, 180mg                                                                                                           | 2         |                               |
| <i>verapamil hcl er tbc</i> r 120mg                                                                                                                  | 2         |                               |
| <i>verapamil hydrochloride er cp</i> 24 100mg, 200mg, 300mg                                                                                          | 2         |                               |
| <i>verapamil hydrochloride er tbc</i> r 180mg, 240mg                                                                                                 | 2         |                               |
| VERAPAMIL HYDROCHLORIDE SR CP24 360MG                                                                                                                | 2         |                               |
| <i>verapamil hydrochloride sr cp</i> 24 240mg                                                                                                        | 2         |                               |
| <i>verapamil hydrochloride tabs</i> 120mg, 80mg                                                                                                      | 1         |                               |
| <i>verapamil hydrochloride tabs</i> 40mg                                                                                                             | 2         |                               |
| <b>Cardiovascular Agents, Other</b>                                                                                                                  |           |                               |
| <i>aliskiren tabs</i> 150mg, 300mg                                                                                                                   | 2         |                               |
| AMILORIDE/HYDROCHLOROTHIAZIDE TABS 5MG; 50MG                                                                                                         | 2         |                               |
| <i>amlodipine besylate/benazepril hydrochloride caps</i> 10mg; 20mg, 5mg; 10mg, 5mg; 20mg                                                            | 1         |                               |
| <i>amlodipine besylate/benazepril hydrochloride caps</i> 10mg; 40mg, 2.5mg; 10mg, 5mg; 40mg                                                          | 2         |                               |
| <i>amlodipine besylate/valsartan tabs</i> 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg                                                           | 2         |                               |
| <i>amlodipine/olmesartan medoxomil tabs</i> 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg                                                             | 2         |                               |
| <i>amlodipine/valsartan/hydrochlorothiazide tabs</i> 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg | 2         |                               |
| <i>atenolol/chlorthalidone tabs</i> 50mg; 25mg                                                                                                       | 1         |                               |
| <i>atenolol/chlorthalidone tabs</i> 100mg; 25mg                                                                                                      | 2         |                               |
| AVALIDE TABS 12.5MG; 150MG, 12.5MG; 300MG                                                                                                            | 4         |                               |
| BAXFENDY TABS 1MG, 2MG                                                                                                                               | 3         | QL (30 EA per 30 days) PA     |
| <i>benazepril hydrochloride/hydrochlorothiazide tabs</i> 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg                                         | 2         |                               |
| BIDIL TABS 37.5MG; 20MG                                                                                                                              | 3         |                               |
| <i>bisoprolol fumarate/hydrochlorothiazide tabs</i> 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg                                                         | 2         |                               |
| CAMZYOS CAPS 10MG, 15MG, 2.5MG, 5MG                                                                                                                  | 5         | QL (30 EA per 30 days) PA NDS |
| <i>candesartan cilexetil/hydrochlorothiazide tabs</i> 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg                                                         | 2         |                               |
| EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG                                                                                                             | 3         |                               |
| <i>enalapril maleate/hydrochlorothiazide tabs</i> 10mg; 25mg                                                                                         | 1         |                               |
| <i>enalapril maleate/hydrochlorothiazide tabs</i> 5mg; 12.5mg                                                                                        | 2         |                               |
| ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG                                                                                                                   | 3         | QL (240 EA per 30 days)       |
| EXFORGE HCT TABS 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG                                     | 4         |                               |
| EXFORGE TABS 10MG; 160MG, 10MG; 320MG, 5MG; 160MG, 5MG; 320MG                                                                                        | 4         |                               |
| FILSPARI TABS 200MG                                                                                                                                  | 5         | QL (30 EA per 30 days) PA NDS |

| Drug Name                                                                                                                                                   | Drug Tier | Requirements/Limits           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| FILSPARI TABS 400MG                                                                                                                                         | 5         | QL (60 EA per 30 days) PA NDS |
| <i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg</i>                                                                                | 2         |                               |
| HYZAAR TABS 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG                                                                                                        | 4         | QL (60 EA per 30 days)        |
| <i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg</i>                                                                                     | 2         |                               |
| <i>isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg</i>                                                                                     | 2         | PA                            |
| <i>ivabradine hydrochloride tabs 5mg, 7.5mg</i>                                                                                                             | 2         |                               |
| <i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>                                                                           | 1         | PA NDS                        |
| LODOCO TABS 0.5MG                                                                                                                                           | 3         |                               |
| <i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>                                                                 | 1         | QL (30 EA per 30 days) PA NDS |
| <i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>                                                                             | 2         |                               |
| <i>metyrosine caps 250mg</i>                                                                                                                                | 5         | QL (180 EA per 30 days)       |
| MICARDIS HCT TABS 12.5MG; 40MG, 12.5MG; 80MG, 25MG; 80MG                                                                                                    | 4         |                               |
| MYQORZO TABS 10MG, 15MG, 20MG                                                                                                                               | 5         | QL (60 EA per 30 days)        |
| NEFFY SOLN 1MG/0.1ML, 2MG/0.1ML                                                                                                                             | 3         |                               |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i> | 2         | QL (60 EA per 30 days)        |
| <i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>                                                                 | 2         |                               |
| <i>pentoxifylline er tbc 400mg</i>                                                                                                                          | 2         | QL (60 EA per 30 days)        |
| QUINAPRIL/HYDROCHLOROTHIAZIDE TABS 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG                                                                                   | 2         |                               |
| <i>ranolazine er tb12 1000mg, 500mg</i>                                                                                                                     | 2         | QL (60 EA per 30 days)        |
| <i>sacubitril/valsartan tabs 24mg; 26mg</i>                                                                                                                 | 2         |                               |
| <i>sacubitril/valsartan tabs 49mg; 51mg, 97mg; 103mg</i>                                                                                                    | 2         | QL (60 EA per 30 days)        |
| <i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>                                                                                                   | 2         |                               |
| TEKTURN TABS 150MG, 300MG                                                                                                                                   | 4         | QL (60 EA per 30 days)        |
| TELMISARTAN/AMLODIPINE TABS 10MG; 40MG, 10MG; 80MG, 5MG; 40MG, 5MG; 80MG                                                                                    | 2         |                               |
| <i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>                                                                          | 2         | QL (60 EA per 30 days)        |
| TRANDOLAPRIL/VERAPAMIL HCL ER TBCR 1MG; 240MG, 2MG; 180MG, 2MG; 240MG, 4MG; 240MG                                                                           | 2         |                               |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>                                                                                                    | 1         | QL (60 EA per 30 days)        |
| <i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>                                                                                        | 1         |                               |
| TRIBENZOR TABS 10MG; 12.5MG; 40MG, 10MG; 25MG; 40MG, 5MG; 12.5MG; 20MG, 5MG; 12.5MG; 40MG, 5MG; 25MG; 40MG                                                  | 4         | QL (60 EA per 30 days)        |
| <i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>                                                                           | 1         |                               |

| Drug Name                                                      | Drug Tier | Requirements/Limits           |
|----------------------------------------------------------------|-----------|-------------------------------|
| valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 80mg | 2         |                               |
| VECAMYL TABS 2.5MG                                             | 5         | NDS                           |
| VYNDAMAX CAPS 61MG                                             | 5         | QL (30 EA per 30 days) PA NDS |
| ZESTORETIC TABS 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG         | 4         |                               |
| <b>Diuretics, Loop</b>                                         |           |                               |
| bumetanide inj 0.25mg/ml                                       | 2         |                               |
| bumetanide tabs 1mg                                            | 1         |                               |
| bumetanide tabs 0.5mg, 2mg                                     | 2         |                               |
| ENBUMYST SOLN 0.5MG/0.1ML                                      | 3         | PA                            |
| FUROSCIX INJ 80MG/10ML                                         | 3         | PA                            |
| furosemide inj 10mg/ml                                         | 2         |                               |
| FUROSEMIDE ORAL SOLN 10MG/ML, 40MG/5ML                         | 2         |                               |
| furosemide tabs 20mg, 40mg, 80mg                               | 1         |                               |
| LASIX ONYU INJ 80MG/2.67ML                                     | 3         | PA                            |
| SOAANZ TABS 40MG                                               | 3         | ST                            |
| torsemide tabs 100mg, 10mg, 20mg, 5mg                          | 1         |                               |
| <b>Diuretics, Potassium-sparing</b>                            |           |                               |
| amiloride hcl tabs 5mg                                         | 2         |                               |
| DYRENIUM CAPS 100MG, 50MG                                      | 4         |                               |
| triamterene caps 100mg, 50mg                                   | 2         |                               |
| <b>Diuretics, Thiazide</b>                                     |           |                               |
| chlorthalidone tabs 25mg, 50mg                                 | 2         |                               |
| HEMICLOR TABS 12.5MG                                           | 3         |                               |
| hydrochlorothiazide caps 12.5mg                                | 1         |                               |
| hydrochlorothiazide tabs 12.5mg, 25mg, 50mg                    | 1         |                               |
| indapamide tabs 1.25mg                                         | 1         |                               |
| indapamide tabs 2.5mg                                          | 2         |                               |
| INZIRQO SUSR 10MG/ML                                           | 3         | PA                            |
| metolazone tabs 10mg, 2.5mg, 5mg                               | 2         |                               |
| THALITONE TABS 15MG                                            | 3         |                               |
| <b>Dyslipidemics, Fibrin Acid Derivatives</b>                  |           |                               |
| fenofibrate micronized caps 134mg, 200mg, 67mg                 | 2         |                               |
| FENOFIBRATE CAPS 150MG, 50MG                                   | 2         |                               |
| fenofibrate caps 43mg                                          | 2         |                               |
| fenofibrate tabs 54mg                                          | 1         |                               |
| fenofibrate tabs 145mg, 160mg, 48mg                            | 2         |                               |
| fenofibric acid dr cpdr 135mg, 45mg                            | 2         |                               |
| gemfibrozil tabs 600mg                                         | 2         |                               |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>             |           |                               |
| ATORVALIQ SUSP 20MG/5ML                                        | 3         | ST                            |
| atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg               | 1         |                               |
| fluvastatin sodium er tb24 80mg                                | 2         |                               |
| fluvastatin caps 20mg, 40mg                                    | 2         |                               |
| LESCOL XL TB24 80MG                                            | 4         | ST                            |
| LIVALO TABS 1MG, 2MG, 4MG                                      | 3         |                               |
| lovastatin tabs 10mg, 20mg, 40mg                               | 1         |                               |
| pitavastatin calcium tabs 1mg, 2mg, 4mg                        | 2         |                               |

| Drug Name                                                                        | Drug Tier | Requirements/Limits            |
|----------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>                                  | 1         |                                |
| <i>pravastatin sodium tabs 80mg</i>                                              | 2         |                                |
| <i>rosuvastatin calcium tabs 10mg, 20mg, 40mg</i>                                | 1         |                                |
| <i>rosuvastatin calcium tabs 5mg</i>                                             | 2         |                                |
| <i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>                              | 1         |                                |
| ZOCOR TABS 10MG, 20MG, 40MG                                                      | 4         |                                |
| ZYPITAMAG TABS 2MG, 4MG                                                          | 3         | ST                             |
| <b>Dyslipidemics, Other</b>                                                      |           |                                |
| <i>cholestyramine light pack 4gm</i>                                             | 2         |                                |
| <i>cholestyramine pack 4gm</i>                                                   | 2         |                                |
| <i>colesevelam hydrochloride pack 3.75gm</i>                                     | 2         |                                |
| <i>colesevelam hydrochloride tabs 625mg</i>                                      | 2         |                                |
| COLESTID TABS 1GM                                                                | 4         |                                |
| <i>colestipol hydrochloride pack 5gm</i>                                         | 2         |                                |
| <i>colestipol hydrochloride tabs 1gm</i>                                         | 2         |                                |
| <i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i> | 2         |                                |
| <i>ezetimibe tabs 10mg</i>                                                       | 2         |                                |
| <i>icosapent ethyl caps 0.5gm, 1gm</i>                                           | 2         |                                |
| JUXTAPID CAPS 2MG                                                                | 5         | QL (112 EA per 365 days) PA    |
| JUXTAPID CAPS 10MG, 5MG                                                          | 5         | QL (30 EA per 30 days) PA NDS  |
| JUXTAPID CAPS 20MG, 30MG                                                         | 5         | QL (60 EA per 30 days) PA NDS  |
| LOVAZA CAPS 375MG; 465MG; 1GM                                                    | 4         |                                |
| MYQORZO TABS 5MG                                                                 | 5         | QL (30 EA per 30 days) PA NDS  |
| NEXLETOL TABS 180MG                                                              | 3         | QL (30 EA per 30 days) PA      |
| NEXLIZET TABS 180MG; 10MG                                                        | 3         | QL (30 EA per 30 days) PA      |
| <i>niacin er tbc 1000mg, 500mg, 750mg</i>                                        | 2         |                                |
| NIACIN TABS 500MG                                                                | 2         |                                |
| <i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>                          | 2         |                                |
| PRALUENT INJ 150MG/ML, 75MG/ML                                                   | 3         | QL (2 ML per 28 days) PA       |
| <i>prevalite pack 4gm</i>                                                        | 2         |                                |
| QUESTRAN LIGHT POWD 4GM/DOSE                                                     | 4         |                                |
| QUESTRAN POWD 4GM/DOSE                                                           | 4         |                                |
| REDEMPLO INJ 25MG/0.5ML                                                          | 5         | QL (0.5 ML per 84 days) PA NDS |
| REPATHA SURECLICK INJ 140MG/ML                                                   | 3         | QL (3 ML per 28 days) PA       |
| REPATHA INJ 140MG/ML                                                             | 3         | QL (3 ML per 28 days) PA       |
| TRYNGOLZA INJ 80MG/0.8ML                                                         | 5         | QL (0.8 ML per 28 days) PA NDS |
| WELCHOL TABS 625MG                                                               | 4         |                                |
| <b>Mineralocorticoid Receptor Antagonists</b>                                    |           |                                |
| <i>eplerenone tabs 25mg, 50mg</i>                                                | 2         |                                |
| KERENDIA TABS 10MG, 20MG, 40MG                                                   | 3         | QL (30 EA per 30 days) PA      |
| <i>spironolactone susp 25mg/5ml</i>                                              | 2         |                                |
| <i>spironolactone tabs 100mg, 25mg</i>                                           | 1         |                                |
| <i>spironolactone tabs 50mg</i>                                                  | 2         |                                |
| <b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>                       |           |                                |
| <i>dapagliflozin tabs 10mg, 5mg</i>                                              | 3         | QL (30 EA per 30 days)         |
| FARXIGA TABS 10MG, 5MG                                                           | 3         | QL (30 EA per 30 days)         |
| INPEFA TABS 200MG                                                                | 3         | QL (30 EA per 30 days) ST      |
| INPEFA TABS 400MG                                                                | 3         | ST                             |

| Drug Name                                                                                                                                                                                                                                                           | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| INVOKANA TABS 100MG, 300MG                                                                                                                                                                                                                                          | 3         | QL (30 EA per 30 days)     |
| JARDIANCE TABS 10MG, 25MG                                                                                                                                                                                                                                           | 3         | QL (30 EA per 30 days)     |
| STEGLATRO TABS 15MG                                                                                                                                                                                                                                                 | 3         | QL (30 EA per 30 days) ST  |
| STEGLATRO TABS 5MG                                                                                                                                                                                                                                                  | 3         | QL (60 EA per 30 days) ST  |
| <b>Vasodilators, Direct-acting Arterial/Venous</b>                                                                                                                                                                                                                  |           |                            |
| isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg                                                                                                                                                                                                                     | 2         | NDS                        |
| isosorbide dinitrate tabs 40mg                                                                                                                                                                                                                                      | 2         |                            |
| isosorbide mononitrate er tb24 120mg, 30mg, 60mg                                                                                                                                                                                                                    | 1         |                            |
| isosorbide mononitrate tabs 10mg, 20mg                                                                                                                                                                                                                              | 2         |                            |
| nitro-bid oint 2%                                                                                                                                                                                                                                                   | 3         |                            |
| nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 2<br>0.6mg/hr                                                                                                                                                                                          | 2         |                            |
| nitroglycerin soln 0.4mg/spray                                                                                                                                                                                                                                      | 2         |                            |
| nitroglycerin subl 0.3mg, 0.4mg, 0.6mg                                                                                                                                                                                                                              | 2         |                            |
| NITROLINGUAL SOLN 0.4MG/SPRAY                                                                                                                                                                                                                                       | 4         |                            |
| VERQUVO TABS 10MG, 2.5MG, 5MG                                                                                                                                                                                                                                       | 3         |                            |
| <b>Vasodilators, Direct-acting Arterial</b>                                                                                                                                                                                                                         |           |                            |
| hydralazine hydrochloride tabs 10mg, 25mg, 50mg                                                                                                                                                                                                                     | 1         |                            |
| hydralazine hydrochloride tabs 100mg                                                                                                                                                                                                                                | 2         |                            |
| minoxidil tabs 10mg, 2.5mg                                                                                                                                                                                                                                          | 2         |                            |
| <b>Central Nervous System Agents</b>                                                                                                                                                                                                                                |           |                            |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>                                                                                                                                                                                                |           |                            |
| ADDERALL XR CP24 1.25MG; 1.25MG; 1.25MG; 1.25MG, 4<br>2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.75MG; 3.75MG; 3.75MG;<br>3.75MG, 5MG; 5MG; 5MG; 5MG, 6.25MG; 6.25MG;<br>6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG                                                              |           | QL (60 EA per 30 days) ST  |
| ADDERALL TABS 1.25MG; 1.25MG; 1.25MG; 1.25MG, 4<br>1.875MG; 1.875MG; 1.875MG; 1.875MG, 5MG; 5MG;<br>5MG; 5MG                                                                                                                                                        | 4         | QL (90 EA per 30 days) ST  |
| ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG, 3<br>3.1MG, 6.3MG, 9.4MG                                                                                                                                                                                                | 3         | QL (30 EA per 30 days) ST  |
| amphetamine er odt tbed 12.5mg, 15.7mg, 18.8mg, 3.1mg, 3<br>6.3mg, 9.4mg                                                                                                                                                                                            | 3         | QL (30 EA per 30 days) ST  |
| amphetamine sulfate tabs 10mg, 5mg                                                                                                                                                                                                                                  | 2         | QL (180 EA per 30 days)    |
| amphetamine/dextroamphetamine er cp24 12.5mg; 12.5mg; 2<br>12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg,<br>6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg;<br>9.375mg; 9.375mg                                                                             | 2         | QL (30 EA per 30 days)     |
| amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 2<br>1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg;<br>3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg;<br>6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg                                            | 2         | QL (60 EA per 30 days)     |
| amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 2<br>1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg,<br>2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg;<br>3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg;<br>5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg | 2         | QL (90 EA per 30 days)     |
| ARYNTA SOLN 10MG/ML                                                                                                                                                                                                                                                 | 3         | QL (240 ML per 34 days) PA |

| Drug Name                                                                                                                                           | Drug Tier | Requirements/Limits         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| AZSTARYS CAPS 10.4MG; 52.3MG, 5.2MG; 26.1MG, 7.8MG; 39.2MG                                                                                          | 3         | QL (30 EA per 30 days) ST   |
| <i>dextroamphetamine sulfate er cp24 15mg</i>                                                                                                       | 2         | QL (120 EA per 30 days)     |
| <i>dextroamphetamine sulfate er cp24 10mg</i>                                                                                                       | 2         | QL (180 EA per 30 days)     |
| <i>dextroamphetamine sulfate er cp24 5mg</i>                                                                                                        | 2         | QL (60 EA per 30 days)      |
| <i>dextroamphetamine sulfate soln 5mg/5ml</i>                                                                                                       | 2         | QL (1800 ML per 30 days)    |
| <i>dextroamphetamine sulfate tabs 10mg</i>                                                                                                          | 2         | QL (180 EA per 30 days)     |
| <i>dextroamphetamine sulfate tabs 30mg</i>                                                                                                          | 2         | QL (60 EA per 30 days)      |
| <i>dextroamphetamine sulfate tabs 15mg, 20mg, 5mg</i>                                                                                               | 2         | QL (90 EA per 30 days)      |
| DYANAVEL XR SUER 2.5MG/ML                                                                                                                           | 3         | QL (240 ML per 30 days)     |
| DYANAVEL XR TBCR 10MG, 15MG, 20MG, 5MG                                                                                                              | 3         | QL (30 EA per 30 days) ST   |
| <i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>                                                                    | 2         | QL (30 EA per 30 days) PA   |
| <i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>                                                                          | 2         | QL (30 EA per 30 days) PA   |
| <i>methamphetamine hydrochloride tabs 5mg</i>                                                                                                       | 2         | QL (150 EA per 30 days) PA  |
| MYDAYIS CP24 12.5MG; 12.5MG; 12.5MG; 12.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 9.375MG; 9.375MG; 9.375MG; 9.375MG | 3         | QL (30 EA per 30 days) ST   |
| <i>procentra soln 5mg/5ml</i>                                                                                                                       | 4         | QL (1800 ML per 30 days) ST |
| VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG                                                                                               | 3         | QL (30 EA per 30 days) PA   |
| VYVANSE CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG                                                                                                     | 3         | QL (30 EA per 30 days) PA   |
| XELSTRYM PTCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR                                                                                              | 3         | QL (30 EA per 30 days) ST   |
| <i>zenzedi tabs 2.5mg, 7.5mg</i>                                                                                                                    | 3         | QL (240 EA per 30 days) ST  |
| <i>zenzedi tabs 10mg</i>                                                                                                                            | 4         | QL (180 EA per 30 days) ST  |
| <i>zenzedi tabs 30mg</i>                                                                                                                            | 4         | QL (60 EA per 30 days) ST   |
| <i>zenzedi tabs 15mg, 20mg, 5mg</i>                                                                                                                 | 4         | QL (90 EA per 30 days) ST   |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                                                                            |           |                             |
| <i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>                                                                                         | 2         | QL (30 EA per 30 days)      |
| <i>atomoxetine caps 10mg</i>                                                                                                                        | 2         | QL (60 EA per 30 days)      |
| ATONCY SOLN 4MG/ML                                                                                                                                  | 3         | QL (750 ML per 30 days) ST  |
| <i>clonidine hydrochloride er tb12 0.1mg</i>                                                                                                        | 2         |                             |
| CONCERTA TBCR 18MG, 27MG, 54MG                                                                                                                      | 3         | QL (30 EA per 30 days) ST   |
| CONCERTA TBCR 36MG                                                                                                                                  | 3         | QL (60 EA per 30 days) ST   |
| COTEMPLA XR-ODT TBED 8.6MG                                                                                                                          | 3         | QL (180 EA per 30 days) ST  |
| COTEMPLA XR-ODT TBED 25.9MG                                                                                                                         | 3         | QL (60 EA per 30 days) ST   |
| COTEMPLA XR-ODT TBED 17.3MG                                                                                                                         | 3         | QL (90 EA per 30 days) ST   |
| <i>dexmethylphenidate hcl tabs 10mg, 5mg</i>                                                                                                        | 2         | QL (60 EA per 30 days)      |
| <i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>                                                       | 2         | QL (30 EA per 30 days)      |
| <i>dexmethylphenidate hydrochloride tabs 2.5mg</i>                                                                                                  | 2         | QL (60 EA per 30 days)      |
| FOCALIN XR CP24 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG                                                                                       | 4         | QL (30 EA per 30 days) ST   |
| FOCALIN TABS 10MG, 2.5MG, 5MG                                                                                                                       | 4         | QL (60 EA per 30 days) ST   |
| <i>guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg</i>                                                                                          | 2         |                             |

| Drug Name                                                                                  | Drug Tier | Requirements/Limits             |
|--------------------------------------------------------------------------------------------|-----------|---------------------------------|
| JORNAY PM CP24 100MG, 20MG, 40MG, 60MG, 80MG                                               | 3         | QL (30 EA per 30 days) ST       |
| METHYLIN SOLN 10MG/5ML, 5MG/5ML                                                            | 4         | ST                              |
| <i>methylphenidate hydrochloride er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>       | 2         | QL (30 EA per 30 days)          |
| METHYLPHENIDATE HYDROCHLORIDE ER (DIF) TBCR 27MG, 54MG                                     | 2         | QL (30 EA per 30 days)          |
| METHYLPHENIDATE HYDROCHLORIDE ER (DIF) TBCR 36MG                                           | 2         | QL (60 EA per 30 days)          |
| <i>methylphenidate hydrochloride er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg</i>             | 2         | QL (30 EA per 30 days)          |
| METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TBCR 45MG, 63MG                                     | 3         | QL (30 EA per 30 days) ST       |
| <i>methylphenidate hydrochloride er (osm) tbcx 18mg, 27mg, 54mg, 72mg</i>                  | 2         | QL (30 EA per 30 days)          |
| <i>methylphenidate hydrochloride er (osm) tbcx 36mg</i>                                    | 2         | QL (60 EA per 30 days)          |
| <i>methylphenidate hydrochloride er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i> | 2         | QL (30 EA per 30 days) ST       |
| METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG                                                 | 2         | QL (30 EA per 30 days)          |
| <i>methylphenidate hydrochloride er tbcx 10mg</i>                                          | 2         | QL (180 EA per 30 days)         |
| <i>methylphenidate hydrochloride er tbcx 20mg</i>                                          | 2         | QL (90 EA per 30 days)          |
| <i>methylphenidate hydrochloride chew 10mg</i>                                             | 2         | QL (180 EA per 30 days)         |
| <i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>                                       | 2         | QL (90 EA per 30 days)          |
| <i>methylphenidate hydrochloride soln 10mg/5ml, 5mg/5ml</i>                                | 2         |                                 |
| <i>methylphenidate hydrochloride tabs 10mg, 20mg, 5mg</i>                                  | 2         | QL (90 EA per 30 days)          |
| <i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>                         | 2         | QL (30 EA per 30 days)          |
| ONYDA XR SUEP 0.1MG/ML                                                                     | 3         | QL (120 ML per 30 days) PA      |
| QELBREE CP24 100MG, 150MG                                                                  | 3         | QL (30 EA per 30 days) ST       |
| QELBREE CP24 200MG                                                                         | 3         | QL (60 EA per 30 days) ST       |
| QUILLICHEW ER CHER 20MG, 40MG                                                              | 3         | QL (30 EA per 30 days) ST       |
| QUILLICHEW ER CHER 30MG                                                                    | 3         | QL (60 EA per 30 days) ST       |
| QUILLIVANT XR SRER 25MG/5ML                                                                | 3         | QL (360 ML per 30 days) ST      |
| RELEXXII TBCR 18MG, 27MG, 45MG, 54MG, 63MG                                                 | 3         | QL (30 EA per 30 days) ST       |
| RELEXXII TBCR 36MG                                                                         | 3         | QL (60 EA per 30 days) ST       |
| RELEXXII TBCR 72MG                                                                         | 4         | QL (30 EA per 30 days)          |
| RITALIN TABS 10MG, 20MG, 5MG                                                               | 4         | QL (90 EA per 30 days) ST       |
| <b>Central Nervous System, Other</b>                                                       |           |                                 |
| AQNEURSA PACK 1GM                                                                          | 5         | QL (120 EA per 30 days) PA NDS  |
| AUSTEDO XR PATIENT TITRATION KIT TEPA 0                                                    | 5         | QL (56 EA per 365 days) PA NDS  |
| AUSTEDO XR TB24 12MG, 24MG, 6MG                                                            | 5         | QL (30 EA per 30 days) PA       |
| AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG                                               | 5         | QL (30 EA per 30 days) PA NDS   |
| AUSTEDO TABS 12MG, 6MG, 9MG                                                                | 5         | QL (120 EA per 30 days) PA NDS  |
| <i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>                            | 2         |                                 |
| <i>butalbital/acetaminophen caps 300mg; 50mg</i>                                           | 2         |                                 |
| <i>butalbital/acetaminophen tabs 300mg; 50mg</i>                                           | 2         |                                 |
| <i>butalbital/acetaminophen tabs 325mg; 50mg</i>                                           | 2         | QL (180 EA per 30 days)         |
| <i>butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg</i>                                  | 2         | QL (180 EA per 30 days)         |
| COBENFY STARTER PACK CPPK 20MG; 0                                                          | 5         | QL (112 EA per 365 days) PA NDS |

| Drug Name                                         | Drug Tier | Requirements/Limits            |
|---------------------------------------------------|-----------|--------------------------------|
| COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG | 5         | QL (60 EA per 30 days) PA NDS  |
| DAYBUE STIX PACK 5000MG, 6000MG                   | 5         | QL (120 EA per 30 days) PA NDS |
| DAYBUE STIX PACK 8000MG                           | 5         | QL (60 EA per 30 days) PA NDS  |
| FIRDAPSE TABS 10MG                                | 5         | QL (300 EA per 30 days) PA NDS |
| HORIZANT TBCR 300MG, 600MG                        | 3         | QL (60 EA per 30 days) PA      |
| INGREZZA CAPS 60MG, 80MG                          | 5         | QL (30 EA per 30 days) PA NDS  |
| INGREZZA CAPS 40MG                                | 5         | QL (60 EA per 30 days) PA NDS  |
| INGREZZA CPPK 0                                   | 5         | QL (56 EA per 365 days) PA NDS |
| INGREZZA CPSP 60MG, 80MG                          | 5         | QL (30 EA per 30 days) PA NDS  |
| INGREZZA CPSP 40MG                                | 5         | QL (60 EA per 30 days) PA NDS  |
| LYNKUET CAPS 60MG                                 | 3         | QL (60 EA per 30 days) PA      |
| NUEDEXTA CAPS 20MG; 10MG                          | 5         | QL (60 EA per 30 days) PA NDS  |
| RADICAVA ORS STARTER KIT SUSP 105MG/5ML           | 5         | QL (70 ML per 28 days) PA NDS  |
| <i>riluzole tabs 50mg</i>                         | 2         |                                |
| TENCON TABS 325MG; 50MG                           | 3         | QL (180 EA per 30 days)        |
| <i>tetrabenazine tabs 12.5mg</i>                  | 2         | QL (90 EA per 30 days) PA NDS  |
| <i>tetrabenazine tabs 25mg</i>                    | 5         | QL (120 EA per 30 days) PA NDS |
| TIGLUTIK SUSP 50MG/10ML                           | 5         | PA NDS                         |
| VEOZAH TABS 45MG                                  | 3         | QL (30 EA per 30 days) PA      |
| <b>Fibromyalgia Agents</b>                        |           |                                |
| <i>pregabalin er tb24 330mg</i>                   | 2         | QL (60 EA per 30 days)         |
| <i>pregabalin er tb24 165mg, 82.5mg</i>           | 2         | QL (90 EA per 30 days)         |
| SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG            | 3         | QL (60 EA per 30 days)         |
| TONMYA SUBL 2.8MG                                 | 5         | QL (60 EA per 30 days) PA NDS  |
| <b>Multiple Sclerosis Agents</b>                  |           |                                |
| AVONEX PEN INJ 30MCG/0.5ML                        | 5         | QL (4 EA per 28 days) PA NDS   |
| AVONEX INJ 30MCG/0.5ML                            | 5         | QL (4 EA per 28 days) PA NDS   |
| BAFIERTAM CPDR 95MG                               | 5         | QL (120 EA per 30 days) PA NDS |
| BETASERON INJ 0.3MG                               | 5         | QL (15 EA per 30 days) PA NDS  |
| <i>cladribine tbpk 10mg</i>                       | 5         | PA NDS                         |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (16 EA per 999 days) PA NDS |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (20 EA per 999 days) PA NDS |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (24 EA per 999 days) PA NDS |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (28 EA per 999 days) PA NDS |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (32 EA per 999 days) PA     |
| <i>cladribine tbpk 10mg</i>                       | 5         | QL (40 EA per 999 days) PA NDS |
| <i>dalfampridine er tb12 10mg</i>                 | 2         | QL (60 EA per 30 days) PA      |
| <i>dimethyl fumarate starterpack cdpk 0</i>       | 2         | QL (120 EA per 365 days) PA    |
| <i>dimethyl fumarate cpdr 120mg, 240mg</i>        | 2         | QL (60 EA per 30 days) PA NDS  |
| <i>fingolimod hydrochloride caps 0.5mg</i>        | 5         | QL (30 EA per 30 days) PA NDS  |
| GILENYA CAPS 0.25MG                               | 5         | QL (60 EA per 30 days) PA NDS  |
| KESIMPTA INJ 20MG/0.4ML                           | 5         | QL (0.4 ML per 28 days) PA NDS |
| MAVENCLAD TBPK 10MG                               | 5         | PA NDS                         |
| MAVENCLAD TBPK 10MG                               | 5         | QL (16 EA per 999 days) PA NDS |
| MAVENCLAD TBPK 10MG                               | 5         | QL (20 EA per 999 days) PA NDS |
| MAVENCLAD TBPK 10MG                               | 5         | QL (24 EA per 999 days) PA NDS |
| MAVENCLAD TBPK 10MG                               | 5         | QL (28 EA per 999 days) PA NDS |
| MAVENCLAD TBPK 10MG                               | 5         | QL (32 EA per 999 days) PA NDS |

| Drug Name                                   | Drug Tier | Requirements/Limits             |
|---------------------------------------------|-----------|---------------------------------|
| MAVENCLAD TBPK 10MG                         | 5         | QL (40 EA per 999 days) PA NDS  |
| MAYZENT STARTER PACK TBPK 0.25MG            | 3         | QL (14 EA per 365 days) PA NDS  |
| MAYZENT STARTER PACK TBPK 0.25MG            | 3         | QL (24 EA per 365 days) PA      |
| MAYZENT TABS 0.25MG                         | 5         | QL (120 EA per 30 days) PA NDS  |
| MAYZENT TABS 1MG, 2MG                       | 5         | QL (30 EA per 30 days) PA NDS   |
| PLEGRIDY INJ 125MCG/0.5ML                   | 5         | QL (1 ML per 28 days) PA NDS    |
| PONVORY 14-DAY STARTER PACK TBPK 0          | 5         | QL (28 EA per 365 days) PA NDS  |
| PONVORY TABS 20MG                           | 5         | QL (30 EA per 30 days) PA NDS   |
| REBIF REBIDOSE TITRATION PACK INJ 0         | 5         | QL (8.4 ML per 365 days) PA NDS |
| REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML | 5         | QL (6 ML per 28 days) PA NDS    |
| REBIF TITRATION PACK INJ 0                  | 5         | QL (8.4 ML per 365 days) PA NDS |
| REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML          | 5         | QL (6 ML per 28 days) PA NDS    |
| TASCENSO ODT TBDP 0.25MG, 0.5MG             | 5         | QL (30 EA per 30 days) PA NDS   |
| teriflunomide tabs 14mg, 7mg                | 5         | QL (30 EA per 30 days) PA NDS   |
| VUMERITY CPDR 231MG                         | 5         | QL (120 EA per 30 days) PA NDS  |
| ZEPOSIA 7-DAY STARTER PACK CPPK 0           | 5         | QL (14 EA per 365 days) PA NDS  |
| ZEPOSIA STARTER KIT CPPK 0                  | 5         | QL (56 EA per 365 days) PA NDS  |
| ZEPOSIA CAPS 0.92MG                         | 5         | QL (30 EA per 30 days) PA NDS   |

## Dental and Oral Agents

### Dental and Oral Agents

|                                                |   |
|------------------------------------------------|---|
| cevimeline hydrochloride caps 30mg             | 2 |
| chlorhexidine gluconate soln 0.12%             | 1 |
| doxycycline hyclate tabs 20mg                  | 2 |
| EVOXAC CAPS 30MG                               | 4 |
| kourzeq pste 0.1%                              | 2 |
| lidocaine viscous soln 2%                      | 1 |
| periogard soln 0.12%                           | 1 |
| pilocarpine hydrochloride tabs 5mg, 7.5mg      | 2 |
| SALAGEN TABS 5MG, 7.5MG                        | 4 |
| triamcinolone acetonide dental paste pste 0.1% | 2 |

## Dermatological Agents

### Acne and Rosacea Agents

|                                                       |   |                         |
|-------------------------------------------------------|---|-------------------------|
| ABSORICA LD CAPS 16MG, 24MG, 32MG, 8MG                | 5 | NDS                     |
| accutane caps 10mg, 20mg, 40mg                        | 2 |                         |
| acitretin caps 10mg, 17.5mg, 25mg                     | 2 |                         |
| adapalene/benzoyl peroxide gel 0.1%; 2.5%, 0.3%; 2.5% | 2 |                         |
| adapalene crea 0.1%                                   | 2 |                         |
| adapalene gel 0.3%                                    | 2 |                         |
| AKLIEF CREA 0.005%                                    | 3 | PA                      |
| ALTRENO LOTN 0.05%                                    | 3 | PA                      |
| amnestem caps 10mg, 20mg, 30mg, 40mg                  | 2 |                         |
| ATRALIN GEL 0.05%                                     | 4 | PA                      |
| azelaic acid gel 15%                                  | 2 | QL (100 GM per 30 days) |
| AZELEX CREA 20%                                       | 3 | QL (100 GM per 30 days) |
| BENZAMYCIN GEL 5%; 3%                                 | 4 |                         |
| brimonidine tartrate gel 0.33%                        | 2 | PA                      |
| claravis caps 10mg, 20mg, 30mg, 40mg                  | 2 |                         |
| CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE GEL 2.5%; 1.2% | 2 |                         |

| Drug Name                                                               | Drug Tier | Requirements/Limits          |
|-------------------------------------------------------------------------|-----------|------------------------------|
| <i>clindamycin phosphate/benzoyl peroxide gel 3.75%; 1.2%, 5%; 1.2%</i> | 2         |                              |
| <i>clindamycin phosphate/tretinoin gel 1.2%; 0.025%</i>                 | 2         |                              |
| <i>clindamycin/benzoyl peroxide gel 5%; 1%</i>                          | 2         |                              |
| EPIDUO FORTE GEL 0.3%; 2.5%                                             | 4         |                              |
| <i>erythromycin/benzoyl peroxide gel 5%; 3%</i>                         | 2         |                              |
| FINACEA FOAM 15%                                                        | 3         | QL (50 GM per 30 days)       |
| <i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>                         | 2         |                              |
| <i>isotretinoin caps 25mg</i>                                           | 4         |                              |
| <i>isotretinoin caps 35mg</i>                                           | 5         | NDS                          |
| <i>metronidazole crea 0.75%</i>                                         | 2         |                              |
| <i>metronidazole gel 0.75%, 1%</i>                                      | 2         |                              |
| <i>metronidazole lotn 0.75%</i>                                         | 2         |                              |
| <i>neuac gel 5%; 1.2%</i>                                               | 2         |                              |
| ONEXTON GEL 3.75%; 1.2%                                                 | 3         |                              |
| RETIN-A MICRO PUMP GEL 0.08%                                            | 4         | PA                           |
| RETIN-A MICRO GEL 0.06%                                                 | 3         | PA                           |
| RETIN-A GEL 0.025%                                                      | 4         | PA                           |
| RHOFADE CREA 1%                                                         | 3         | PA                           |
| <i>tazarotene crea 0.05%, 0.1%</i>                                      | 2         | QL (60 GM per 30 days)       |
| TAZAROTENE FOAM 0.1%                                                    | 3         | QL (100 GM per 30 days)      |
| <i>tazarotene gel 0.05%, 0.1%</i>                                       | 2         | QL (100 GM per 30 days)      |
| TAZORAC CREA 0.05%                                                      | 3         | QL (60 GM per 30 days)       |
| TAZORAC CREA 0.1%                                                       | 4         | QL (60 GM per 30 days)       |
| TAZORAC GEL 0.05%, 0.1%                                                 | 3         | QL (100 GM per 30 days)      |
| TRETINOIN MICROSPHERE GEL 0.04%, 0.1%                                   | 2         | PA                           |
| <i>tretinoin microsphere gel 0.08%</i>                                  | 2         | PA NDS                       |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i>                               | 2         | PA                           |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i>                               | 2         | PA                           |
| TWYNEO CREA 3%; 0.1%                                                    | 3         |                              |
| WINLEVI CREA 1%                                                         | 3         | PA                           |
| <i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>                             | 2         |                              |
| <b><i>Dermatitis and Pruritus Agents</i></b>                            |           |                              |
| ADBRY INJ 150MG/ML                                                      | 5         | QL (6 ML per 28 days) PA NDS |
| ADBRY INJ 300MG/2ML                                                     | 5         | QL (8 ML per 28 days) PA NDS |
| <i>ala-cort crea 1%</i>                                                 | 1         |                              |
| ALA-SCALP LOTN 2%                                                       | 3         |                              |
| <i>alclometasone dipropionate crea 0.05%</i>                            | 2         |                              |
| ALCLOMETASONE DIPROPIONATE OINT 0.05%                                   | 2         |                              |
| AMCINONIDE CREA 0.1%                                                    | 2         |                              |
| AMCINONIDE OINT 0.1%                                                    | 2         |                              |
| <i>ammonium lactate crea 12%</i>                                        | 2         |                              |
| <i>ammonium lactate lotn 12%</i>                                        | 2         |                              |
| <i>betamethasone dipropionate augmented crea 0.05%</i>                  | 2         |                              |
| BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%                          | 2         |                              |
| <i>betamethasone dipropionate augmented lotn 0.05%</i>                  | 2         |                              |
| <i>betamethasone dipropionate augmented oint 0.05%</i>                  | 2         |                              |
| <i>betamethasone dipropionate crea 0.05%</i>                            | 2         |                              |

| Drug Name                                         | Drug Tier | Requirements/Limits       |
|---------------------------------------------------|-----------|---------------------------|
| <i>betamethasone dipropionate lotn 0.05%</i>      | 2         |                           |
| <i>betamethasone dipropionate oint 0.05%</i>      | 2         |                           |
| <i>betamethasone valerate crea 0.1%</i>           | 2         |                           |
| <i>betamethasone valerate foam 0.12%</i>          | 2         | QL (100 GM per 30 days)   |
| <i>betamethasone valerate lotn 0.1%</i>           | 2         |                           |
| <i>betamethasone valerate oint 0.1%</i>           | 2         |                           |
| <i>clobetasol propionate e crea 0.05%</i>         | 2         | QL (120 GM per 30 days)   |
| <i>clobetasol propionate emollient foam 0.05%</i> | 2         |                           |
| <i>clobetasol propionate crea 0.05%</i>           | 2         |                           |
| <i>clobetasol propionate foam 0.05%</i>           | 2         |                           |
| <i>clobetasol propionate gel 0.05%</i>            | 2         |                           |
| <i>clobetasol propionate liqd 0.05%</i>           | 2         |                           |
| <i>clobetasol propionate lotn 0.05%</i>           | 2         |                           |
| <i>clobetasol propionate oint 0.05%</i>           | 2         | QL (120 GM per 30 days)   |
| <i>clobetasol propionate sham 0.05%</i>           | 2         |                           |
| <i>clobetasol propionate soln 0.05%</i>           | 2         |                           |
| CLOCORTOLONE PIVALATE CREA 0.1%                   | 2         |                           |
| <i>clodan sham 0.05%</i>                          | 2         |                           |
| CORDRAN TAPE 4MCG/SQCM                            | 3         |                           |
| <i>desonide crea 0.05%</i>                        | 2         |                           |
| DESONIDE GEL 0.05%                                | 2         |                           |
| <i>desonide lotn 0.05%</i>                        | 2         |                           |
| <i>desonide oint 0.05%</i>                        | 2         | QL (120 GM per 30 days)   |
| <i>desoximetasone crea 0.05%, 0.25%</i>           | 2         | QL (100 GM per 30 days)   |
| DESOXIMETASONE GEL 0.05%                          | 2         |                           |
| <i>desoximetasone liqd 0.25%</i>                  | 2         |                           |
| <i>desoximetasone oint 0.05%, 0.25%</i>           | 2         |                           |
| DIFLORASONE DIACETATE CREA 0.05%                  | 2         |                           |
| <i>diflorasone diacetate oint 0.05%</i>           | 2         | QL (60 GM per 30 days)    |
| DIPROLENE OINT 0.05%                              | 4         |                           |
| <i>doxepin hydrochloride crea 5%</i>              | 2         | QL (90 GM per 30 days) PA |
| EUCRISA OINT 2%                                   | 3         | PA                        |
| <i>fluocinolone acetonide scalp oil 0.01%</i>     | 2         |                           |
| <i>fluocinolone acetonide crea 0.01%, 0.025%</i>  | 2         | QL (120 GM per 30 days)   |
| <i>fluocinolone acetonide oint 0.025%</i>         | 2         | QL (120 GM per 30 days)   |
| <i>fluocinolone acetonide soln 0.01%</i>          | 2         | QL (60 ML per 30 days)    |
| <i>fluocinonide emulsified base crea 0.05%</i>    | 2         | QL (60 GM per 30 days)    |
| <i>fluocinonide crea 0.1%</i>                     | 2         | QL (120 GM per 30 days)   |
| <i>fluocinonide crea 0.05%</i>                    | 2         | QL (60 GM per 30 days)    |
| <i>fluocinonide gel 0.05%</i>                     | 2         | QL (60 GM per 30 days)    |
| <i>fluocinonide oint 0.05%</i>                    | 2         | QL (60 GM per 30 days)    |
| <i>fluocinonide soln 0.05%</i>                    | 2         | QL (60 ML per 30 days)    |
| <i>flurandrenolide lotn 0.05%</i>                 | 2         |                           |
| <i>fluticasone propionate crea 0.05%</i>          | 2         |                           |
| FLUTICASONE PROPIONATE LOTN 0.05%                 | 2         |                           |
| <i>fluticasone propionate oint 0.005%</i>         | 2         |                           |
| <i>halcinonide crea 0.1%</i>                      | 2         |                           |
| <i>halobetasol propionate crea 0.05%</i>          | 2         |                           |
| HALOBETASOL PROPIONATE FOAM 0.05%                 | 2         |                           |

| Drug Name                                                           | Drug Tier | Requirements/Limits            |
|---------------------------------------------------------------------|-----------|--------------------------------|
| HALOBETASOL PROPIONATE LOTN 0.05%                                   | 5         | NDS                            |
| <i>halobetasol propionate oint 0.05%</i>                            | 2         |                                |
| HYDROCORTISONE BUTYRATE CREA 0.1%                                   | 2         |                                |
| <i>hydrocortisone butyrate lotn 0.1%</i>                            | 2         |                                |
| HYDROCORTISONE BUTYRATE OINT 0.1%                                   | 2         |                                |
| HYDROCORTISONE BUTYRATE SOLN 0.1%                                   | 2         |                                |
| <i>hydrocortisone valerate crea 0.2%</i>                            | 2         | QL (60 GM per 30 days)         |
| <i>hydrocortisone valerate oint 0.2%</i>                            | 2         |                                |
| <i>hydrocortisone crea 1%</i>                                       | 1         |                                |
| HYDROCORTISONE LOTN 2.5%                                            | 2         |                                |
| HYDROCORTISONE LOTN 2%                                              | 5         | NDS                            |
| <i>hydrocortisone oint 2.5%</i>                                     | 1         |                                |
| <i>hydrocortisone oint 1%</i>                                       | 1         | QL (100 GM per 30 days)        |
| HYDROCORTISONE SOLN 2.5%                                            | 3         |                                |
| HYFTOR GEL 0.2%                                                     | 5         | PA NDS                         |
| <i>mometasone furoate crea 0.1%</i>                                 | 2         |                                |
| <i>mometasone furoate oint 0.1%</i>                                 | 2         |                                |
| <i>mometasone furoate soln 0.1%</i>                                 | 2         |                                |
| OPZELURA CREA 1.5%                                                  | 5         | QL (240 GM per 30 days) PA NDS |
| <i>pimecrolimus crea 1%</i>                                         | 2         | QL (100 GM per 30 days)        |
| SELENIUM SULFIDE LOTN 2.5%                                          | 1         |                                |
| SPEVIGO INJ 150MG/ML, 300MG/2ML                                     | 5         | QL (4 ML per 28 days) PA NDS   |
| SYNALAR CREA 0.025%                                                 | 4         | QL (120 GM per 30 days)        |
| SYNALAR OINT 0.025%                                                 | 4         | QL (120 GM per 30 days)        |
| <i>tacrolimus oint 0.03%, 0.1%</i>                                  | 2         | QL (100 GM per 30 days)        |
| TEXACORT SOLN 2.5%                                                  | 3         |                                |
| TOPICORT LIQD 0.25%                                                 | 4         |                                |
| <i>tovet foam 0.05%</i>                                             | 2         |                                |
| <i>triamcinolone acetonide crea 0.025%, 0.1%</i>                    | 1         |                                |
| <i>triamcinolone acetonide crea 0.5%</i>                            | 2         |                                |
| TRIAMCINOLONE ACETONIDE LOTN 0.025%                                 | 2         |                                |
| <i>triamcinolone acetonide lotn 0.1%</i>                            | 2         |                                |
| <i>triamcinolone acetonide oint 0.025%, 0.1%</i>                    | 1         |                                |
| <i>triamcinolone acetonide oint 0.05%, 0.5%</i>                     | 2         |                                |
| <i>triderm crea 0.5%</i>                                            | 2         |                                |
| ULTRAVATE LOTN 0.05%                                                | 5         | NDS                            |
| ZORYVE CREA 0.05%, 0.15%                                            | 3         | PA                             |
| <b>Dermatological Agents, Other</b>                                 |           |                                |
| CABTREO GEL 0.15%; 3.1%; 1.2%                                       | 3         |                                |
| <i>calcipotriene/betamethasone dipropionate susp 0.064%; 0.005%</i> | 2         | QL (400 GM per 30 days) NDS    |
| <i>calcipotriene crea 0.005%</i>                                    | 2         | QL (120 GM per 30 days)        |
| CALCIPOTRIENE FOAM 0.005%                                           | 3         |                                |
| <i>calcipotriene oint 0.005%</i>                                    | 2         | QL (120 GM per 30 days)        |
| CALCIPOTRIENE SOLN 0.005%                                           | 2         | QL (60 ML per 30 days)         |
| CALCITRIOL OINT 3MCG/GM                                             | 2         |                                |
| <i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>       | 1         | QL (90 GM per 30 days)         |
| CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%              | 2         | QL (60 ML per 30 days)         |

| Drug Name                                                              | Drug Tier | Requirements/Limits            |
|------------------------------------------------------------------------|-----------|--------------------------------|
| <i>diclofenac sodium gel 3%</i>                                        | 2         | QL (300 GM per 30 days)        |
| ENSTILAR FOAM 0.064%; 0.005%                                           | 5         | QL (420 GM per 28 days) NDS    |
| FILSUVEZ GEL 10%                                                       | 5         | PA NDS                         |
| FLUOROURACIL CREA 0.5%                                                 | 5         | NDS                            |
| <i>fluorouracil crea 5%</i>                                            | 2         | QL (40 GM per 30 days)         |
| FLUOROURACIL SOLN 2%                                                   | 2         |                                |
| <i>fluorouracil soln 5%</i>                                            | 2         |                                |
| HYDROCORTISONE ACETATE/PRAMOXINE CREA 1%; 2<br>1%                      | 2         |                                |
| <i>imiquimod pump crea 3.75%</i>                                       | 2         | QL (56 GM per 30 days)         |
| <i>imiquimod crea 5%</i>                                               | 2         | QL (48 EA per 30 days)         |
| KLISYRI OINT 1%                                                        | 5         | QL (5 EA per 30 days) ST NDS   |
| METHOXSALEN CAPS 10MG                                                  | 5         | NDS                            |
| NEO-SYNALAR CREA 0.025%; 0.5%                                          | 3         |                                |
| <i>nystatin/triamcinolone acetonide crea 100000unit/gm;<br/>1mg/gm</i> | 2         |                                |
| <i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>       | 2         |                                |
| OTEZLA XR TB24 75MG                                                    | 5         | QL (30 EA per 30 days) PA NDS  |
| OTEZLA/OTEZLA XR 28 DAY TREATMENT<br>INITIATION PACK TBPK 0            | 5         | QL (82 EA per 365 days) PA NDS |
| OTEZLA TABS 20MG, 30MG                                                 | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>podofilox gel 0.5%</i>                                              | 2         |                                |
| PODOFILOX SOLN 0.5%                                                    | 2         |                                |
| PROCTOFOAM HC FOAM 1%; 1%                                              | 3         |                                |
| QBREXZA PADS 2.4%                                                      | 3         | QL (30 EA per 30 days)         |
| SANTYL OINT 250UNIT/GM                                                 | 3         | QL (180 GM per 30 days)        |
| <i>silver sulfadiazine crea 1%</i>                                     | 2         |                                |
| SOFDRA GEL 12.45%                                                      | 3         | QL (40.2 ML per 30 days) PA    |
| SOTYKTU TABS 6MG                                                       | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>ssd crea 1%</i>                                                     | 2         |                                |
| VECTICAL OINT 3MCG/GM                                                  | 3         |                                |
| VTAMA CREA 1%                                                          | 5         | PA NDS                         |
| ZORYVE CREA 0.3%                                                       | 3         | PA                             |
| ZYCLARA PUMP CREA 3.75%                                                | 5         | QL (56 GM per 30 days) NDS     |
| <b><i>Pediculicides/Scabicides</i></b>                                 |           |                                |
| CROTAN LOTN 10%                                                        | 3         | QL (454 GM per 30 days)        |
| <i>ivermectin crea 1%</i>                                              | 2         | QL (45 GM per 30 days)         |
| <i>malathion lotn 0.5%</i>                                             | 2         | QL (59 ML per 30 days)         |
| NATROBA SUSP 0.9%                                                      | 4         |                                |
| OVIDE LOTN 0.5%                                                        | 4         | QL (59 ML per 30 days)         |
| <i>permethrin crea 5%</i>                                              | 2         | QL (60 GM per 30 days)         |
| PRURADIK LOTN 10%                                                      | 3         | QL (454 GM per 30 days)        |
| SPINOSAD SUSP 0.9%                                                     | 2         |                                |
| <b><i>Topical Anti-infectives</i></b>                                  |           |                                |
| <i>acyclovir oint 5%</i>                                               | 2         | QL (60 GM per 30 days)         |
| <i>ciclopirox nail lacquer soln 8%</i>                                 | 2         | QL (13.2 ML per 30 days) PA    |
| <i>ciclopirox olamine crea 0.77%</i>                                   | 2         | QL (90 GM per 30 days)         |
| <i>ciclopirox gel 0.77%</i>                                            | 2         | QL (100 GM per 30 days)        |
| <i>ciclopirox sham 1%</i>                                              | 2         | QL (120 ML per 30 days)        |

| Drug Name                                                                                                                                                                                                                                                                               | Drug Tier | Requirements/Limits     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>ciclopirox susp 0.77%</i>                                                                                                                                                                                                                                                            | 2         | QL (120 ML per 30 days) |
| CLEOCIN-T LOTN 1%                                                                                                                                                                                                                                                                       | 4         | QL (75 ML per 30 days)  |
| <i>clindacin foam 1%</i>                                                                                                                                                                                                                                                                | 2         |                         |
| <i>clindamycin phosphate (once-daily) gel 1%</i>                                                                                                                                                                                                                                        | 2         |                         |
| <i>clindamycin phosphate (twice-daily) gel 1%</i>                                                                                                                                                                                                                                       | 2         |                         |
| <i>clindamycin phosphate foam 1%</i>                                                                                                                                                                                                                                                    | 2         |                         |
| <i>clindamycin phosphate lotn 1%</i>                                                                                                                                                                                                                                                    | 2         | QL (75 ML per 30 days)  |
| <i>clindamycin phosphate topical soln 1%</i>                                                                                                                                                                                                                                            | 2         | QL (60 ML per 30 days)  |
| CLINDESSE CREA 2%                                                                                                                                                                                                                                                                       | 3         |                         |
| <i>dapsone gel 5%, 7.5%</i>                                                                                                                                                                                                                                                             | 2         |                         |
| ERY PADS 2%                                                                                                                                                                                                                                                                             | 2         | QL (60 EA per 30 days)  |
| ERYTHROMYCIN GEL 2%                                                                                                                                                                                                                                                                     | 2         | QL (60 GM per 30 days)  |
| <i>erythromycin soln 2%</i>                                                                                                                                                                                                                                                             | 2         | QL (60 ML per 30 days)  |
| <i>mupirocin crea 2%</i>                                                                                                                                                                                                                                                                | 2         |                         |
| <i>mupirocin oint 2%</i>                                                                                                                                                                                                                                                                | 2         | QL (110 GM per 30 days) |
| <i>penciclovir crea 1%</i>                                                                                                                                                                                                                                                              | 2         |                         |
| ZELSUVMI GEL 10.3%                                                                                                                                                                                                                                                                      | 5         | PA NDS                  |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>                                                                                                                                                                                                                                            |           |                         |
| <b><i>Electrolyte/Mineral Replacement</i></b>                                                                                                                                                                                                                                           |           |                         |
| CARBAGLU TBSO 200MG                                                                                                                                                                                                                                                                     | 5         | NDS                     |
| <i>carglumic acid tbso 200mg</i>                                                                                                                                                                                                                                                        | 5         | NDS                     |
| CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L;<br>880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML;<br>438MG/100ML; 204MG/100ML; 255MG/100ML;<br>311MG/100ML; 247MG/100ML; 170MG/100ML;<br>238MG/100ML; 289MG/100ML; 213MG/100ML;<br>179MG/100ML; 77MG/100ML; 17MG/100ML;<br>247MG/100ML         | 3         | B/D                     |
| CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L;<br>880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML;<br>438MG/100ML; 204MG/100ML; 255MG/100ML;<br>311MG/100ML; 247MG/100ML; 170MG/100ML;<br>238MG/100ML; 289MG/100ML; 213MG/100ML;<br>179MG/100ML; 77MG/100ML; 17MG/100ML;<br>247MG/100ML           | 3         | B/D                     |
| CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML;<br>1035MG/100ML; 575MG/100ML; 20MEQ/1000ML;<br>15GM/100ML; 515MG/100ML; 240MG/100ML;<br>300MG/100ML; 365MG/100ML; 290MG/100ML;<br>200MG/100ML; 280MG/100ML; 340MG/100ML;<br>250MG/100ML; 210MG/100ML; 90MG/100ML;<br>20MG/100ML; 290MG/100ML | 3         | B/D                     |
| CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L;<br>1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML;<br>515MG/100ML; 240MG/100ML; 300MG/100ML;<br>365MG/100ML; 290MG/100ML; 200MG/100ML;<br>280MG/100ML; 340MG/100ML; 250MG/100ML;<br>210MG/100ML; 90MG/100ML; 20MG/100ML;<br>290MG/100ML           | 3         | B/D                     |

| Drug Name                                                                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML;<br>316MG/100ML; 33MG/100ML; 5GM/100ML;<br>515MG/100ML; 132MG/100ML; 165MG/100ML;<br>201MG/100ML; 159MG/100ML; 51MG/100ML;<br>110MG/100ML; 454MG/100ML; 154MG/100ML;<br>261MG/100ML; 187MG/100ML; 138MG/100ML;<br>217MG/100ML; 112MG/100ML; 116MG/100ML;<br>50MG/100ML; 11MG/100ML; 160MG/100ML  | 3         | B/D                 |
| CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML;<br>489MG/100ML; 33MG/100ML; 10GM/100ML;<br>438MG/100ML; 204MG/100ML; 255MG/100ML;<br>311MG/100ML; 247MG/100ML; 51MG/100ML;<br>170MG/100ML; 702MG/100ML; 238MG/100ML;<br>261MG/100ML; 289MG/100ML; 213MG/100ML;<br>297MG/100ML; 77MG/100ML; 179MG/100ML;<br>77MG/100ML; 17MG/100ML; 247MG/100ML | 3         | B/D                 |
| CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML;<br>489MG/100ML; 33MG/100ML; 5GM/100ML;<br>438MG/100ML; 204MG/100ML; 255MG/100ML;<br>311MG/100ML; 247MG/100ML; 51MG/100ML;<br>170MG/100ML; 702MG/100ML; 238MG/100ML;<br>261MG/100ML; 289MG/100ML; 213MG/100ML;<br>297MG/100ML; 77MG/100ML; 179MG/100ML;<br>77MG/100ML; 17MG/100ML; 247MG/100ML   | 3         | B/D                 |
| CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML;<br>575MG/100ML; 33MG/100ML; 15GM/100ML;<br>515MG/100ML; 240MG/100ML; 300MG/100ML;<br>365MG/100ML; 290MG/100ML; 51MG/100ML;<br>200MG/100ML; 826MG/100ML; 280MG/100ML;<br>261MG/100ML; 340MG/100ML; 250MG/100ML;<br>340MG/100ML; 59MG/100ML; 210MG/100ML;<br>90MG/100ML; 20MG/100ML; 290MG/100ML   | 3         | B/D                 |
| CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML;<br>575MG/100ML; 33MG/100ML; 20GM/100ML;<br>515MG/100ML; 240MG/100ML; 300MG/100ML;<br>365MG/100ML; 290MG/100ML; 51MG/100ML;<br>200MG/100ML; 826MG/100ML; 280MG/100ML;<br>261MG/100ML; 340MG/100ML; 250MG/100ML;<br>340MG/100ML; 59MG/100ML; 210MG/100ML;<br>90MG/100ML; 20MG/100ML; 290MG/100ML   | 3         | B/D                 |
| <i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml;</i><br><i>434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml;</i><br><i>749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml;</i><br><i>1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml;</i><br><i>250mg/100ml; 39mg/100ml; 960mg/100ml</i>                                 | 4         | B/D                 |
| DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJ 10%;<br>0.2%                                                                                                                                                                                                                                                                                            | 2         |                     |
| DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%;<br>0.45%                                                                                                                                                                                                                                                                                          | 2         |                     |

| Drug Name                                                                                                                                                                                                                                                         | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| DEXTROSE 10% INJ 10%                                                                                                                                                                                                                                              | 2         |                     |
| DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJ 2.5%; 0.45%                                                                                                                                                                                                               | 1         |                     |
| DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJ 5%; 0.2%                                                                                                                                                                                                                     | 2         |                     |
| <i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>                                                                                                                                                                                                            | 2         |                     |
| <i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>                                                                                                                                                                                                              | 2         |                     |
| <i>dextrose 5% inj 5%</i>                                                                                                                                                                                                                                         | 2         |                     |
| ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L                                                                                                                                                                                | 3         |                     |
| ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML                                                                                                                                               | 3         |                     |
| <i>klor-con 10 tbc 10meq</i>                                                                                                                                                                                                                                      | 2         |                     |
| <i>klor-con 8 tbc 8meq</i>                                                                                                                                                                                                                                        | 2         |                     |
| <i>klor-con m10 tbc 10meq</i>                                                                                                                                                                                                                                     | 2         |                     |
| <i>klor-con m15 tbc 15meq</i>                                                                                                                                                                                                                                     | 2         |                     |
| <i>klor-con m20 tbc 20meq</i>                                                                                                                                                                                                                                     | 2         |                     |
| <i>klor-con pack 20meq</i>                                                                                                                                                                                                                                        | 2         |                     |
| <i>magnesium sulfate inj 50%</i>                                                                                                                                                                                                                                  | 2         |                     |
| <i>multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>                                                                                                                                                             | 2         |                     |
| PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L                                                                                                                                                                                             | 3         |                     |
| <i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i> | 3         | B/D                 |
| POKONZA PACK 10MEQ, 15MEQ                                                                                                                                                                                                                                         | 5         | NDS                 |
| POKONZA SOLN 5%                                                                                                                                                                                                                                                   | 5         | NDS                 |
| <i>potassium chloride er cpr 10meq, 8meq</i>                                                                                                                                                                                                                      | 2         |                     |
| POTASSIUM CHLORIDE ER TBCR 15MEQ                                                                                                                                                                                                                                  | 2         |                     |
| <i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>                                                                                                                                                                                                        | 2         |                     |
| <i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 2 0.45%, 5%; 20meq/l; 0.45%, 5%; 40meq/l; 0.45%</i>                                                                                                                                               | 2         |                     |
| <i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>                                                                                                                                                                        | 2         |                     |
| POTASSIUM CHLORIDE INJ 10MEQ/100ML, 20MEQ/100ML                                                                                                                                                                                                                   | 2         |                     |
| <i>potassium chloride inj 2meq/ml</i>                                                                                                                                                                                                                             | 2         |                     |
| <i>potassium chloride pack 20meq</i>                                                                                                                                                                                                                              | 2         |                     |
| <i>potassium chloride oral soln 10%, 20%</i>                                                                                                                                                                                                                      | 2         |                     |
| <i>potassium citrate er tbc 1080mg, 15meq, 540mg</i>                                                                                                                                                                                                              | 2         |                     |
| PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML                                              | 3         | B/D                 |

| Drug Name                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML                        | 3         | B/D                            |
| <i>sodium chloride 0.45% inj 0.45%</i>                                                                                                                                                                                                                                              | 2         |                                |
| <i>sodium chloride inj 0.9%, 3%, 5%</i>                                                                                                                                                                                                                                             | 2         |                                |
| SODIUM FLUORIDE CHEW 1MG                                                                                                                                                                                                                                                            | 2         |                                |
| TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML                                                                                                                                                                                       | 3         |                                |
| TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML                                                   | 3         | B/D                            |
| TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML | 3         | B/D                            |
| <b><i>Electrolyte/Mineral/Metal Modifiers</i></b>                                                                                                                                                                                                                                   |           |                                |
| CHEMET CAPS 100MG                                                                                                                                                                                                                                                                   | 5         | NDS                            |
| CUVRIOR TABS 300MG                                                                                                                                                                                                                                                                  | 5         | PA NDS                         |
| <i>deferasirox pack 180mg, 360mg, 90mg</i>                                                                                                                                                                                                                                          | 5         | PA NDS                         |
| <i>deferasirox tabs 180mg, 360mg, 90mg</i>                                                                                                                                                                                                                                          | 2         | PA                             |
| <i>deferasirox tbso 125mg</i>                                                                                                                                                                                                                                                       | 2         | PA NDS                         |
| <i>deferasirox tbso 250mg, 500mg</i>                                                                                                                                                                                                                                                | 5         | PA NDS                         |
| <i>deferiprone tabs 1000mg, 500mg</i>                                                                                                                                                                                                                                               | 5         | PA NDS                         |
| DEPEN TITRATABS TABS 250MG                                                                                                                                                                                                                                                          | 5         | NDS                            |
| EXJADE TBSO 125MG, 250MG, 500MG                                                                                                                                                                                                                                                     | 5         | PA NDS                         |
| FERRIPROX TWICE-A-DAY TABS 1000MG                                                                                                                                                                                                                                                   | 5         | PA NDS                         |
| JYNARQUE TBPk 0, 15MG                                                                                                                                                                                                                                                               | 5         | QL (56 EA per 28 days) PA NDS  |
| <i>penicillamine caps 250mg</i>                                                                                                                                                                                                                                                     | 5         | PA NDS                         |
| <i>penicillamine tabs 250mg</i>                                                                                                                                                                                                                                                     | 5         | NDS                            |
| <i>tolvaptan tabs 15mg, 30mg</i>                                                                                                                                                                                                                                                    | 5         | QL (120 EA per 30 days) PA NDS |
| <i>tolvaptan tabs 15mg</i>                                                                                                                                                                                                                                                          | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>tolvaptan tabs 30mg</i>                                                                                                                                                                                                                                                          | 5         | QL (60 EA per 30 days) PA NDS  |
| <i>tolvaptan tbpk 0, 15mg</i>                                                                                                                                                                                                                                                       | 5         | QL (56 EA per 28 days) PA NDS  |
| TRIENTINE HYDROCHLORIDE CAPS 500MG                                                                                                                                                                                                                                                  | 5         | PA NDS                         |
| <i>trientine hydrochloride caps 250mg</i>                                                                                                                                                                                                                                           | 5         | PA NDS                         |
| <b><i>Phosphate Binders</i></b>                                                                                                                                                                                                                                                     |           |                                |
| <i>calcium acetate caps 667mg</i>                                                                                                                                                                                                                                                   | 2         |                                |
| <i>calcium acetate tabs 667mg</i>                                                                                                                                                                                                                                                   | 2         |                                |

| Drug Name                                                        | Drug Tier | Requirements/Limits           |
|------------------------------------------------------------------|-----------|-------------------------------|
| FOSRENOL PACK 1000MG, 750MG                                      | 3         |                               |
| lanthanum carbonate chew 1000mg, 500mg, 750mg                    | 2         |                               |
| sevelamer carbonate pack 0.8gm, 2.4gm                            | 2         | NDS                           |
| sevelamer carbonate tabs 800mg                                   | 2         |                               |
| sevelamer hydrochloride tabs 400mg, 800mg                        | 2         |                               |
| VELPHORO CHEW 500MG                                              | 5         | NDS                           |
| <b>Potassium Binders</b>                                         |           |                               |
| kionex susp 15gm/60ml                                            | 2         |                               |
| LOKELMA PACK 10GM, 5GM                                           | 3         | QL (90 EA per 30 days)        |
| sodium polystyrene sulfonate powd 0                              | 2         |                               |
| sodium polystyrene sulfonate susp 15gm/60ml                      | 2         |                               |
| sps susp 15gm/60ml                                               | 2         |                               |
| VELTASSA PACK 1GM                                                | 3         | QL (120 EA per 30 days)       |
| VELTASSA PACK 16.8GM, 25.2GM, 8.4GM                              | 4         | QL (30 EA per 30 days)        |
| <b>Gastrointestinal Agents</b>                                   |           |                               |
| <b>Anti-Constipation Agents</b>                                  |           |                               |
| constulose soln 10gm/15ml                                        | 2         |                               |
| enulose soln 10gm/15ml                                           | 2         |                               |
| generlac soln 10gm/15ml                                          | 2         |                               |
| kristalose pack 10gm, 20gm                                       | 3         | ST                            |
| lactulose pack 10gm, 20gm                                        | 2         |                               |
| lactulose soln 10gm/15ml                                         | 2         |                               |
| LINZESS CAPS 145MCG, 290MCG, 72MCG                               | 3         | QL (30 EA per 30 days)        |
| lubiprostone caps 24mcg, 8mcg                                    | 2         | QL (60 EA per 30 days)        |
| MOTEGRITY TABS 1MG, 2MG                                          | 3         | QL (30 EA per 30 days)        |
| MOVANTIK TABS 12.5MG, 25MG                                       | 3         | QL (30 EA per 30 days)        |
| prucalopride tabs 1mg, 2mg                                       | 2         | QL (30 EA per 30 days)        |
| RELISTOR INJ 8MG/0.4ML                                           | 5         | QL (12 ML per 30 days) NDS    |
| RELISTOR INJ 12MG/0.6ML                                          | 5         | QL (18 ML per 30 days) NDS    |
| RELISTOR TABS 150MG                                              | 5         | QL (90 EA per 30 days) NDS    |
| SYMPROIC TABS 0.2MG                                              | 3         | QL (30 EA per 30 days) ST     |
| TRULANCE TABS 3MG                                                | 3         | QL (30 EA per 30 days)        |
| <b>Anti-Diarrheal Agents</b>                                     |           |                               |
| alosetron hydrochloride tabs 0.5mg                               | 2         | QL (120 EA per 30 days) PA    |
| alosetron hydrochloride tabs 1mg                                 | 2         | QL (60 EA per 30 days) PA     |
| diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg | 2         |                               |
| DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML               | 2         |                               |
| loperamide hydrochloride caps 2mg                                | 2         |                               |
| MYTESI TBEC 125MG                                                | 5         | QL (60 EA per 30 days) NDS    |
| VIBERZI TABS 100MG, 75MG                                         | 5         | QL (60 EA per 30 days) PA NDS |
| XERMELO TABS 250MG                                               | 5         | QL (90 EA per 30 days) PA NDS |
| <b>Antispasmodics, Gastrointestinal</b>                          |           |                               |
| chlordiazepoxide hydrochloride/clidinium bromide caps 5mg; 2.5mg | 2         |                               |
| dicyclomine hcl soln 10mg/5ml                                    | 2         |                               |
| dicyclomine hydrochloride caps 10mg                              | 1         |                               |
| DICYCLOMINE HYDROCHLORIDE TABS 40MG                              | 2         |                               |

| Drug Name                                                                                              | Drug Tier | Requirements/Limits           |
|--------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>dicyclomine hydrochloride tabs 20mg</i>                                                             | 1         |                               |
| <i>glycopyrrolate soln 1mg/5ml</i>                                                                     | 2         | PA                            |
| GLYCOPYRROLATE TABS 1.5MG                                                                              | 3         | PA                            |
| <i>glycopyrrolate tabs 1mg, 2mg</i>                                                                    | 2         | PA                            |
| <i>methscopolamine bromide tabs 2.5mg, 5mg</i>                                                         | 2         |                               |
| <b>Gastrointestinal Agents, Other</b>                                                                  |           |                               |
| <i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride caps 140mg; 125mg; 125mg</i>        | 2         |                               |
| BYLVAY (PELLETS) CPSP 200MCG, 600MCG                                                                   | 5         | PA NDS                        |
| BYLVAY CAPS 1200MCG, 400MCG                                                                            | 5         | PA NDS                        |
| CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML                                                       | 3         |                               |
| CTEXLI TABS 250MG                                                                                      | 5         | PA NDS                        |
| GATTEX INJ 5MG                                                                                         | 5         | PA NDS                        |
| GAVILYTE-C SOLR 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM                                                 | 2         |                               |
| <i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>                                          | 2         |                               |
| <i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>                                       | 2         |                               |
| IQIRVO TABS 80MG                                                                                       | 5         | QL (30 EA per 30 days) PA NDS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THPK 500MG; 500MG; 30MG                                        | 2         |                               |
| LIVMARLI SOLN 19MG/ML                                                                                  | 5         | QL (60 ML per 30 days) PA NDS |
| LIVMARLI SOLN 9.5MG/ML                                                                                 | 5         | QL (90 ML per 30 days) PA NDS |
| LIVMARLI TABS 30MG                                                                                     | 5         | QL (30 EA per 30 days) PA NDS |
| LIVMARLI TABS 10MG, 15MG, 20MG                                                                         | 5         | QL (60 EA per 30 days) PA NDS |
| <i>metoclopramide hcl soln 5mg/5ml</i>                                                                 | 2         |                               |
| <i>metoclopramide hydrochloride tabs 10mg, 5mg</i>                                                     | 1         |                               |
| MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM                                             | 4         |                               |
| MYALEPT INJ 11.3MG                                                                                     | 5         | PA NDS                        |
| <i>nitroglycerin oint 0.4%</i>                                                                         | 2         | QL (30 GM per 30 days)        |
| <i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 25.9gm; 2.691gm; 7.5gm</i>              | 2         |                               |
| <i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>                               | 2         |                               |
| <i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>                             | 2         |                               |
| PLENVU SOLR 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM                                                  | 3         |                               |
| PYLERA CAPS 140MG; 125MG; 125MG                                                                        | 4         |                               |
| REGLAN TABS 10MG, 5MG                                                                                  | 4         |                               |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i> | 2         |                               |
| SUTAB TABS 225MG; 188MG; 1479MG                                                                        | 3         |                               |
| TALICIA CPDR 250MG; 10MG; 12.5MG                                                                       | 3         |                               |
| URSODIOL CAPS 200MG, 400MG                                                                             | 5         | NDS                           |
| <i>ursodiol caps 300mg</i>                                                                             | 2         |                               |
| <i>ursodiol tabs 250mg, 500mg</i>                                                                      | 2         |                               |
| VOQUEZNA TABS 10MG                                                                                     | 3         | QL (30 EA per 30 days) PA     |

| Drug Name                                                                                                                                                                      | Drug Tier | Requirements/Limits             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| VOQUEZNA TABS 20MG                                                                                                                                                             | 3         | QL (60 EA per 30 days) PA       |
| VOWST CAPS 0                                                                                                                                                                   | 5         | QL (12 EA per 3 days) PA NDS    |
| XIFAXAN TABS 200MG, 550MG                                                                                                                                                      | 3         | QL (90 EA per 30 days) PA       |
| <b>Histamine2 (H2) Receptor Antagonists</b>                                                                                                                                    |           |                                 |
| <i>cimetidine hydrochloride soln 300mg/5ml</i>                                                                                                                                 | 2         |                                 |
| <i>famotidine susr 40mg/5ml</i>                                                                                                                                                | 2         |                                 |
| <i>famotidine tabs 20mg</i>                                                                                                                                                    | 1         |                                 |
| <i>famotidine tabs 40mg</i>                                                                                                                                                    | 2         |                                 |
| NIZATIDINE CAPS 300MG                                                                                                                                                          | 2         |                                 |
| <i>nizatidine caps 150mg</i>                                                                                                                                                   | 2         |                                 |
| <b>Protectants</b>                                                                                                                                                             |           |                                 |
| CARAFATE SUSP 1GM/10ML                                                                                                                                                         | 4         |                                 |
| CYTOTEC TABS 100MCG, 200MCG                                                                                                                                                    | 4         |                                 |
| <i>misoprostol tabs 100mcg, 200mcg</i>                                                                                                                                         | 2         |                                 |
| <i>sucralfate susp 1gm/10ml</i>                                                                                                                                                | 2         |                                 |
| <i>sucralfate tabs 1gm</i>                                                                                                                                                     | 2         |                                 |
| <b>Proton Pump Inhibitors</b>                                                                                                                                                  |           |                                 |
| <i>esomeprazole magnesium cpdr 20mg, 40mg</i>                                                                                                                                  | 2         | QL (60 EA per 30 days)          |
| <i>esomeprazole magnesium pack 10mg, 2.5mg, 20mg, 40mg, 5mg</i>                                                                                                                | 2         | QL (60 EA per 30 days)          |
| KONVOMEPR SUSR 2MG/ML; 84MG/ML                                                                                                                                                 | 3         | QL (600 ML per 30 days) NDS     |
| <i>lansoprazole cpdr 15mg, 30mg</i>                                                                                                                                            | 2         | QL (60 EA per 30 days)          |
| NEXIUM PACK 2.5MG, 5MG                                                                                                                                                         | 3         | QL (60 EA per 30 days)          |
| <i>omeprazole dr cpdr 10mg</i>                                                                                                                                                 | 2         | QL (60 EA per 30 days)          |
| <i>omeprazole cpdr 20mg, 40mg</i>                                                                                                                                              | 1         | QL (60 EA per 30 days)          |
| <i>pantoprazole sodium tbec 20mg, 40mg</i>                                                                                                                                     | 1         | QL (60 EA per 30 days)          |
| <i>rabeprazole sodium tbec 20mg</i>                                                                                                                                            | 2         | QL (60 EA per 30 days)          |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>                                                                                                |           |                                 |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>                                                                                                |           |                                 |
| AQVESME TABS 100MG                                                                                                                                                             | 5         | QL (56 EA per 28 days) PA NDS   |
| ARALAST NP INJ 1000MG                                                                                                                                                          | 5         | PA NDS                          |
| <i>betaine anhydrous powd 0</i>                                                                                                                                                | 5         | NDS                             |
| CERDELGA CAPS 84MG                                                                                                                                                             | 5         | QL (56 EA per 28 days) PA NDS   |
| CHOLBAM CAPS 250MG, 50MG                                                                                                                                                       | 5         | PA NDS                          |
| CRENESSITY CAPS 100MG                                                                                                                                                          | 5         | QL (120 EA per 30 days) PA NDS  |
| CRENESSITY CAPS 50MG                                                                                                                                                           | 5         | QL (90 EA per 30 days) PA NDS   |
| CRENESSITY SOLN 50MG/ML                                                                                                                                                        | 5         | QL (240 ML per 30 days) PA NDS  |
| CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT | 3         |                                 |
| <i>cromolyn sodium conc 100mg/5ml</i>                                                                                                                                          | 2         |                                 |
| CYSTADANE POWD 0                                                                                                                                                               | 5         | NDS                             |
| CYSTAGON CAPS 150MG, 50MG                                                                                                                                                      | 3         |                                 |
| DAYBUE SOLN 200MG/ML                                                                                                                                                           | 5         | QL (3600 ML per 30 days) PA NDS |
| <i>dichlorphenamide tabs 50mg</i>                                                                                                                                              | 5         | QL (120 EA per 30 days) PA NDS  |
| ENDARI PACK 5GM                                                                                                                                                                | 5         | PA NDS                          |

| Drug Name                                                                                                                                      | Drug Tier | Requirements/Limits            |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| EVRYSDI SOLR 0.75MG/ML                                                                                                                         | 5         | QL (240 ML per 30 days) PA NDS |
| EVRYSDI TABS 5MG                                                                                                                               | 5         | QL (30 EA per 30 days) PA NDS  |
| FORZINITY INJ 280MG/3.5ML                                                                                                                      | 5         | QL (14 ML per 28 days) PA NDS  |
| GALAFOLD CAPS 123MG                                                                                                                            | 5         | QL (14 EA per 28 days) PA NDS  |
| GASTROCROM CONC 100MG/5ML                                                                                                                      | 5         | NDS                            |
| GLASSIA INJ 1000MG/50ML                                                                                                                        | 5         | PA NDS                         |
| <i>glycerol phenylbutyrate liqd 1.1gm/ml</i>                                                                                                   | 5         | QL (525 ML per 30 days) PA NDS |
| HARLIKU TABS 2MG                                                                                                                               | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>javygtor pack 100mg, 500mg</i>                                                                                                              | 5         | PA NDS                         |
| <i>javygtor tabs 100mg</i>                                                                                                                     | 5         | PA NDS                         |
| JOENJA TABS 70MG                                                                                                                               | 5         | QL (60 EA per 30 days) PA NDS  |
| KEVEYIS TABS 50MG                                                                                                                              | 5         | QL (120 EA per 30 days) PA NDS |
| <i>l-glutamine pack 5gm</i>                                                                                                                    | 5         | PA NDS                         |
| LOARGYS INJ 2MG/0.4ML                                                                                                                          | 5         | PA NDS                         |
| <i>miglustat caps 100mg</i>                                                                                                                    | 5         | QL (90 EA per 30 days) PA NDS  |
| MIPLYFFA CAPS 124MG, 47MG, 62MG, 93MG                                                                                                          | 5         | QL (90 EA per 30 days) PA NDS  |
| <i>nitisinone caps 10mg, 20mg, 2mg, 5mg</i>                                                                                                    | 5         | NDS                            |
| NITYR TABS 10MG, 2MG, 5MG                                                                                                                      | 5         | NDS                            |
| OLPRUVA THPK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM                                                                                                   | 5         | PA NDS                         |
| ORFADIN CAPS 10MG, 20MG, 2MG, 5MG                                                                                                              | 5         | NDS                            |
| ORFADIN SUSP 4MG/ML                                                                                                                            | 5         | NDS                            |
| <i>ormalvi tabs 50mg</i>                                                                                                                       | 5         | QL (120 EA per 30 days) PA NDS |
| PALYNZIQ INJ 10MG/0.5ML                                                                                                                        | 5         | QL (28 ML per 28 days) PA NDS  |
| PALYNZIQ INJ 20MG/ML                                                                                                                           | 5         | QL (56 ML per 28 days) PA NDS  |
| PALYNZIQ INJ 2.5MG/0.5ML                                                                                                                       | 5         | QL (8 ML per 28 days) PA NDS   |
| PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT; 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT | 3         | ST                             |
| PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT                                                               | 5         | ST NDS                         |
| PROLASTIN-C INJ 1000MG/20ML                                                                                                                    | 5         | PA NDS                         |
| PYRUKYND TAPER PACK TBPK 0, 5MG                                                                                                                | 5         | QL (30 EA per 30 days) PA NDS  |
| PYRUKYND TABS 50MG                                                                                                                             | 5         | QL (120 EA per 30 days) PA NDS |
| PYRUKYND TABS 20MG, 5MG                                                                                                                        | 5         | QL (60 EA per 30 days) PA NDS  |
| RAVICTI LIQD 1.1GM/ML                                                                                                                          | 5         | QL (525 ML per 30 days) PA NDS |
| REVCovi INJ 2.4MG/1.5ML                                                                                                                        | 5         | PA NDS                         |
| <i>sapropterin dihydrochloride pack 100mg, 500mg</i>                                                                                           | 5         | PA NDS                         |
| <i>sapropterin dihydrochloride tabs 100mg</i>                                                                                                  | 5         | PA NDS                         |
| SEPHIENCE PACK 1000MG, 250MG                                                                                                                   | 5         | PA NDS                         |
| <i>sodium phenylbutyrate powd 3gm/tsp</i>                                                                                                      | 5         | NDS                            |
| <i>sodium phenylbutyrate tabs 500mg</i>                                                                                                        | 5         | NDS                            |
| SUCRAID SOLN 8500UNIT/ML                                                                                                                       | 5         | PA NDS                         |
| VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT                                                                                                   | 3         | ST                             |
| VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT                                                                                                   | 5         | ST NDS                         |
| VOXZOGO INJ 0.4MG, 0.56MG, 1.2MG                                                                                                               | 5         | QL (30 EA per 30 days) PA NDS  |
| WAINUA INJ 45MG/0.8ML                                                                                                                          | 5         | QL (0.8 ML per 28 days) PA NDS |
| WELIREG TABS 40MG                                                                                                                              | 5         | PA NDS                         |
| <i>yargesa caps 100mg</i>                                                                                                                      | 5         | QL (90 EA per 30 days) PA NDS  |

| Drug Name                                                                                                                                                                                                                                                                             | Drug Tier | Requirements/Limits          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| YUVIWEL INJ 1.3MG, 2.8MG                                                                                                                                                                                                                                                              | 5         | QL (4 EA per 28 days) PA NDS |
| YUVIWEL INJ 5.5MG                                                                                                                                                                                                                                                                     | 5         | QL (8 EA per 28 days) PA NDS |
| zelvysia pack 100mg                                                                                                                                                                                                                                                                   | 5         | PA                           |
| zelvysia pack 500mg                                                                                                                                                                                                                                                                   | 5         | PA NDS                       |
| ZEMAIRA INJ 1000MG                                                                                                                                                                                                                                                                    | 5         | PA NDS                       |
| ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 3         |                              |
| <b>Genitourinary Agents</b>                                                                                                                                                                                                                                                           |           |                              |
| <b>Antispasmodics, Urinary</b>                                                                                                                                                                                                                                                        |           |                              |
| darifenacin hydrobromide er tb24 15mg, 7.5mg                                                                                                                                                                                                                                          | 2         |                              |
| fesoterodine fumarate er tb24 4mg, 8mg                                                                                                                                                                                                                                                | 2         |                              |
| flavoxate hcl tabs 100mg                                                                                                                                                                                                                                                              | 2         |                              |
| GEMTESA TABS 75MG                                                                                                                                                                                                                                                                     | 4         | QL (30 EA per 30 days)       |
| MYRBETRIQ SRER 8MG/ML                                                                                                                                                                                                                                                                 | 3         | QL (300 ML per 30 days)      |
| MYRBETRIQ TB24 25MG, 50MG                                                                                                                                                                                                                                                             | 3         | QL (30 EA per 30 days)       |
| oxybutynin chloride er tb24 10mg, 15mg, 5mg                                                                                                                                                                                                                                           | 2         |                              |
| oxybutynin chloride soln 5mg/5ml                                                                                                                                                                                                                                                      | 2         |                              |
| oxybutynin chloride tabs 2.5mg, 5mg                                                                                                                                                                                                                                                   | 2         |                              |
| OXYTROL PTTW 3.9MG/24HR                                                                                                                                                                                                                                                               | 3         | QL (8 EA per 28 days) ST     |
| solifenacin succinate tabs 10mg, 5mg                                                                                                                                                                                                                                                  | 2         |                              |
| tolterodine tartrate er cp24 2mg, 4mg                                                                                                                                                                                                                                                 | 2         |                              |
| tolterodine tartrate tabs 1mg, 2mg                                                                                                                                                                                                                                                    | 2         |                              |
| tropium chloride er cp24 60mg                                                                                                                                                                                                                                                         | 2         |                              |
| tropium chloride tabs 20mg                                                                                                                                                                                                                                                            | 2         |                              |
| <b>Benign Prostatic Hypertrophy Agents</b>                                                                                                                                                                                                                                            |           |                              |
| alfuzosin hcl er tb24 10mg                                                                                                                                                                                                                                                            | 2         | QL (30 EA per 30 days)       |
| doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg                                                                                                                                                                                                                                            | 2         |                              |
| dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg                                                                                                                                                                                                                                | 2         | QL (30 EA per 30 days)       |
| dutasteride caps 0.5mg                                                                                                                                                                                                                                                                | 2         |                              |
| finasteride tabs 5mg                                                                                                                                                                                                                                                                  | 2         |                              |
| silodosin caps 4mg, 8mg                                                                                                                                                                                                                                                               | 2         | QL (30 EA per 30 days)       |
| tadalafil tabs 2.5mg, 5mg                                                                                                                                                                                                                                                             | 2         | QL (30 EA per 30 days) PA    |
| tamsulosin hydrochloride caps 0.4mg                                                                                                                                                                                                                                                   | 2         | QL (60 EA per 30 days)       |
| terazosin hcl caps 5mg                                                                                                                                                                                                                                                                | 1         |                              |
| terazosin hcl caps 10mg, 1mg                                                                                                                                                                                                                                                          | 2         |                              |
| terazosin hydrochloride caps 2mg                                                                                                                                                                                                                                                      | 1         |                              |
| <b>Genitourinary Agents, Other</b>                                                                                                                                                                                                                                                    |           |                              |
| bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg                                                                                                                                                                                                                                       | 2         |                              |
| ELMIRON CAPS 100MG                                                                                                                                                                                                                                                                    | 5         | QL (90 EA per 30 days) NDS   |
| LITHOSTAT TABS 250MG                                                                                                                                                                                                                                                                  | 3         |                              |
| PHEXX GEL 1%; 1.8%; 0.4%                                                                                                                                                                                                                                                              | 3         |                              |
| THIOLA EC TBEC 100MG, 300MG                                                                                                                                                                                                                                                           | 5         | NDS                          |
| THIOLA TABS 100MG                                                                                                                                                                                                                                                                     | 5         | NDS                          |
| tiopronin dr tbec 100mg, 300mg                                                                                                                                                                                                                                                        | 5         | NDS                          |

| Drug Name                                                                            | Drug Tier | Requirements/Limits           |
|--------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>tiopronin tabs 100mg</i>                                                          | 5         | NDS                           |
| VANRAFIA TABS 0.75MG                                                                 | 3         | QL (30 EA per 30 days) PA     |
| <i>venxxiva thec 100mg, 300mg</i>                                                    | 5         | NDS                           |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>                    |           |                               |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>                    |           |                               |
| ACTHAR GEL INJ 40UNIT/0.5ML, 80UNIT/ML                                               | 5         | PA NDS                        |
| ACTHAR INJ 80UNIT/ML                                                                 | 5         | PA NDS                        |
| AGAMREE SUSP 40MG/ML                                                                 | 5         | PA NDS                        |
| CORTEF TABS 10MG, 20MG, 5MG                                                          | 4         |                               |
| CORTROPHIN INJ 80UNIT/ML                                                             | 5         | PA NDS                        |
| <i>deflazacort susp 22.75mg/ml</i>                                                   | 5         | PA NDS                        |
| <i>deflazacort tabs 18mg, 30mg, 36mg, 6mg</i>                                        | 5         | PA NDS                        |
| <i>dexamethasone 10-day dose pack tbpk 1.5mg</i>                                     | 2         |                               |
| <i>dexamethasone 13-day dose pack tbpk 1.5mg</i>                                     | 2         |                               |
| <i>dexamethasone 6-day dose pack tbpk 1.5mg</i>                                      | 2         |                               |
| DEXAMETHASONE SOLN 0.5MG/5ML                                                         | 2         |                               |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg</i>                        | 1         |                               |
| <i>dexamethasone tabs 6mg</i>                                                        | 2         |                               |
| DEXLYT TABS 0.25MG                                                                   | 5         | PA NDS                        |
| <i>fludrocortisone acetate tabs 0.1mg</i>                                            | 2         |                               |
| HEMADY TABS 20MG                                                                     | 3         | ST                            |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i>                                           | 2         |                               |
| INTRAROSA INST 6.5MG                                                                 | 3         | QL (28 EA per 28 days) PA     |
| <i>jaythari susp 22.75mg/ml</i>                                                      | 5         | PA NDS                        |
| <i>jaythari tabs 18mg, 30mg, 36mg, 6mg</i>                                           | 5         | PA NDS                        |
| KHINDIVI SOLN 1MG/ML                                                                 | 5         | PA NDS                        |
| <i>kymbee tabs 18mg, 30mg, 36mg, 6mg</i>                                             | 5         | PA                            |
| MEDROL DOSEPAK TBPK 4MG                                                              | 4         |                               |
| MEDROL TABS 2MG                                                                      | 3         |                               |
| MEDROL TABS 16MG, 4MG, 8MG                                                           | 4         |                               |
| <i>methylprednisolone dose pack tbpk 4mg</i>                                         | 2         |                               |
| <i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>                                  | 2         |                               |
| <i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i> | 2         |                               |
| <i>prednisolone soln 15mg/5ml</i>                                                    | 2         |                               |
| <i>prednisolone tabs 5mg</i>                                                         | 2         |                               |
| PREDNISON INTENSOL CONC 5MG/ML                                                       | 2         |                               |
| PREDNISON SOLN 5MG/5ML                                                               | 2         |                               |
| <i>prednisone tabs 10mg, 2.5mg, 20mg, 50mg, 5mg</i>                                  | 1         |                               |
| <i>prednisone tabs 1mg</i>                                                           | 2         |                               |
| <i>prednisone tbpk 10mg, 5mg</i>                                                     | 2         |                               |
| <i>pyquvi susp 22.75mg/ml</i>                                                        | 5         | PA NDS                        |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>                  |           |                               |
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>                  |           |                               |
| DDAVP TABS 0.1MG, 0.2MG                                                              | 4         |                               |
| DESMODA SOLN 0.05MG/ML                                                               | 5         | PA NDS                        |
| <i>desmopressin acetate soln 0.01%</i>                                               | 2         |                               |
| <i>desmopressin acetate tabs 0.1mg, 0.2mg</i>                                        | 2         |                               |
| EGRIFTA SV INJ 2MG                                                                   | 5         | QL (30 EA per 30 days) PA NDS |

| Drug Name                                                                                                   | Drug Tier | Requirements/Limits            |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| EGRIFTA WR INJ 11.6MG                                                                                       | 5         | QL (4 EA per 28 days) PA NDS   |
| GENOTROPIN MINIUICK INJ 0.2MG                                                                               | 3         | PA                             |
| GENOTROPIN MINIUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG                           | 5         | PA NDS                         |
| GENOTROPIN INJ 12MG, 5MG                                                                                    | 5         | PA NDS                         |
| HUMATROPE INJ 12MG, 24MG, 6MG                                                                               | 5         | PA NDS                         |
| INCRELEX INJ 40MG/4ML                                                                                       | 5         | PA NDS                         |
| ISTURISA TABS 1MG                                                                                           | 5         | QL (240 EA per 30 days) PA NDS |
| ISTURISA TABS 5MG                                                                                           | 5         | QL (360 EA per 30 days) PA NDS |
| NGENLA INJ 24MG/1.2ML, 60MG/1.2ML                                                                           | 5         | PA NDS                         |
| NORDITROPIN FLEXPPO INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML                                                   | 5         | PA NDS                         |
| OMNITROPE INJ 10MG/1.5ML, 5.8MG, 5MG/1.5ML                                                                  | 5         | PA NDS                         |
| SEROSTIM INJ 4MG, 5MG, 6MG                                                                                  | 5         | PA NDS                         |
| SKYTROFA INJ 0.7MG, 1.4MG, 1.8MG, 11MG, 13.3MG, 2.1MG, 2.5MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG | 5         | PA NDS                         |
| SOGROYA INJ 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML                                                               | 5         | PA NDS                         |
| ZOMACTON INJ 10MG, 5MG                                                                                      | 3         | PA                             |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>                            |           |                                |
| <b>Androgens</b>                                                                                            |           |                                |
| <i>danazol caps 100mg, 200mg, 50mg</i>                                                                      | 2         |                                |
| <i>depo-testosterone inj 100mg/ml, 200mg/ml</i>                                                             | 4         | QL (10 ML per 28 days) PA      |
| JATENZO CAPS 158MG, 198MG                                                                                   | 3         | PA                             |
| JATENZO CAPS 237MG                                                                                          | 5         | PA NDS                         |
| KYZATREX CAPS 150MG, 200MG                                                                                  | 3         | PA                             |
| METHITEST TABS 10MG                                                                                         | 5         | PA NDS                         |
| TESTIM GEL 1%                                                                                               | 4         | QL (300 GM per 30 days) PA     |
| <i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>                                                        | 2         | QL (10 ML per 28 days) PA      |
| TESTOSTERONE ENANTHATE INJ 200MG/ML                                                                         | 2         | QL (5 ML per 28 days) PA       |
| <i>testosterone pump gel 1.62%</i>                                                                          | 2         | QL (150 GM per 30 days) PA     |
| <i>testosterone pump gel 1%</i>                                                                             | 2         | QL (300 GM per 30 days) PA     |
| <i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>                                                        | 2         | QL (150 GM per 30 days) PA     |
| <i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>                                                                | 2         | QL (300 GM per 30 days) PA     |
| <i>testosterone soln 30mg/act</i>                                                                           | 2         | QL (180 ML per 30 days) PA     |
| XYOSTED INJ 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML                                                             | 3         | QL (2 ML per 28 days) PA       |
| <b>Estrogens</b>                                                                                            |           |                                |
| <i>abigale lo tabs 0.5mg; 0.1mg</i>                                                                         | 2         |                                |
| <i>abigale tabs 1mg; 0.5mg</i>                                                                              | 2         |                                |
| ACTIVELLA TABS 1MG; 0.5MG                                                                                   | 4         |                                |
| <i>altavera tabs 30mcg; 0.15mg</i>                                                                          | 2         |                                |
| <i>alyacen 1/35 tabs 35mcg; 1mg</i>                                                                         | 2         |                                |
| ANGELIQ TABS 0.25MG; 0.5MG, 0.5MG; 1MG                                                                      | 3         |                                |
| ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR                                                                     | 3         | QL (1 EA per 360 days)         |
| <i>apri tabs 0.15mg; 30mcg</i>                                                                              | 2         |                                |
| ARANELLE TABS 0; 0                                                                                          | 2         |                                |
| <i>ashlyna tabs 0; 0</i>                                                                                    | 2         | QL (91 EA per 91 days)         |
| <i>aubra eq tabs 20mcg; 0.1mg</i>                                                                           | 2         |                                |

| Drug Name                                                                                            | Drug Tier | Requirements/Limits    |
|------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>aviane tabs 20mcg; 0.1mg</i>                                                                      | 2         |                        |
| <i>azurette tabs 0; 0</i>                                                                            | 2         |                        |
| BALCOLTRA TABS 20MCG; 36.5MG; 0.1MG                                                                  | 3         |                        |
| <i>balziva tabs 35mcg; 0.4mg</i>                                                                     | 2         |                        |
| BEYAZ TABS 3MG; 0.02MG; 0.451MG                                                                      | 4         |                        |
| BIJUVA CAPS 0.5MG; 100MG, 1MG; 100MG                                                                 | 3         |                        |
| <i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>                                                           | 2         |                        |
| <i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                                                     | 2         |                        |
| <i>briellyn tabs 35mcg; 0.4mg</i>                                                                    | 2         |                        |
| <i>camrese lo tabs 0; 0</i>                                                                          | 2         | QL (91 EA per 91 days) |
| CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY                                                            | 3         | QL (4 EA per 28 days)  |
| CLIMARA PTWK 0.025MG/24HR, 0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR, 0.1MG/24HR, 37.5MCG/24HR          | 4         | QL (4 EA per 28 days)  |
| COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY                                       | 3         |                        |
| <i>conjugated estrogens tabs 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>                               | 2         | QL (30 EA per 30 days) |
| <i>cryselle tabs 30mcg; 0.3mg</i>                                                                    | 2         |                        |
| <i>cyred eq tabs 0.15mg; 30mcg</i>                                                                   | 2         |                        |
| DELESTROGEN INJ 10MG/ML                                                                              | 3         |                        |
| DELESTROGEN INJ 20MG/ML                                                                              | 4         |                        |
| DEPO-ESTRADIOL INJ 5MG/ML                                                                            | 3         |                        |
| DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM                         | 3         |                        |
| <i>dolishale tabs 20mcg; 90mcg</i>                                                                   | 2         |                        |
| <i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>                 | 2         | QL (8 EA per 28 days)  |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 20.02mg; 0.451mg</i>                |           |                        |
| <i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg, 3mg; 0.03mg</i>                                  | 2         |                        |
| ELESTRIN GEL 0.06%                                                                                   | 3         |                        |
| <i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>                                                        | 2         | QL (1 EA per 28 days)  |
| <i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>                                                     | 2         | QL (1 EA per 28 days)  |
| <i>enskyce tabs 0.15mg; 0.03mg</i>                                                                   | 2         |                        |
| <i>estarylla tabs 35mcg; 0.25mg</i>                                                                  | 2         |                        |
| ESTRACE CREA 0.1MG/GM                                                                                | 4         |                        |
| <i>estradiol valerate inj 10mg/ml, 20mg/ml, 40mg/ml</i>                                              | 2         |                        |
| <i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>                                 | 2         |                        |
| <i>estradiol crea 0.1mg/gm</i>                                                                       | 2         |                        |
| <i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>         | 2         |                        |
| <i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>             | 2         | QL (8 EA per 28 days)  |
| <i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i> | 2         | QL (4 EA per 28 days)  |
| <i>estradiol oral tabs 0.5mg, 1mg</i>                                                                | 1         |                        |

| Drug Name                                                            | Drug Tier | Requirements/Limits        |
|----------------------------------------------------------------------|-----------|----------------------------|
| <i>estradiol oral tabs 2mg, 10mcg</i>                                | 2         |                            |
| ESTRING RING 7.5MCG/24HR                                             | 3         | QL (1 EA per 90 days)      |
| <i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i> | 2         | QL (1 EA per 28 days)      |
| EVAMIST SOLN 1.53MG/SPRAY                                            | 3         |                            |
| <i>falmina tabs 20mcg; 0.1mg</i>                                     | 2         |                            |
| <i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                         | 2         |                            |
| <i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>                             | 2         |                            |
| FEMLYV TBDP 0.02MG; 1MG                                              | 3         |                            |
| FEMRING RING 0.05MG/24HR, 0.1MG/24HR                                 | 3         | QL (1 EA per 90 days)      |
| <i>finzala chew 20mcg; 75mg; 1mg</i>                                 | 2         |                            |
| <i>fyavolv tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>                         | 2         |                            |
| <i>galbriela chew 25mcg; 75mg; 0.8mg</i>                             | 2         |                            |
| <i>gemmily caps 20mcg; 75mg; 1mg</i>                                 | 2         |                            |
| <i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>                            | 2         |                            |
| <i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>                          | 2         |                            |
| <i>iclevia tabs 0.03mg; 0.15mg</i>                                   | 2         | QL (91 EA per 91 days)     |
| IMVEXXY MAINTENANCE PACK INST 10MCG, 4MCG                            | 3         | QL (8 EA per 28 days) PA   |
| IMVEXXY STARTER PACK INST 10MCG, 4MCG                                | 3         | QL (36 EA per 365 days) PA |
| <i>introvale tabs 0.03mg; 0.15mg</i>                                 | 2         | QL (91 EA per 91 days)     |
| <i>isibloom tabs 0.15mg; 30mcg</i>                                   | 2         |                            |
| <i>jaimiess tabs 0; 0</i>                                            | 2         | QL (91 EA per 91 days)     |
| <i>jasmiel tabs 3mg; 0.02mg</i>                                      | 2         |                            |
| <i>jinteli tabs 5mcg; 1mg</i>                                        | 2         |                            |
| <i>joyeaux tabs 20mcg; 75mg; 0.1mg</i>                               | 2         |                            |
| <i>juleber tabs 0.15mg; 30mcg</i>                                    | 2         |                            |
| <i>junel 1.5/30 tabs 30mcg; 1.5mg</i>                                | 2         |                            |
| <i>junel 1/20 tabs 20mcg; 1mg</i>                                    | 2         |                            |
| <i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                       | 2         |                            |
| <i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>                           | 2         |                            |
| <i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>                             | 2         |                            |
| <i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>                            | 2         |                            |
| <i>kariva tabs 0; 0</i>                                              | 2         |                            |
| <i>kelnor 1/35 tabs 35mcg; 1mg</i>                                   | 2         |                            |
| <i>kurvelo tabs 0.03mg; 0.15mg</i>                                   | 2         |                            |
| <i>larin 1.5/30 tabs 30mcg; 1.5mg</i>                                | 2         |                            |
| <i>larin 1/20 tabs 20mcg; 1mg</i>                                    | 2         |                            |
| <i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                       | 2         |                            |
| <i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>                           | 2         |                            |
| <i>lessina tabs 20mcg; 0.1mg</i>                                     | 2         |                            |
| <i>levonest tabs 0; 0</i>                                            | 2         |                            |
| <i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>        | 2         |                            |
| <i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>                | 2         | QL (91 EA per 91 days)     |
| <i>levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg</i>      | 2         |                            |
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>          | 2         | QL (91 EA per 91 days)     |
| LO LOESTRIN FE TABS 10MCG; 75MG; 1MG                                 | 3         |                            |
| <i>loestrin 1.5/30-21 tabs 30mcg; 1.5mg</i>                          | 4         |                            |
| <i>loestrin 1/20-21 tabs 20mcg; 1mg</i>                              | 4         |                            |
| <i>loestrin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                    | 4         |                            |

| Drug Name                                                                                | Drug Tier | Requirements/Limits    |
|------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>loestrin fe 1/20 tabs 20mcg; 75mg; 1mg</i>                                            | 4         |                        |
| <i>lojaimiess tabs 0; 0</i>                                                              | 2         | QL (91 EA per 91 days) |
| <i>loryna tabs 3mg; 0.02mg</i>                                                           | 2         |                        |
| <i>low-ogestrel tabs 30mcg; 0.3mg</i>                                                    | 1         |                        |
| <i>luizza 1.5/30 tabs 30mcg; 1.5mg</i>                                                   | 2         |                        |
| <i>luizza 1/20 tabs 20mcg; 1mg</i>                                                       | 2         |                        |
| <i>lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>   | 2         | QL (8 EA per 28 days)  |
| <i>marlissa tabs 0.03mg; 0.15mg</i>                                                      | 1         |                        |
| <i>MENOSTAR PTWK 14MCG/24HR</i>                                                          | 3         |                        |
| <i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>                                               | 2         |                        |
| <i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>                                              | 2         |                        |
| <i>microgestin 1/20 tabs 20mcg; 1mg</i>                                                  | 2         |                        |
| <i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>                                     | 2         |                        |
| <i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>                                         | 2         |                        |
| <i>mili tabs 35mcg; 0.25mg</i>                                                           | 2         |                        |
| <i>mimvey tabs 1mg; 0.5mg</i>                                                            | 2         |                        |
| <i>minzoya tabs 0.02mg; 36.5mg; 0.1mg</i>                                                | 2         |                        |
| <i>NATAZIA TABS 0; 0</i>                                                                 | 3         |                        |
| <i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>                                                 | 2         |                        |
| <i>NEXTSTELLIS TABS 3MG; 14.2MG</i>                                                      | 3         |                        |
| <i>nikki tabs 3mg; 0.02mg</i>                                                            | 2         |                        |
| <i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>                     | 2         |                        |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>    | 2         |                        |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>    | 2         |                        |
| <i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg</i> | 2         |                        |
| <i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>                           | 2         |                        |
| <i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>                                             | 2         |                        |
| <i>nortrel 1/35 tabs 35mcg; 1mg</i>                                                      | 2         |                        |
| <i>nortrel 7/7/7 tabs 35mcg; 0</i>                                                       | 2         |                        |
| <i>NUVARING RING 0.015MG/24HR; 0.12MG/24HR</i>                                           | 4         | QL (1 EA per 28 days)  |
| <i>nylia 1/35 tabs 35mcg; 1mg</i>                                                        | 2         |                        |
| <i>nylia 7/7/7 tabs 35mcg; 0</i>                                                         | 2         |                        |
| <i>pimtrea tabs 0; 0</i>                                                                 | 2         |                        |
| <i>portia-28 tabs 0.03mg; 0.15mg</i>                                                     | 2         |                        |
| <i>PREMARIN CREA 0.625MG/GM</i>                                                          | 3         |                        |
| <i>PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG</i>                               | 3         | QL (30 EA per 30 days) |
| <i>PREMPHASE TABS 0.625MG; 5MG</i>                                                       | 3         |                        |
| <i>PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG</i>            | 3         |                        |
| <i>reclipsen tabs 0.15mg; 0.03mg</i>                                                     | 2         |                        |
| <i>rivelsa tabs 0; 0</i>                                                                 | 2         | QL (91 EA per 91 days) |
| <i>rosyrah tabs 0; 0</i>                                                                 | 2         |                        |
| <i>SAFYRAL TABS 3MG; 0.03MG; 0.451MG</i>                                                 | 4         |                        |

| Drug Name                                                             | Drug Tier | Requirements/Limits    |    |
|-----------------------------------------------------------------------|-----------|------------------------|----|
| setlakin tabs 0.03mg; 0.15mg                                          | 2         | QL (91 EA per 91 days) |    |
| sprintec 28 tabs 35mcg; 0.25mg                                        | 2         |                        |    |
| syeda tabs 3mg; 0.03mg                                                | 2         |                        |    |
| tarina 24 fe tabs 20mcg; 75mg; 1mg                                    | 2         |                        |    |
| tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg                               | 2         |                        |    |
| tilia fe tabs 0; 75mg; 1mg                                            | 2         |                        |    |
| tri-estarylla tabs 0; 0                                               | 2         |                        |    |
| tri-legest fe tabs 0; 75mg; 1mg                                       | 2         |                        |    |
| tri-lo-estarylla tabs 0; 0                                            | 2         |                        |    |
| tri-lo-sprintec tabs 0; 0                                             | 2         |                        |    |
| tri-mili tabs 0; 0                                                    | 2         |                        |    |
| tri-sprintec tabs 0; 0                                                | 2         |                        |    |
| tri-vylibra lo tabs 0; 0                                              | 2         |                        |    |
| tri-vylibra tabs 0; 0                                                 | 2         |                        |    |
| turqoz tabs 30mcg; 0.3mg                                              | 2         |                        |    |
| TYBLUME CHEW 20MCG; 0.1MG                                             | 2         |                        |    |
| tydemy tabs 3mg; 0.03mg; 0.451mg                                      | 2         |                        |    |
| VAGIFEM TABS 10MCG                                                    | 4         |                        |    |
| valtya 1/35 tabs 35mcg; 1mg                                           | 2         |                        |    |
| VALTYA 1/50 TABS 50MCG; 1MG                                           | 2         |                        |    |
| VELIVET TABS 0; 0                                                     | 2         |                        |    |
| vestura tabs 3mg; 0.02mg                                              | 2         |                        |    |
| vienva tabs 20mcg; 0.1mg                                              | 2         |                        |    |
| viorele tabs 0; 0                                                     | 2         |                        |    |
| VIVELLE-DOT PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.1MG/24HR | 4         | QL (8 EA per 28 days)  |    |
| vyfemla tabs 35mcg; 0.4mg                                             | 2         |                        |    |
| vylibra tabs 35mcg; 0.25mg                                            | 2         |                        |    |
| wymzya fe chew 35mcg; 0; 0.4mg                                        | 2         |                        |    |
| xarah fe tabs 0; 75mg; 1mg                                            | 2         |                        |    |
| xelria fe chew 35mcg; 75mg; 0.4mg                                     | 2         |                        |    |
| xulane ptwk 35mcg/24hr; 150mcg/24hr                                   | 2         |                        |    |
| YASMIN 28 TABS 3MG; 0.03MG                                            | 4         |                        |    |
| YAZ TABS 3MG; 0.02MG                                                  | 4         |                        |    |
| yuvafem tabs 10mcg                                                    | 2         |                        |    |
| zafemy ptwk 35mcg/24hr; 150mcg/24hr                                   | 2         |                        |    |
| zovia 1/35 tabs 35mcg; 1mg                                            | 2         |                        |    |
| <b>Progestins</b>                                                     |           |                        |    |
| camila tabs 0.35mg                                                    | 2         |                        | PA |
| CRINONE GEL 4%, 8%                                                    | 3         |                        |    |
| deblitane tabs 0.35mg                                                 | 2         |                        |    |
| DEPO-PROVERA CONTRACEPTIVE INJ 150MG/ML                               | 4         |                        |    |
| DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML                                | 3         |                        |    |
| errin tabs 0.35mg                                                     | 2         |                        |    |
| gallifrey tabs 5mg                                                    | 2         |                        |    |
| heather tabs 0.35mg                                                   | 2         |                        |    |
| incassia tabs 0.35mg                                                  | 2         |                        |    |
| KYLEENA IUD 19.5MG                                                    | 3         |                        |    |
| LILETTA IUD 20.1MCG/DAY                                               | 3         |                        |    |

| Drug Name                                                                                                                                                                         | Drug Tier | Requirements/Limits           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>lyleq tabs 0.35mg</i>                                                                                                                                                          | 2         |                               |
| <i>lyza tabs 0.35mg</i>                                                                                                                                                           | 2         |                               |
| <i>medroxyprogesterone acetate inj 150mg/ml</i>                                                                                                                                   | 2         | QL (1 ML per 90 days)         |
| <i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>                                                                                                                          | 1         |                               |
| MEGESTROL ACETATE SUSP 625MG/5ML                                                                                                                                                  | 2         |                               |
| <i>megestrol acetate susp 40mg/ml</i>                                                                                                                                             | 2         |                               |
| <i>megestrol acetate tabs 20mg, 40mg</i>                                                                                                                                          | 2         |                               |
| <i>meleya tabs 0.35mg</i>                                                                                                                                                         | 2         |                               |
| MIRENA IUD 21MCG/DAY                                                                                                                                                              | 3         |                               |
| NEXPLANON INJ 68MG                                                                                                                                                                | 3         |                               |
| <i>nora-be tabs 0.35mg</i>                                                                                                                                                        | 2         |                               |
| <i>norethindrone acetate tabs 5mg</i>                                                                                                                                             | 2         |                               |
| <i>norethindrone tabs 0.35mg</i>                                                                                                                                                  | 2         |                               |
| <i>orquidea tabs 0.35mg</i>                                                                                                                                                       | 2         |                               |
| <i>progesterone caps 100mg, 200mg</i>                                                                                                                                             | 2         |                               |
| PROVERA TABS 10MG, 2.5MG, 5MG                                                                                                                                                     | 4         |                               |
| <i>sharobel tabs 0.35mg</i>                                                                                                                                                       | 2         |                               |
| SKYLA IUD 13.5MG                                                                                                                                                                  | 3         |                               |
| SLYND TABS 4MG                                                                                                                                                                    | 3         |                               |
| <b>Selective Estrogen Receptor Modifying Agents</b>                                                                                                                               |           |                               |
| DUAVEE TABS 20MG; 0.45MG                                                                                                                                                          | 3         |                               |
| EVISTA TABS 60MG                                                                                                                                                                  | 4         |                               |
| OSPHENA TABS 60MG                                                                                                                                                                 | 3         | QL (30 EA per 30 days) PA     |
| <i>raloxifene hydrochloride tabs 60mg</i>                                                                                                                                         | 2         |                               |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                                                                                                 |           |                               |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>                                                                                                                 |           |                               |
| CYTOMEL TABS 25MCG, 50MCG, 5MCG                                                                                                                                                   | 4         |                               |
| LEVOTHYROXINE SODIUM CAPS 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG                                                               | 3         |                               |
| <i>levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>                                                       | 2         |                               |
| <i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>                                                                            | 2         |                               |
| <i>liomny tabs 25mcg, 50mcg, 5mcg</i>                                                                                                                                             | 2         |                               |
| <i>liothyronine sodium tabs 25mcg, 50mcg, 5mcg</i>                                                                                                                                | 2         |                               |
| REZDIFFRA TABS 100MG, 60MG, 80MG                                                                                                                                                  | 5         | QL (30 EA per 30 days) PA NDS |
| SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG                                                                         | 4         |                               |
| THYQUIDITY SOLN 100MCG/5ML                                                                                                                                                        | 3         |                               |
| TIROSINT-SOL SOLN 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML | 3         |                               |

| Drug Name                                                                                                                        | Drug Tier | Requirements/Limits            |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| TIROSINT CAPS 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG | 3         |                                |
| <i>unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>                 | 2         |                                |
| <b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>                                                                       |           |                                |
| <i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>                                                                       |           |                                |
| <i>cabergoline tabs 0.5mg</i>                                                                                                    | 2         |                                |
| ELIGARD INJ 30MG                                                                                                                 | 3         | QL (1 EA per 112 days) PA      |
| ELIGARD INJ 45MG                                                                                                                 | 3         | QL (1 EA per 168 days) PA      |
| ELIGARD INJ 7.5MG                                                                                                                | 3         | QL (1 EA per 28 days) PA       |
| ELIGARD INJ 22.5MG                                                                                                               | 3         | QL (1 EA per 84 days) PA       |
| FIRMAGON INJ 80MG                                                                                                                | 3         | QL (1 EA per 28 days) PA       |
| FIRMAGON INJ 120MG/VIAL                                                                                                          | 5         | QL (4 EA per 365 days) PA NDS  |
| KORLYM TABS 300MG                                                                                                                | 5         | QL (120 EA per 30 days) PA NDS |
| <i>leuprolide acetate inj 1mg/0.2ml</i>                                                                                          | 5         | PA NDS                         |
| LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG                                                                                         | 5         | QL (1 EA per 28 days) PA NDS   |
| LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG                                                                                       | 5         | QL (1 EA per 84 days) PA NDS   |
| LUPRON DEPOT (4-MONTH) INJ 30MG                                                                                                  | 5         | QL (1 EA per 112 days) PA NDS  |
| LUPRON DEPOT (6-MONTH) INJ 45MG                                                                                                  | 5         | QL (1 EA per 168 days) PA NDS  |
| <i>mifepristone tabs 300mg</i>                                                                                                   | 5         | QL (120 EA per 30 days) PA NDS |
| MYCAPSSA CPDR 20MG                                                                                                               | 5         | QL (112 EA per 28 days) PA NDS |
| MYFEMBREE TABS 1MG; 0.5MG; 40MG                                                                                                  | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>                                                                     | 2         | PA                             |
| <i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>                                                                              | 5         | PA NDS                         |
| ORGOVYX TABS 120MG                                                                                                               | 5         | PA NDS                         |
| ORIAHNN CPPK 300MG; 1MG; 0.5MG                                                                                                   | 5         | QL (56 EA per 28 days) PA NDS  |
| ORILISSA TABS 150MG                                                                                                              | 5         | QL (30 EA per 30 days) PA NDS  |
| ORILISSA TABS 200MG                                                                                                              | 5         | QL (60 EA per 30 days) PA NDS  |
| PALSONIFY TABS 30MG                                                                                                              | 5         | QL (120 EA per 30 days) PA NDS |
| PALSONIFY TABS 20MG                                                                                                              | 5         | QL (60 EA per 30 days) PA NDS  |
| SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML                                                                                        | 5         | QL (60 ML per 30 days) PA NDS  |
| SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG                                                                                        | 5         | QL (30 EA per 30 days) PA NDS  |
| SYNAREL SOLN 2MG/ML                                                                                                              | 5         | NDS                            |
| TRELSTAR MIXJECT INJ 3.75MG                                                                                                      | 3         | QL (1 EA per 28 days) PA       |
| TRELSTAR MIXJECT INJ 11.25MG                                                                                                     | 3         | QL (1 EA per 84 days) PA       |
| TRELSTAR MIXJECT INJ 22.5MG                                                                                                      | 5         | QL (1 EA per 168 days) PA NDS  |
| VABRINTY INJ 30MG                                                                                                                | 5         | QL (1 EA per 112 days) PA NDS  |
| VABRINTY INJ 45MG                                                                                                                | 5         | QL (1 EA per 168 days) PA NDS  |
| VABRINTY INJ 7.5MG                                                                                                               | 5         | QL (1 EA per 28 days) PA NDS   |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>                                                                                    |           |                                |
| <i>Antithyroid Agents</i>                                                                                                        |           |                                |
| <i>methimazole tabs 10mg, 5mg</i>                                                                                                | 1         |                                |
| <i>propylthiouracil tabs 50mg</i>                                                                                                | 2         |                                |
| <b>Immunological Agents</b>                                                                                                      |           |                                |
| <i>Angioedema Agents</i>                                                                                                         |           |                                |
| ANDEMBRY INJ 200MG/1.2ML                                                                                                         | 5         | QL (2.4 ML per 28 days) PA NDS |
| BERINERT INJ 500UNIT                                                                                                             | 5         | PA NDS                         |
| CINRYZE INJ 500UNIT                                                                                                              | 5         | PA NDS                         |

| Drug Name                                                                      | Drug Tier | Requirements/Limits             |
|--------------------------------------------------------------------------------|-----------|---------------------------------|
| DAWNZERA INJ 80MG/0.8ML                                                        | 5         | QL (0.8 ML per 28 days) PA NDS  |
| EKTERLY TABS 300MG                                                             | 5         | QL (120 EA per 30 days) PA NDS  |
| HAEGARDA INJ 2000UNIT, 3000UNIT                                                | 5         | PA NDS                          |
| <i>icatibant acetate inj 30mg/3ml</i>                                          | 5         | QL (36 ML per 30 days) PA NDS   |
| ORLADEYO CAPS 110MG, 150MG                                                     | 5         | QL (30 EA per 30 days) PA NDS   |
| RUCONEST INJ 2100UNIT                                                          | 5         | PA NDS                          |
| <i>sajazir inj 30mg/3ml</i>                                                    | 5         | QL (36 ML per 30 days) PA NDS   |
| TAKHZYRO INJ 150MG/ML                                                          | 5         | PA NDS                          |
| TAKHZYRO INJ 300MG/2ML                                                         | 5         | QL (4 ML per 28 days) PA NDS    |
| <b>Immunoglobulins</b>                                                         |           |                                 |
| BIVIGAM INJ 5GM/50ML                                                           | 5         | PA NDS                          |
| GAMMAGARD LIQUID ERC INJ 10GM/100ML, 5GM/50ML                                  | 5         | PA NDS                          |
| GAMMAGARD LIQUID INJ 10GM/100ML, 2.5GM/25ML, 5GM/50ML                          | 5         | PA NDS                          |
| GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM, 5GM                              | 5         | PA NDS                          |
| GAMMAKED INJ 1GM/10ML                                                          | 5         | PA NDS                          |
| GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML                     | 5         | PA NDS                          |
| GAMUNEX-C INJ 1GM/10ML                                                         | 5         | PA NDS                          |
| OCTAGAM INJ 1GM/20ML                                                           | 3         | PA                              |
| OCTAGAM INJ 2GM/20ML                                                           | 5         | PA NDS                          |
| PANZYGA INJ 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML | 5         | PA NDS                          |
| PRIVIGEN INJ 20GM/200ML                                                        | 5         | PA NDS                          |
| QIVIGY INJ 10GM/100ML, 5GM/50ML                                                | 5         | PA NDS                          |
| YIMMUGO INJ 10GM/100ML, 20GM/200ML, 5GM/50ML                                   | 5         | PA NDS                          |
| <b>Immunological Agents, Other</b>                                             |           |                                 |
| ACTEMRA ACTPEN INJ 162MG/0.9ML                                                 | 5         | QL (3.6 ML per 28 days) PA NDS  |
| ACTEMRA INJ 162MG/0.9ML                                                        | 5         | QL (3.6 ML per 28 days) PA NDS  |
| ARCALYST INJ 220MG                                                             | 5         | PA NDS                          |
| AURANOFIN CAPS 3MG                                                             | 5         | NDS                             |
| BENLYSTA INJ 200MG/ML                                                          | 5         | PA NDS                          |
| BIMZELX INJ 160MG/ML                                                           | 5         | QL (1 ML per 28 days) PA NDS    |
| BIMZELX INJ 320MG/2ML                                                          | 5         | QL (6 ML per 28 days) PA NDS    |
| CIBINQO TABS 100MG, 200MG, 50MG                                                | 5         | QL (30 EA per 30 days) PA NDS   |
| COSENTYX SENSOREADY PEN INJ 150MG/ML                                           | 5         | QL (10 ML per 28 days) PA NDS   |
| COSENTYX UNOREADY INJ 300MG/2ML                                                | 5         | QL (10 ML per 28 days) PA NDS   |
| COSENTYX INJ 150MG/ML, 75MG/0.5ML                                              | 5         | QL (10 ML per 28 days) PA NDS   |
| DUPIXENT INJ 200MG/1.14ML                                                      | 5         | QL (4.56 ML per 28 days) PA NDS |
| DUPIXENT INJ 300MG/2ML                                                         | 5         | QL (8 ML per 28 days) PA NDS    |
| EBGLYSS INJ 250MG/2ML                                                          | 5         | PA NDS                          |
| EMPAVELI INJ 1080MG/20ML                                                       | 5         | PA NDS                          |
| ENTYVIO PEN INJ 108MG/0.68ML                                                   | 5         | QL (1.36 ML per 28 days) PA NDS |
| GRASTEK SUBL 2800BAU                                                           | 3         | QL (30 EA per 30 days) PA       |
| ILUMYA INJ 100MG/ML                                                            | 5         | QL (1 ML per 28 days) PA NDS    |
| KEVZARA INJ 150MG/1.14ML, 200MG/1.14ML                                         | 5         | QL (2.28 ML per 28 days) PA NDS |
| KINERET INJ 100MG/0.67ML                                                       | 5         | PA NDS                          |

| Drug Name                                                                  | Drug Tier | Requirements/Limits             |
|----------------------------------------------------------------------------|-----------|---------------------------------|
| LITFULO CAPS 50MG                                                          | 5         | QL (30 EA per 30 days) PA NDS   |
| NEMLUVIO INJ 30MG                                                          | 5         | QL (2 EA per 28 days) PA        |
| ODACTRA SUBL 0; 0                                                          | 3         | QL (30 EA per 30 days) PA       |
| OLUMIANT TABS 1MG, 2MG, 4MG                                                | 5         | QL (30 EA per 30 days) PA NDS   |
| OMVOH INJ 200MG/2ML                                                        | 5         | QL (2 ML per 28 days) PA NDS    |
| OMVOH INJ 0                                                                | 5         | QL (3 ML per 28 days) PA NDS    |
| ORENCIA CLICKJECT INJ 125MG/ML                                             | 5         | QL (4 ML per 28 days) PA NDS    |
| ORENCIA INJ 50MG/0.4ML                                                     | 5         | QL (1.6 ML per 28 days) PA NDS  |
| ORENCIA INJ 87.5MG/0.7ML                                                   | 5         | QL (2.8 ML per 28 days) PA NDS  |
| ORENCIA INJ 125MG/ML                                                       | 5         | QL (4 ML per 28 days) PA NDS    |
| OTEZLA TBPK 0                                                              | 5         | QL (110 EA per 365 days) PA NDS |
| RHAPSIDO TABS 25MG                                                         | 5         | QL (60 EA per 30 days) PA NDS   |
| RIDAURA CAPS 3MG                                                           | 5         | NDS                             |
| RINVOQ LQ SOLN 1MG/ML                                                      | 5         | QL (360 ML per 30 days) PA NDS  |
| RINVOQ TB24 15MG, 30MG, 45MG                                               | 5         | QL (30 EA per 30 days) PA NDS   |
| SAPHNELO PEN INJ 120MG/0.8ML                                               | 5         | QL (3.2 ML per 28 days) PA NDS  |
| SAPHNELO INJ 120MG/0.8ML                                                   | 5         | QL (3.2 ML per 28 days) PA NDS  |
| SILIQ INJ 210MG/1.5ML                                                      | 5         | QL (7.5 ML per 28 days) PA NDS  |
| SKYRIZI PEN INJ 150MG/ML                                                   | 5         | QL (1 ML per 28 days) PA NDS    |
| SKYRIZI INJ 150MG/ML                                                       | 5         | QL (1 ML per 28 days) PA NDS    |
| SKYRIZI INJ 180MG/1.2ML                                                    | 5         | QL (1.2 ML per 56 days) PA NDS  |
| SKYRIZI INJ 360MG/2.4ML                                                    | 5         | QL (2.4 ML per 56 days) PA NDS  |
| STARJEMZA INJ 45MG/0.5ML, 90MG/ML                                          | 4         | QL (3 ML per 84 days) PA        |
| STEQEYMA INJ 45MG/0.5ML                                                    | 3         | QL (3 ML per 84 days) PA        |
| STEQEYMA INJ 90MG/ML                                                       | 4         | QL (3 ML per 84 days) PA        |
| TALTZ INJ 20MG/0.25ML                                                      | 5         | QL (0.5 ML per 28 days) PA NDS  |
| TALTZ INJ 40MG/0.5ML                                                       | 5         | QL (1 ML per 28 days) PA NDS    |
| TALTZ INJ 80MG/ML                                                          | 5         | QL (4 ML per 28 days) PA NDS    |
| TAVNEOS CAPS 10MG                                                          | 5         | QL (180 EA per 30 days) PA NDS  |
| <i>tofacitinib citrate er tb24 11mg, 22mg</i>                              | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>tofacitinib citrate soln 1mg/ml</i>                                     | 5         | QL (300 ML per 30 days) PA NDS  |
| <i>tofacitinib citrate tabs 10mg, 5mg</i>                                  | 5         | QL (60 EA per 30 days) PA NDS   |
| TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML | 5         | QL (4 ML per 28 days) PA        |
| TREMFYA INJ 100MG/ML                                                       | 5         | QL (2 ML per 56 days) PA NDS    |
| TREMFYA INJ 200MG/2ML                                                      | 5         | QL (4 ML per 28 days) PA        |
| TREMFYA INJ 200MG/2ML                                                      | 5         | QL (4 ML per 28 days) PA NDS    |
| TYENNE INJ 162MG/0.9ML                                                     | 5         | QL (3.6 ML per 28 days) PA NDS  |
| USTEKINUMAB INJ 45MG/0.5ML, 90MG/ML                                        | 5         | QL (3 ML per 84 days) PA NDS    |
| VELSIPITY TABS 2MG                                                         | 5         | QL (30 EA per 30 days) PA NDS   |
| VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML                              | 5         | QL (20 ML per 28 days) PA NDS   |
| XELJANZ XR TB24 11MG, 22MG                                                 | 5         | QL (30 EA per 30 days) PA NDS   |
| XELJANZ SOLN 1MG/ML                                                        | 5         | QL (300 ML per 30 days) PA NDS  |
| XELJANZ TABS 10MG, 5MG                                                     | 5         | QL (60 EA per 30 days) PA NDS   |
| XOLAIR INJ 75MG/0.5ML                                                      | 5         | QL (1 ML per 28 days) PA NDS    |
| XOLAIR INJ 150MG                                                           | 5         | QL (8 EA per 28 days) PA NDS    |
| XOLAIR INJ 150MG/ML, 300MG/2ML                                             | 5         | QL (8 ML per 28 days) PA NDS    |
| YESINTEK INJ 45MG/0.5ML, 90MG/ML                                           | 4         | QL (3 ML per 84 days) PA        |

| Drug Name                                                | Drug Tier | Requirements/Limits                                                      |
|----------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| ZILBRYSQ INJ 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML | 5         | PA NDS                                                                   |
| <b>Immunostimulants</b>                                  |           |                                                                          |
| ACTIMMUNE INJ 100MCG/0.5ML                               | 5         | PA NDS                                                                   |
| BESREMI INJ 500MCG/ML                                    | 5         | PA NDS                                                                   |
| PEGASYS INJ 180MCG/ML                                    | 5         | QL (4 ML per 28 days) PA NDS                                             |
| <b>Immunosuppressants</b>                                |           |                                                                          |
| ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML                 | 5         | QL (3 EA per 28 days) PA NDS                                             |
| ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML                 | 5         | QL (6 EA per 28 days) PA NDS                                             |
| ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML                 | 5         | QL (2 EA per 28 days) PA NDS                                             |
| ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML                 | 5         | QL (6 EA per 28 days) PA NDS                                             |
| ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML          | 5         | QL (3 EA per 28 days) PA                                                 |
| ADALIMUMAB-ADBIM INJ 10MG/0.2ML, 20MG/0.4ML              | 5         | QL (2 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBIM INJ 40MG/0.4ML, 40MG/0.8ML              | 5         | QL (6 EA per 28 days) PA NDS; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-FKJP INJ 20MG/0.4ML                           | 5         | QL (2 EA per 28 days) PA                                                 |
| ADALIMUMAB-FKJP INJ 40MG/0.8ML                           | 5         | QL (6 EA per 28 days) PA                                                 |
| ASTAGRAF XL CP24 0.5MG, 1MG                              | 3         | B/D                                                                      |
| ASTAGRAF XL CP24 5MG                                     | 5         | B/D NDS                                                                  |
| azasan tabs 100mg, 75mg                                  | 4         | B/D                                                                      |
| azathioprine tabs 100mg, 50mg, 75mg                      | 2         | B/D                                                                      |
| CELLCEPT SUSR 200MG/ML                                   | 5         | B/D NDS                                                                  |
| CIMZIA (1 SYRINGE) INJ 200MG/ML                          | 5         | QL (6 EA per 28 days) PA NDS                                             |
| CIMZIA STARTER KIT INJ 200MG/ML                          | 5         | QL (6 EA per 365 days) PA NDS                                            |
| CIMZIA INJ 200MG                                         | 5         | QL (3 EA per 28 days) PA NDS                                             |
| cyclosporine modified caps 100mg, 25mg, 50mg             | 2         | B/D                                                                      |
| cyclosporine modified soln 100mg/ml                      | 2         | B/D                                                                      |
| cyclosporine caps 100mg, 25mg                            | 2         | B/D                                                                      |
| ENBREL MINI INJ 50MG/ML                                  | 5         | QL (8 ML per 28 days) PA NDS                                             |
| ENBREL SURECLICK INJ 50MG/ML                             | 5         | QL (8 ML per 28 days) PA NDS                                             |
| ENBREL INJ 25MG/0.5ML                                    | 5         | QL (4 ML per 28 days) PA NDS                                             |
| ENBREL INJ 50MG/ML                                       | 5         | QL (8 ML per 28 days) PA NDS                                             |
| ENVARUS XR TB24 0.75MG, 1MG                              | 3         | B/D                                                                      |
| ENVARUS XR TB24 4MG                                      | 5         | B/D NDS                                                                  |
| everolimus tabs 0.25mg, 0.5mg                            | 2         | B/D                                                                      |
| everolimus tabs 0.75mg, 1mg                              | 5         | B/D NDS                                                                  |
| gengraf caps 100mg, 25mg                                 | 2         | B/D                                                                      |
| IMURAN TABS 50MG                                         | 4         | B/D                                                                      |
| JYLAMVO SOLN 2MG/ML                                      | 3         | PA                                                                       |
| leflunomide tabs 10mg, 20mg                              | 2         |                                                                          |
| LUPKYNIS CAPS 7.9MG                                      | 5         | QL (180 EA per 30 days) PA NDS                                           |
| METHOTREXATE SODIUM INJ 50MG/2ML                         | 2         |                                                                          |
| methotrexate sodium tabs 2.5mg                           | 2         |                                                                          |
| methotrexate inj 50mg/2ml                                | 2         |                                                                          |
| mycophenolate mofetil caps 250mg                         | 2         | B/D                                                                      |

| Drug Name                                          | Drug Tier | Requirements/Limits            |
|----------------------------------------------------|-----------|--------------------------------|
| <i>mycophenolate mofetil susr 200mg/ml</i>         | 5         | B/D NDS                        |
| <i>mycophenolate mofetil tabs 500mg</i>            | 2         | B/D                            |
| <i>mycophenolic acid dr tbec 180mg, 360mg</i>      | 2         | B/D                            |
| MYFORTIC TBEC 180MG                                | 4         | B/D                            |
| MYFORTIC TBEC 360MG                                | 5         | B/D NDS                        |
| MYHIBBIN SUSP 200MG/ML                             | 5         | B/D                            |
| NEORAL CAPS 100MG, 25MG                            | 4         | B/D                            |
| NEORAL SOLN 100MG/ML                               | 4         | B/D                            |
| PEGASYS INJ 180MCG/0.5ML                           | 5         | QL (2 ML per 28 days) PA NDS   |
| PROGRAF PACK 0.2MG                                 | 3         | B/D                            |
| PROGRAF PACK 1MG                                   | 4         | B/D                            |
| RASUVO INJ 7.5MG/0.15ML                            | 3         | QL (0.6 ML per 28 days) PA     |
| RASUVO INJ 10MG/0.2ML                              | 3         | QL (0.8 ML per 28 days) PA     |
| RASUVO INJ 12.5MG/0.25ML                           | 3         | QL (1 ML per 28 days) PA       |
| RASUVO INJ 15MG/0.3ML                              | 3         | QL (1.2 ML per 28 days) PA     |
| RASUVO INJ 17.5MG/0.35ML                           | 3         | QL (1.4 ML per 28 days) PA     |
| RASUVO INJ 20MG/0.4ML                              | 3         | QL (1.6 ML per 28 days) PA     |
| RASUVO INJ 22.5MG/0.45ML                           | 3         | QL (1.8 ML per 28 days) PA     |
| RASUVO INJ 25MG/0.5ML                              | 3         | QL (2 ML per 28 days) PA       |
| RASUVO INJ 30MG/0.6ML                              | 3         | QL (2.4 ML per 28 days) PA     |
| REZUROCK TABS 200MG                                | 5         | QL (60 EA per 30 days) PA NDS  |
| SANDIMMUNE CAPS 100MG, 25MG                        | 4         | B/D                            |
| SIMPONI INJ 50MG/0.5ML                             | 5         | QL (0.5 ML per 28 days) PA NDS |
| SIMPONI INJ 100MG/ML                               | 5         | QL (3 ML per 28 days) PA NDS   |
| <i>sirolimus soln 1mg/ml</i>                       | 2         | B/D                            |
| <i>sirolimus tabs 0.5mg, 1mg</i>                   | 2         | B/D                            |
| <i>sirolimus tabs 2mg</i>                          | 2         | B/D NDS                        |
| <i>tacrolimus er cp24 0.5mg, 1mg, 5mg</i>          | 2         | B/D                            |
| <i>tacrolimus caps 0.5mg, 1mg, 5mg</i>             | 2         | B/D                            |
| TREXALL TABS 10MG, 15MG, 5MG, 7.5MG                | 3         |                                |
| VOYXACT INJ 400MG/2ML                              | 5         | QL (2 ML per 28 days) PA NDS   |
| XATMEP SOLN 2.5MG/ML                               | 3         | PA                             |
| ZORTRESS TABS 0.25MG, 0.5MG, 0.75MG, 1MG           | 5         | B/D NDS                        |
| ZYMFENTRA 2-PEN INJ 120MG/ML                       | 5         | QL (2 EA per 28 days) PA       |
| ZYMFENTRA 2-SYRINGE INJ 120MG/ML                   | 5         | QL (2 EA per 28 days) PA       |
| <b>Vaccines</b>                                    |           |                                |
| ABRYSVO INJ 120MCG/0.5ML                           | 3         | QL (1 EA per 252 days)         |
| ACTHIB INJ 0                                       | 3         |                                |
| ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML     | 3         |                                |
| AREXVY INJ 120MCG/0.5ML                            | 3         | QL (1 EA per 999 days)         |
| BCG VACCINE INJ 50MG                               | 3         |                                |
| BEXSERO INJ 0.5ML                                  | 3         |                                |
| BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML | 3         |                                |
| DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML    | 3         |                                |
| ENGRIX-B INJ 10MCG/0.5ML, 20MCG/ML                 | 3         | B/D                            |
| GARDASIL 9 INJ 0.5ML                               | 3         |                                |
| HAVRIX INJ 1440UNIT/ML, 720ELU/0.5ML               | 3         |                                |
| HEPLISAV-B INJ 20MCG/0.5ML                         | 3         | B/D                            |

| Drug Name                                                          | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------|-----------|--------------------------|
| HIBERIX INJ 10MCG                                                  | 3         |                          |
| IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML                            | 3         | B/D                      |
| INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML                 | 3         |                          |
| IPOL INACTIVATED IPV INJ 0                                         | 3         |                          |
| IXIARO INJ 0                                                       | 3         |                          |
| JYNNEOS INJ 0.5ML                                                  | 3         |                          |
| KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML                | 3         |                          |
| M-M-R II INJ 0; 0; 0                                               | 3         |                          |
| MENQUADFI INJ 0.5ML                                                | 3         |                          |
| MENVEO INJ 0                                                       | 3         |                          |
| MRESVIA INJ 50MCG/0.5ML                                            | 3         | QL (0.5 ML per 999 days) |
| PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 3         |                          |
| PEDVAXHIB INJ 7.5MCG/0.5ML                                         | 3         |                          |
| PENBRAYA INJ 0; 0                                                  | 3         |                          |
| PENMENVY INJ 0; 0                                                  | 3         |                          |
| PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML            | 3         |                          |
| PRIORIX INJ 0; 0; 0                                                | 3         |                          |
| PROQUAD INJ 0; 0; 0; 0                                             | 3         |                          |
| QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML              | 3         |                          |
| RABAVERT INJ 0                                                     | 3         | B/D                      |
| RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML                   | 3         | B/D                      |
| ROTARIX SUSP 0                                                     | 3         |                          |
| ROTATEQ SOLN 0                                                     | 3         |                          |
| SHINGRIX INJ 50MCG/0.5ML                                           | 3         |                          |
| SHINGRIX INJ 50MCG/0.5ML                                           | 3         | QL (2 EA per 999 days)   |
| TENIVAC INJ 2LFU; 5LFU                                             | 3         |                          |
| TICOVAC INJ 1.2MCG/0.25ML, 2.4MCG/0.5ML                            | 3         |                          |
| TRUMENBA INJ 0.5ML                                                 | 3         |                          |
| TWINRIX INJ 720ELU/ML; 20MCG/ML                                    | 3         |                          |
| TYPHIM VI INJ 25MCG/0.5ML                                          | 3         |                          |
| VAQTA INJ 25UNIT/0.5ML, 50UNIT/ML                                  | 3         |                          |
| VARIVAX INJ 1350PFU/0.5ML                                          | 3         |                          |
| VAXCHORA SUSR 0                                                    | 3         |                          |
| VIMKUNYA INJ 40MCG/0.8ML                                           | 3         |                          |
| VIVOTIF CPDR 0                                                     | 3         | QL (4 EA per 999 days)   |
| YF-VAX INJ 0                                                       | 3         |                          |
| <b>Inflammatory Bowel Disease Agents</b>                           |           |                          |
| <i>Aminosalicylates</i>                                            |           |                          |
| AZULFIDINE EN-TABS TBEC 500MG                                      | 4         |                          |
| AZULFIDINE TABS 500MG                                              | 4         |                          |
| <i>balsalazide disodium caps 750mg</i>                             | 2         |                          |
| DIPENTUM CAPS 250MG                                                | 5         | NDS                      |
| <i>mesalamine dr cpdr 400mg</i>                                    | 2         | ST                       |

| Drug Name                                          | Drug Tier | Requirements/Limits             |
|----------------------------------------------------|-----------|---------------------------------|
| <i>mesalamine dr tbec 1.2gm</i>                    | 2         | QL (120 EA per 30 days)         |
| <i>mesalamine dr tbec 800mg</i>                    | 2         | QL (180 EA per 30 days)         |
| <i>mesalamine er cp24 0.375gm</i>                  | 2         | QL (120 EA per 30 days)         |
| <i>mesalamine er cpcr 500mg</i>                    | 2         | QL (240 EA per 30 days)         |
| <i>mesalamine enem 4gm</i>                         | 2         | QL (1800 ML per 30 days)        |
| <i>mesalamine supp 1000mg</i>                      | 2         | QL (30 EA per 30 days)          |
| <i>sulfasalazine tabs 500mg</i>                    | 2         |                                 |
| <i>sulfasalazine tbec 500mg</i>                    | 2         |                                 |
| <b>Glucocorticoids</b>                             |           |                                 |
| <i>budesonide er tb24 9mg</i>                      | 5         | ST NDS                          |
| <i>budesonide cpep 3mg</i>                         | 2         |                                 |
| <i>budesonide foam 2mg</i>                         | 2         |                                 |
| <i>hydrocortisone crea 2.5%</i>                    | 2         | QL (300 GM per 30 days)         |
| <i>hydrocortisone enem 100mg/60ml</i>              | 2         |                                 |
| <i>procto-med hc crea 2.5%</i>                     | 2         | QL (300 GM per 30 days)         |
| <i>proctosol hc crea 2.5%</i>                      | 2         | QL (300 GM per 30 days)         |
| <i>proctozone-hc crea 2.5%</i>                     | 2         | QL (300 GM per 30 days)         |
| TARPEYO CPDR 4MG                                   | 5         | QL (120 EA per 30 days) PA NDS  |
| UCERIS FOAM 2MG/ACT                                | 3         |                                 |
| <b>Metabolic Bone Disease Agents</b>               |           |                                 |
| <b>Metabolic Bone Disease Agents</b>               |           |                                 |
| <i>alendronate sodium soln 70mg/75ml</i>           | 2         |                                 |
| <i>alendronate sodium tabs 35mg</i>                | 1         |                                 |
| <i>alendronate sodium tabs 70mg</i>                | 1         | QL (4 EA per 28 days)           |
| <i>alendronate sodium tabs 10mg</i>                | 2         |                                 |
| ATELVIA TBEC 35MG                                  | 4         | QL (4 EA per 28 days) ST        |
| BINOSTO TBEF 70MG                                  | 3         | QL (4 EA per 28 days)           |
| BONSITY INJ 560MCG/2.24ML                          | 5         | QL (2.24 ML per 28 days) PA NDS |
| <i>calcitonin-salmon soln 200unit/act</i>          | 2         | QL (3.7 ML per 30 days)         |
| <i>calcitriol caps 0.25mcg, 0.5mcg</i>             | 2         |                                 |
| <i>calcitriol soln 1mcg/ml</i>                     | 2         |                                 |
| <i>cinacalcet hydrochloride tabs 30mg, 60mg</i>    | 2         |                                 |
| <i>cinacalcet hydrochloride tabs 90mg</i>          | 2         | NDS                             |
| DOXERCALCIFEROL CAPS 1MCG, 2.5MCG                  | 2         |                                 |
| <i>doxercalciferol caps 0.5mcg</i>                 | 2         |                                 |
| EVENITY INJ 105MG/1.17ML                           | 5         | QL (2.34 ML per 28 days) PA NDS |
| FORTEO INJ 560MCG/2.24ML                           | 5         | QL (2.24 ML per 28 days) PA NDS |
| FOSAMAX PLUS D TABS 70MG; 2800UNIT, 70MG; 5600UNIT | 3         | QL (4 EA per 28 days) ST        |
| <i>ibandronate sodium tabs 150mg</i>               | 2         | QL (1 EA per 28 days)           |
| JUBBONTI INJ 60MG/ML                               | 3         | QL (2 ML per 365 days)          |
| OSENVELT INJ 120MG/1.7ML                           | 5         | PA NDS                          |
| OSPOMYV INJ 60MG/ML                                | 3         |                                 |
| <i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>          | 2         |                                 |
| RAYALDEE CPCR 30MCG                                | 5         | QL (60 EA per 30 days) NDS      |
| <i>risedronate sodium dr tbec 35mg</i>             | 2         | QL (4 EA per 28 days)           |
| <i>risedronate sodium tabs 30mg, 5mg</i>           | 2         |                                 |
| <i>risedronate sodium tabs 150mg</i>               | 2         | QL (1 EA per 28 days)           |
| <i>risedronate sodium tabs 35mg</i>                | 2         | QL (4 EA per 28 days)           |

| Drug Name                                                       | Drug Tier | Requirements/Limits             |
|-----------------------------------------------------------------|-----------|---------------------------------|
| ROCALTROL CAPS 0.25MCG, 0.5MCG                                  | 4         |                                 |
| ROCALTROL SOLN 1MCG/ML                                          | 4         |                                 |
| STOBOCLO INJ 60MG/ML                                            | 3         | QL (2 ML per 365 days)          |
| <i>teriparatide inj 560mcg/2.24ml</i>                           | 5         | QL (2.24 ML per 28 days) PA NDS |
| TYMLOS INJ 3120MCG/1.56ML                                       | 5         | QL (1.56 ML per 30 days) PA NDS |
| WYOST INJ 120MG/1.7ML                                           | 5         | PA                              |
| <b>Miscellaneous Therapeutic Agents</b>                         |           |                                 |
| <i>Miscellaneous Therapeutic Agents</i>                         |           |                                 |
| ALCOHOL PREP PADS PADS 70%                                      | 1         |                                 |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"                   | 1         | QL (200 EA per 30 days)         |
| MISC                                                            |           |                                 |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC           | 1         | QL (200 EA per 30 days)         |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC             | 1         | QL (200 EA per 30 days)         |
| CARNITOR SOLN 1GM/10ML                                          | 4         |                                 |
| CARNITOR TABS 330MG                                             | 4         |                                 |
| CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML | 3         | B/D                             |
| CURITY GAUZE PADS 2"X2" 12 PLY PADS                             | 1         |                                 |
| DUVYZAT SUSP 8.86MG/ML                                          | 5         | QL (360 ML per 30 days) PA NDS  |
| INSULIN SYRINGES, NEEDLES MISC                                  | 1         | QL (200 EA per 30 days)         |
| INTRALIPID INJ 20GM/100ML, 30GM/100ML                           | 3         | B/D                             |
| KYGEVVI PACK 2GM; 2GM                                           | 5         | PA NDS                          |
| <i>levocarnitine soln 1gm/10ml</i>                              | 2         |                                 |
| <i>levocarnitine tabs 330mg</i>                                 | 2         |                                 |
| NUTRILIPID INJ 20GM/100ML                                       | 3         | B/D                             |
| RIVFLOZA INJ 128MG/0.8ML                                        | 5         | QL (0.8 ML per 28 days) PA NDS  |
| RIVFLOZA INJ 160MG/ML, 80MG/0.5ML                               | 5         | QL (1 ML per 28 days) PA NDS    |
| SKYCLARYS CAPS 50MG                                             | 5         | QL (90 EA per 30 days) PA NDS   |
| <i>sodium chloride 0.9% soln 0.9%</i>                           | 2         |                                 |
| VYKAT XR TB24 75MG                                              | 5         | QL (210 EA per 30 days) PA      |
| VYKAT XR TB24 25MG                                              | 5         | QL (390 EA per 30 days) PA NDS  |
| VYKAT XR TB24 150MG                                             | 5         | QL (90 EA per 30 days) PA NDS   |
| WEGOVY INJ 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML                 | 3         | QL (2 ML per 28 days) PA        |
| WEGOVY INJ 1.7MG/0.75ML, 2.4MG/0.75ML                           | 3         | QL (3 ML per 28 days) PA        |
| WEGOVY TABS 25MG, 4MG, 9MG                                      | 3         | QL (30 EA per 30 days) PA       |
| WEGOVY TABS 1.5MG                                               | 3         | QL (60 EA per 365 days) PA      |
| ZOKINVY CAPS 50MG, 75MG                                         | 5         | QL (120 EA per 30 days) PA NDS  |
| <b>Ophthalmic Agents</b>                                        |           |                                 |
| <i>Ophthalmic Agents, Other</i>                                 |           |                                 |
| <i>atropine sulfate soln 1%</i>                                 | 2         |                                 |
| BACITRACIN/POLYMYXIN B OINT 500UNIT/GM; 10000UNIT/GM            | 2         |                                 |
| BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLN 0.2%; 0.5%            | 2         |                                 |
| CEQUA SOLN 0.09%                                                | 4         |                                 |
| COMBIGAN SOLN 0.2%; 0.5%                                        | 3         |                                 |
| <i>cyclosporine emul 0.05%</i>                                  | 2         | QL (60 EA per 30 days)          |

| Drug Name                                                                 | Drug Tier | Requirements/Limits            |
|---------------------------------------------------------------------------|-----------|--------------------------------|
| CYSTADROPS SOLN 0.37%                                                     | 5         | QL (20 ML per 28 days) NDS     |
| CYSTARAN SOLN 0.44%                                                       | 5         | QL (60 ML per 28 days) NDS     |
| <i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>               | 2         |                                |
| <i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>         | 2         |                                |
| ENSPRYNG INJ 120MG/ML                                                     | 5         | PA NDS                         |
| MIEBO SOLN 1.338GM/ML                                                     | 4         | QL (12 ML per 30 days)         |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTI                                  | 2         |                                |
| SONE OINT 400UNIT/GM; 1%; 0.5%; 10000UNIT/GM                              |           |                                |
| NEOMYCIN/POLYMYXIN/BACITRACIN OINT                                        | 2         |                                |
| 400UNIT/GM; 5MG/GM; 10000UNIT/GM                                          |           |                                |
| <i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i> | 2         |                                |
| <i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i> | 2         |                                |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN                                        | 2         |                                |
| 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML                                       |           |                                |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE                                         | 2         |                                |
| OPHTHALMIC SUSP 1%; 3.5MG/ML; 10000UNIT/ML                                |           |                                |
| OXERVATE SOLN 0.002%                                                      | 5         | QL (56 ML per 28 days) PA NDS  |
| <i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>   | 1         |                                |
| RESTASIS MULTIDOSE EMUL 0.05%                                             | 3         | QL (5.5 ML per 25 days)        |
| RESTASIS EMUL 0.05%                                                       | 3         | QL (60 EA per 30 days)         |
| ROCKLATAN SOLN 0.005%; 0.02%                                              | 3         | QL (2.5 ML per 25 days)        |
| SIMBRINZA SUSP 0.2%; 1%                                                   | 3         |                                |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM                                  | 2         |                                |
| PHOSPHATE SOLN 0.23%; 10%                                                 |           |                                |
| TOBRADEX ST SUSP 0.05%; 0.3%                                              | 3         |                                |
| TOBRADEX OINT 0.1%; 0.3%                                                  | 3         |                                |
| <i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>                           | 2         |                                |
| VERKAZIA EMUL 0.1%                                                        | 5         | QL (120 EA per 30 days) PA NDS |
| VEVYE SOLN 0.1%                                                           | 3         | PA                             |
| XIIDRA SOLN 5%                                                            | 4         | QL (60 EA per 30 days)         |
| ZYLET SUSP 0.5%; 0.3%                                                     | 3         |                                |
| <b>Ophthalmic Anti-allergy Agents</b>                                     |           |                                |
| <i>azelastine hcl soln 0.05%</i>                                          | 2         |                                |
| <i>bepotastine besilate soln 1.5%</i>                                     | 2         |                                |
| BEPREVE SOLN 1.5%                                                         | 4         |                                |
| CROMOLYN SODIUM SOLN 4%                                                   | 1         |                                |
| <i>epinastine hcl soln 0.05%</i>                                          | 2         |                                |
| ZERViate SOLN 0.24%                                                       | 3         |                                |
| <b>Ophthalmic Anti-Infectives</b>                                         |           |                                |
| AZASITE SOLN 1%                                                           | 3         |                                |
| BESIVANCE SUSP 0.6%                                                       | 3         |                                |
| CILOXAN OINT 0.3%                                                         | 3         |                                |
| <i>ciprofloxacin hydrochloride soln 0.3%</i>                              | 2         |                                |
| <i>erythromycin oint 5mg/gm</i>                                           | 1         |                                |
| <i>gatifloxacin soln 0.5%</i>                                             | 2         |                                |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i>                            | 1         |                                |

| Drug Name                                                      | Drug Tier | Requirements/Limits     |
|----------------------------------------------------------------|-----------|-------------------------|
| LEVOFLOXACIN OPHTHALMIC SOLN 0.5%                              | 2         |                         |
| <i>moxifloxacin hydrochloride soln 0.5%</i>                    | 2         |                         |
| NATACYN SUSP 5%                                                | 3         |                         |
| OCUFLOX SOLN 0.3%                                              | 4         |                         |
| <i>ofloxacin ophthalmic soln 0.3%</i>                          | 2         |                         |
| SULFACETAMIDE SODIUM SOLN 10%                                  | 2         |                         |
| <i>tobramycin soln 0.3%</i>                                    | 1         |                         |
| TOBREX OINT 0.3%                                               | 3         |                         |
| TRIFLURIDINE SOLN 1%                                           | 2         |                         |
| XDEMVI SOLN 0.25%                                              | 5         | QL (10 ML per 42 days)  |
| ZIRGAN GEL 0.15%                                               | 3         |                         |
| <b>Ophthalmic Anti-inflammatory</b>                            |           |                         |
| ACULAR LS SOLN 0.4%                                            | 4         |                         |
| ACULAR SOLN 0.5%                                               | 4         |                         |
| ALREX SUSP 0.2%                                                | 3         |                         |
| <i>bromfenac sodium soln 0.07%</i>                             | 3         | QL (12 ML per 365 days) |
| <i>bromfenac sodium soln 0.075%</i>                            | 3         | ST                      |
| <i>bromfenac soln 0.09%</i>                                    | 2         |                         |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1%                       | 2         |                         |
| <i>diclofenac sodium ophthalmic soln 0.1%</i>                  | 2         |                         |
| <i>difluprednate emul 0.05%</i>                                | 2         |                         |
| DUREZOL EMUL 0.05%                                             | 4         |                         |
| EYSUVIS SUSP 0.25%                                             | 3         | PA                      |
| FLAREX SUSP 0.1%                                               | 3         |                         |
| <i>fluorometholone susp 0.1%</i>                               | 2         |                         |
| <i>flurbiprofen sodium soln 0.03%</i>                          | 2         |                         |
| FML FORTE SUSP 0.25%                                           | 3         |                         |
| FML LIQUIFILM SUSP 0.1%                                        | 4         |                         |
| ILEVRO SUSP 0.3%                                               | 3         | QL (4 ML per 30 days)   |
| KETOROLAC TROMETHAMINE SOLN 0.4%                               | 2         |                         |
| <i>ketorolac tromethamine soln 0.5%</i>                        | 2         |                         |
| LOTEMAX SM GEL 0.38%                                           | 3         | QL (20 GM per 365 days) |
| LOTEMAX OINT 0.5%                                              | 3         | QL (14 GM per 365 days) |
| <i>loteprednol etabonate gel 0.5%</i>                          | 2         | QL (20 GM per 365 days) |
| <i>loteprednol etabonate susp 0.2%, 0.5%</i>                   | 2         |                         |
| MAXIDEX SUSP 0.1%                                              | 3         |                         |
| NEVANAC SUSP 0.1%                                              | 3         | QL (4 ML per 30 days)   |
| PRED FORTE SUSP 1%                                             | 4         |                         |
| PRED MILD SUSP 0.12%                                           | 3         |                         |
| <i>prednisolone acetate susp 1%</i>                            | 2         |                         |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%               | 2         |                         |
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>              |           |                         |
| BETAXOLOL HCL SOLN 0.5%                                        | 2         |                         |
| CARTEOLOL HCL SOLN 1%                                          | 2         |                         |
| ISTALOL SOLN 0.5%                                              | 4         |                         |
| LEVOBUNOLOL HCL SOLN 0.5%                                      | 2         |                         |
| <i>timolol hemihydrate soln 0.5%</i>                           | 2         |                         |
| <i>timolol maleate ophthalmic gel forming solg 0.25%, 0.5%</i> | 2         |                         |

| Drug Name                                                                     | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>timolol maleate soln 0.25%, 0.5%</i>                                       | 1         |                             |
| <i>timolol maleate soln 0.25%, 0.5%</i>                                       | 2         |                             |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>                 |           |                             |
| <i>acetazolamide er cp12 500mg</i>                                            | 2         |                             |
| <i>acetazolamide tabs 125mg, 250mg</i>                                        | 2         |                             |
| APRACLOPIDINE SOLN 0.5%                                                       | 2         |                             |
| <i>brimonidine tartrate soln 0.1%, 0.2%</i>                                   | 2         |                             |
| <i>brinzolamide susp 1%</i>                                                   | 2         |                             |
| <i>dorzolamide hydrochloride soln 2%</i>                                      | 2         |                             |
| IOPIDINE SOLN 1%                                                              | 3         |                             |
| <i>methazolamide tabs 25mg, 50mg</i>                                          | 2         |                             |
| <i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>                              | 2         |                             |
| <i>pilocarpine hydrochloride soln 1.25%</i>                                   | 2         | QL (7.5 ML per 28 days) PA  |
| RHOPRESSA SOLN 0.02%                                                          | 3         | QL (2.5 ML per 25 days)     |
| <b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>                      |           |                             |
| <i>bimatoprost soln 0.03%</i>                                                 | 2         | QL (5 ML per 30 days)       |
| IYUZEH SOLN 0.005%                                                            | 3         | ST                          |
| <i>latanoprost soln 0.005%</i>                                                | 1         |                             |
| LUMIGAN SOLN 0.01%                                                            | 3         | QL (2.5 ML per 25 days)     |
| <i>travoprost soln 0.004%</i>                                                 | 2         | QL (2.5 ML per 25 days)     |
| VYZULTA SOLN 0.024%                                                           | 4         | QL (5 ML per 25 days)       |
| <b>Otic Agents</b>                                                            |           |                             |
| <b>Otic Agents</b>                                                            |           |                             |
| <i>acetic acid soln 2%</i>                                                    | 2         |                             |
| <i>ciprofloxacin hydrochloride/hydrocortisone susp 0.2%; 1%</i>               | 2         |                             |
| <i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>                            | 2         |                             |
| <i>ciprofloxacin soln 0.2%</i>                                                | 2         |                             |
| <i>fluocinolone acetonide oil 0.01%</i>                                       | 2         |                             |
| <i>hydrocortisone/acetic acid soln 2%; 1%</i>                                 | 2         |                             |
| <i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>                  | 2         |                             |
| <i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i> | 2         |                             |
| <i>ofloxacin otic soln 0.3%</i>                                               | 2         |                             |
| <b>Respiratory Tract/Pulmonary Agents</b>                                     |           |                             |
| <b>Anti-inflammatories, Inhaled Corticosteroids</b>                           |           |                             |
| ALVESCO AERS 160MCG/ACT, 80MCG/ACT                                            | 3         | QL (12.2 GM per 30 days) ST |
| ARNUTY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT                         | 3         | QL (30 EA per 30 days)      |
| ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT                            | 3         | QL (13 GM per 30 days) ST   |
| ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH                          | 3         | QL (1 EA per 30 days) ST    |
| ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH               | 3         | QL (1 EA per 30 days) ST    |
| ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH                           | 3         | QL (1 EA per 30 days) ST    |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>                         | 2         | QL (120 ML per 30 days) B/D |
| <i>flunisolide soln 0.025%</i>                                                | 2         | QL (50 ML per 30 days)      |
| FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT                                     | 3         | QL (21.2 GM per 30 days) ST |

| Drug Name                                                                         | Drug Tier | Requirements/Limits            |
|-----------------------------------------------------------------------------------|-----------|--------------------------------|
| FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT                            | 3         | QL (24 GM per 30 days) ST      |
| <i>fluticasone propionate susp 50mcg/act</i>                                      | 1         | QL (16 GM per 30 days)         |
| <i>mometasone furoate susp 50mcg/act</i>                                          | 2         | QL (34 GM per 30 days)         |
| OMNARIS SUSP 50MCG/ACT                                                            | 3         | QL (12.5 GM per 30 days) ST    |
| PULMICORT FLEXHALER AEPB 180MCG/ACT, 90MCG/ACT                                    | 3         | QL (2 EA per 30 days) ST       |
| QNASL AERS 80MCG/ACT                                                              | 3         | QL (10.6 GM per 30 days)       |
| QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT                                           | 3         | QL (21.2 GM per 30 days)       |
| XHANCE EXHU 93MCG/ACT                                                             | 3         | QL (32 ML per 30 days)         |
| <b>Antihistamines</b>                                                             |           |                                |
| <i>azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act</i> | 2         | QL (23 GM per 30 days)         |
| <i>azelastine hydrochloride soln 0.1%</i>                                         | 2         | QL (60 ML per 30 days)         |
| CARBINOXAMINE MALEATE SOLN 4MG/5ML                                                | 2         |                                |
| <i>cetirizine hydrochloride soln 5mg/5ml</i>                                      | 1         |                                |
| CLARINEX-D 12 HOUR TB12 2.5MG; 120MG                                              | 3         |                                |
| CLEMASTINE FUMARATE SYRP 0.67MG/5ML                                               | 5         | NDS                            |
| CLEMASTINE FUMARATE TABS 2.68MG                                                   | 2         |                                |
| <i>cyproheptadine hcl syrp 2mg/5ml</i>                                            | 2         |                                |
| <i>cyproheptadine hydrochloride tabs 4mg</i>                                      | 2         |                                |
| DESLORATADINE SOLN 0.5MG/ML                                                       | 5         | NDS                            |
| <i>hydroxyzine hcl tabs 50mg</i>                                                  | 2         | PA                             |
| <i>hydroxyzine hydrochloride syrp 10mg/5ml</i>                                    | 2         | PA                             |
| <i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>                                  | 2         | PA                             |
| HYDROXYZINE PAMOATE CAPS 100MG                                                    | 2         | PA                             |
| <i>hydroxyzine pamoate caps 25mg, 50mg</i>                                        | 2         | PA                             |
| <i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>                              | 2         |                                |
| <i>levocetirizine dihydrochloride tabs 5mg</i>                                    | 2         | QL (30 EA per 30 days)         |
| <i>lopatadine hcl soln 0.6%</i>                                                   | 2         | QL (30.5 GM per 30 days)       |
| <b>Antileukotrienes</b>                                                           |           |                                |
| <i>montelukast sodium chew 5mg</i>                                                | 1         | QL (30 EA per 30 days)         |
| <i>montelukast sodium chew 4mg</i>                                                | 2         | QL (30 EA per 30 days)         |
| <i>montelukast sodium pack 4mg</i>                                                | 2         |                                |
| <i>montelukast sodium tabs 10mg</i>                                               | 1         | QL (30 EA per 30 days)         |
| <i>zafirlukast tabs 10mg, 20mg</i>                                                | 2         | QL (60 EA per 30 days)         |
| <b>Bronchodilators, Anticholinergic</b>                                           |           |                                |
| ATROVENT HFA AERS 17MCG/ACT                                                       | 3         | QL (25.8 GM per 30 days)       |
| DUAKLIR PRESSAIR AEPB 400MCG/ACT; 12MCG/ACT                                       | 3         | QL (2 EA per 30 days) ST       |
| INCRUSE ELLIPTA AEPB 62.5MCG/INH                                                  | 3         | QL (30 EA per 30 days)         |
| <i>ipratropium bromide hfa aers 17mcg/act</i>                                     | 2         | QL (25.8 GM per 30 days)       |
| <i>ipratropium bromide inhalation soln 0.02%</i>                                  | 1         | QL (312.5 ML per 30 days) B/D  |
| <i>ipratropium bromide nasal soln 0.03%</i>                                       | 2         | QL (30 ML per 28 days)         |
| <i>ipratropium bromide nasal soln 0.06%</i>                                       | 2         | QL (45 ML per 30 days)         |
| SPIRIVA HANDIHALER CAPS 18MCG                                                     | 3         | QL (30 EA per 30 days)         |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT                                     | 3         | QL (4 GM per 30 days)          |
| TIOTROPIUM BROMIDE CAPS 18MCG                                                     | 3         | QL (30 EA per 30 days)         |
| UMECLIDINIUM ELLIPTA AEPB 62.5MCG/INH                                             | 3         | QL (30 EA per 30 days)         |
| YUPELRI NEBU 175MCG/3ML                                                           | 5         | QL (90 ML per 30 days) B/D NDS |

| Drug Name                                            | Drug Tier | Requirements/Limits             |
|------------------------------------------------------|-----------|---------------------------------|
| <b>Bronchodilators, Sympathomimetic</b>              |           |                                 |
| <i>albuterol sulfate hfa aers 108mcg/act</i>         | 2         | QL (13.4 GM per 30 days)        |
| <i>albuterol sulfate hfa aers 108mcg/act</i>         | 2         | QL (17 GM per 30 days)          |
| <i>albuterol sulfate hfa aers 108mcg/act</i>         | 4         | QL (48 GM per 30 days)          |
| <i>albuterol sulfate nebu 2.5mg/0.5ml</i>            | 2         | QL (100 EA per 30 days) B/D     |
| <i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i> | 2         | QL (375 ML per 30 days) B/D     |
| <i>albuterol sulfate nebu 0.083%</i>                 | 2         | QL (525 ML per 30 days) B/D     |
| <i>albuterol sulfate syrp 2mg/5ml</i>                | 2         |                                 |
| <i>albuterol sulfate tabs 2mg, 4mg</i>               | 2         |                                 |
| <i>arformoterol tartrate nebu 15mcg/2ml</i>          | 2         | QL (120 ML per 30 days) PA NDS  |
| AUVI-Q INJ 0.1MG/0.1ML                               | 3         | QL (2 EA per 30 days)           |
| AUVI-Q INJ 0.15MG/0.15ML                             | 3         | QL (4 EA per 30 days) ST        |
| EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML           | 2         | QL (4 EA per 30 days)           |
| <i>epinephrine inj 0.15mg/0.3ml, 0.3mg/0.3ml</i>     | 2         | QL (4 EA per 30 days)           |
| <i>formoterol fumarate nebu 20mcg/2ml</i>            | 2         | QL (120 ML per 30 days) B/D     |
| <i>levalbuterol hcl nebu 1.25mg/3ml</i>              | 2         | QL (270 ML per 30 days) B/D     |
| <i>levalbuterol hcl nebu 0.31mg/3ml</i>              | 2         | QL (540 ML per 30 days) B/D     |
| <i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>    | 2         | QL (540 ML per 30 days) B/D     |
| LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT             | 3         | QL (30 GM per 30 days) ST       |
| <i>levalbuterol nebu 1.25mg/0.5ml</i>                | 2         | QL (90 EA per 30 days) B/D      |
| PROAIR RESPICLICK AEPB 108MCG/ACT                    | 3         | QL (2 EA per 30 days)           |
| SEREVENT DISKUS AEPB 50MCG/DOSE                      | 3         | QL (60 EA per 30 days)          |
| STRIVERDI RESPIMAT AERS 2.5MCG/ACT                   | 3         | QL (4 GM per 30 days) ST        |
| <i>terbutaline sulfate tabs 2.5mg, 5mg</i>           | 2         |                                 |
| VENTOLIN HFA AERS 108MCG/ACT                         | 4         | QL (48 GM per 30 days)          |
| XOPENEX HFA AERO 45MCG/ACT                           | 3         | QL (30 GM per 30 days) ST       |
| <b>Cystic Fibrosis Agents</b>                        |           |                                 |
| ALYFTREK TABS 125MG; 50MG; 10MG                      | 5         | QL (56 EA per 28 days) PA NDS   |
| ALYFTREK TABS 50MG; 20MG; 4MG                        | 5         | QL (84 EA per 28 days) PA NDS   |
| CAYSTON SOLR 75MG                                    | 5         | QL (84 ML per 28 days) PA NDS   |
| KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG        | 5         | QL (56 EA per 28 days) PA NDS   |
| KALYDECO TABS 150MG                                  | 5         | QL (60 EA per 30 days) PA NDS   |
| KITABIS PAK NEBU 300MG/5ML                           | 5         | QL (280 ML per 28 days) B/D NDS |
| ORKAMBI PACK 125MG; 100MG, 188MG; 150MG, 94MG; 75MG  | 5         | QL (56 EA per 28 days) PA NDS   |
| ORKAMBI TABS 125MG; 100MG, 125MG; 200MG              | 5         | QL (112 EA per 28 days) PA NDS  |
| PULMOZYME SOLN 2.5MG/2.5ML                           | 5         | PA NDS                          |
| SYMDEKO TBPK 150MG; 100MG                            | 5         | QL (56 EA per 28 days) PA NDS   |
| SYMDEKO TBPK 75MG; 50MG                              | 5         | QL (60 EA per 30 days) PA NDS   |
| TOBI PODHALER CAPS 28MG                              | 5         | QL (224 EA per 56 days) NDS     |
| <i>tobramycin nebu 300mg/4ml</i>                     | 5         | B/D NDS                         |
| <i>tobramycin nebu 300mg/5ml</i>                     | 5         | QL (280 ML per 28 days) B/D NDS |
| TRIKAFTA TBPK 100MG; 0; 50MG, 50MG; 0; 25MG          | 5         | QL (84 EA per 28 days) PA NDS   |
| TRIKAFTA THPK 100MG; 0; 50MG, 80MG; 0; 40MG          | 5         | QL (56 EA per 28 days) PA NDS   |
| <b>Mast Cell Stabilizers</b>                         |           |                                 |
| <i>cromolyn sodium nebu 20mg/2ml</i>                 | 2         | B/D                             |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b> |           |                                 |
| OHTUVAYRE SUSP 3MG/2.5ML                             | 5         | QL (150 ML per 30 days) PA NDS  |
| <i>roflumilast tabs 500mcg</i>                       | 2         | QL (30 EA per 30 days) PA       |

| Drug Name                                                                          | Drug Tier | Requirements/Limits             |
|------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>roflumilast tabs 250mcg</i>                                                     | 2         | QL (56 EA per 365 days) PA      |
| THEO-24 CP24 100MG, 200MG, 300MG, 400MG                                            | 3         |                                 |
| <i>theophylline er tb12 300mg, 450mg</i>                                           | 2         |                                 |
| <i>theophylline er tb24 400mg, 600mg</i>                                           | 2         |                                 |
| <i>theophylline soln 80mg/15ml</i>                                                 | 2         |                                 |
| <b>Pulmonary Antihypertensives</b>                                                 |           |                                 |
| ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG                                         | 5         | QL (90 EA per 30 days) PA NDS   |
| <i>alyq tabs 20mg</i>                                                              | 2         | QL (60 EA per 30 days) PA NDS   |
| <i>ambrisentan tabs 10mg, 5mg</i>                                                  | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>bosentan tabs 125mg, 62.5mg</i>                                                 | 5         | QL (60 EA per 30 days) PA NDS   |
| <i>bosentan tbso 32mg</i>                                                          | 5         | QL (112 EA per 28 days) PA NDS  |
| <i>macitentan tabs 10mg</i>                                                        | 5         | QL (30 EA per 30 days) PA NDS   |
| OPSUMIT TABS 10MG                                                                  | 5         | QL (30 EA per 30 days) PA NDS   |
| ORENITRAM TITRATION KIT MONTH 1 TEPK 0                                             | 5         | QL (336 EA per 365 days) PA NDS |
| ORENITRAM TITRATION KIT MONTH 2 TEPK 0                                             | 5         | QL (672 EA per 365 days) PA NDS |
| ORENITRAM TITRATION KIT MONTH 3 TEPK 0                                             | 5         | QL (504 EA per 365 days) PA NDS |
| ORENITRAM TBCR 0.125MG                                                             | 3         | PA                              |
| ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG                                             | 5         | PA NDS                          |
| <i>sildenafil citrate susr 10mg/ml</i>                                             | 2         | PA NDS                          |
| <i>sildenafil citrate tabs 20mg</i>                                                | 2         | QL (90 EA per 30 days) PA       |
| <i>tadalafil tabs 20mg</i>                                                         | 2         | QL (60 EA per 30 days) PA NDS   |
| TADLIQ SUSP 20MG/5ML                                                               | 5         | QL (300 ML per 30 days) PA NDS  |
| TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG                  | 5         | QL (112 EA per 28 days) PA NDS  |
| TYVASO DPI MAINTENANCE KIT POWD 0                                                  | 5         | QL (224 EA per 28 days) PA NDS  |
| TYVASO DPI TITRATION KIT POWD 0                                                    | 5         | QL (504 EA per 365 days) PA NDS |
| UPTRAVI TITRATION PACK TBPK 0                                                      | 5         | QL (400 EA per 365 days) PA NDS |
| UPTRAVI TABS 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG    | 5         | QL (60 EA per 30 days) PA NDS   |
| WINREVAIR INJ 0, 45MG, 60MG                                                        | 5         | QL (1 EA per 21 days) PA NDS    |
| YUTREPIA CAPS 26.5MCG, 53MCG                                                       | 5         | QL (140 EA per 28 days) PA NDS  |
| YUTREPIA CAPS 106MCG                                                               | 5         | QL (224 EA per 28 days) PA NDS  |
| YUTREPIA CAPS 79.5MCG                                                              | 5         | QL (280 EA per 28 days) PA NDS  |
| <b>Pulmonary Fibrosis Agents</b>                                                   |           |                                 |
| JASCAYD TABS 18MG, 9MG                                                             | 5         | QL (60 EA per 30 days) PA       |
| <i>nintedanib esylate caps 100mg, 150mg</i>                                        | 5         | QL (60 EA per 30 days) PA NDS   |
| OFEV CAPS 100MG, 150MG                                                             | 5         | QL (60 EA per 30 days) PA NDS   |
| <i>pirfenidone caps 267mg</i>                                                      | 5         | QL (270 EA per 30 days) PA NDS  |
| PIRFENIDONE TABS 534MG                                                             | 5         | PA NDS                          |
| <i>pirfenidone tabs 267mg</i>                                                      | 5         | QL (270 EA per 30 days) PA NDS  |
| <i>pirfenidone tabs 801mg</i>                                                      | 5         | QL (90 EA per 30 days) PA NDS   |
| <b>Respiratory Tract Agents, Other</b>                                             |           |                                 |
| <i>acetylcysteine soln 10%, 20%</i>                                                | 2         | B/D                             |
| ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT | 4         | QL (24 GM per 30 days) ST       |
| AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT                                                 | 3         | QL (32.1 GM per 30 days)        |
| ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT                                          | 3         | QL (60 EA per 30 days)          |
| BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT                                       | 3         | QL (10.7 GM per 30 days) ST     |

| Drug Name                                                                                                     | Drug Tier | Requirements/Limits             |
|---------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH                          | 3         | QL (60 EA per 30 days)          |
| <i>breyana aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>                                             | 3         | QL (10.3 GM per 30 days) ST     |
| BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT                                                     | 3         | QL (10.7 GM per 30 days)        |
| BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT                                                      | 3         | QL (23.6 GM per 28 days)        |
| BRINSUPRI TABS 10MG, 25MG                                                                                     | 5         | QL (30 EA per 30 days) PA NDS   |
| <i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>            | 3         | QL (10.2 GM per 30 days) ST     |
| COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT                                                                 | 3         | QL (8 GM per 30 days)           |
| DULERA AERO 5MCG/ACT; 50MCG/ACT                                                                               | 3         | QL (13 GM per 30 days) PA       |
| DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT                                                        | 3         | QL (17.6 GM per 30 days) PA     |
| FASENRA PEN INJ 30MG/ML                                                                                       | 5         | QL (1 ML per 28 days) PA NDS    |
| FASENRA INJ 10MG/0.5ML                                                                                        | 3         | QL (0.5 ML per 28 days) PA      |
| FASENRA INJ 30MG/ML                                                                                           | 5         | QL (1 ML per 28 days) PA NDS    |
| FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH                      | 3         | QL (60 EA per 30 days)          |
| <i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>             | 2         | QL (60 EA per 30 days)          |
| FLUTICASONE PROPIONATE/SALMETEROL HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT | 4         | QL (24 GM per 30 days) ST       |
| FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT     | 3         | QL (1 EA per 30 days)           |
| <i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>                                           | 2         | QL (60 EA per 30 days)          |
| <i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>                                        | 2         | QL (540 ML per 30 days) B/D     |
| NUCALA INJ 40MG/0.4ML                                                                                         | 5         | QL (0.4 ML per 28 days) PA NDS  |
| NUCALA INJ 100MG                                                                                              | 5         | QL (3 EA per 28 days) PA NDS    |
| NUCALA INJ 100MG/ML                                                                                           | 5         | QL (3 ML per 28 days) PA NDS    |
| PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE 2 HYDROCHLORIDE SYRP 5MG/5ML; 6.25MG/5ML                             |           |                                 |
| STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT                                                                  | 3         | QL (24 GM per 30 days)          |
| SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT                                                                         | 3         | QL (12 GM per 30 days) ST       |
| SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT                                                                          | 3         | QL (13.8 GM per 30 days) ST     |
| TEZSPIRE INJ 210MG/1.91ML                                                                                     | 5         | QL (1.91 ML per 28 days) PA NDS |
| TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH                   | 3         | QL (60 EA per 30 days)          |
| <i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>                  | 2         | QL (60 EA per 30 days)          |

## Skeletal Muscle Relaxants

### Skeletal Muscle Relaxants

|                                       |   |    |
|---------------------------------------|---|----|
| <i>carisoprodol tabs 250mg, 350mg</i> | 2 | PA |
|---------------------------------------|---|----|

| Drug Name                                                  | Drug Tier | Requirements/Limits            |
|------------------------------------------------------------|-----------|--------------------------------|
| <i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>              | 2         |                                |
| <i>chlorzoxazone tabs 250mg</i>                            | 5         | NDS                            |
| <i>cyclobenzaprine hydrochloride er cp24 30mg</i>          | 2         | QL (30 EA per 30 days)         |
| <i>cyclobenzaprine hydrochloride er cp24 15mg</i>          | 2         | QL (60 EA per 30 days)         |
| <i>cyclobenzaprine hydrochloride tabs 10mg, 5mg, 7.5mg</i> | 2         | QL (90 EA per 30 days) PA      |
| METAXALONE TABS 640MG                                      | 5         | NDS                            |
| <i>metaxalone tabs 400mg, 800mg</i>                        | 2         |                                |
| <i>methocarbamol tabs 500mg, 750mg</i>                     | 2         |                                |
| <i>methocarbamol tabs 1000mg</i>                           | 5         | NDS                            |
| <i>orphenadrine citrate er tb12 100mg</i>                  | 2         |                                |
| <b>Sleep Disorder Agents</b>                               |           |                                |
| <b><i>Sleep Promoting Agents</i></b>                       |           |                                |
| BELSOMRA TABS 10MG, 15MG, 20MG, 5MG                        | 3         | QL (30 EA per 30 days)         |
| DAYVIGO TABS 10MG, 5MG                                     | 3         | QL (30 EA per 30 days) PA      |
| <i>doxepin hydrochloride tabs 3mg, 6mg</i>                 | 2         | QL (30 EA per 30 days)         |
| EDLUAR SUBL 10MG, 5MG                                      | 3         | QL (30 EA per 30 days)         |
| <i>estazolam tabs 1mg, 2mg</i>                             | 2         | QL (30 EA per 30 days)         |
| <i>eszopiclone tabs 1mg, 2mg, 3mg</i>                      | 2         | QL (30 EA per 30 days)         |
| FLURAZEPAM HYDROCHLORIDE CAPS 15MG, 30MG                   | 2         | QL (30 EA per 30 days)         |
| QUVIVIQ TABS 25MG, 50MG                                    | 3         | QL (30 EA per 30 days) PA      |
| <i>ramelteon tabs 8mg</i>                                  | 2         | QL (30 EA per 30 days)         |
| <i>tasimelteon caps 20mg</i>                               | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>temazepam caps 15mg, 22.5mg, 30mg, 7.5mg</i>            | 2         | QL (30 EA per 30 days)         |
| <i>triazolam tabs 0.125mg, 0.25mg</i>                      | 2         | QL (60 EA per 30 days)         |
| <i>zaleplon caps 5mg</i>                                   | 2         | QL (30 EA per 30 days)         |
| <i>zaleplon caps 10mg</i>                                  | 2         | QL (60 EA per 30 days)         |
| <i>zolpidem tartrate er tbcr 12.5mg, 6.25mg</i>            | 2         | QL (30 EA per 30 days)         |
| ZOLPIDEM TARTRATE CAPS 7.5MG                               | 3         | QL (30 EA per 30 days)         |
| ZOLPIDEM TARTRATE SUBL 1.75MG, 3.5MG                       | 2         | QL (30 EA per 30 days)         |
| <i>zolpidem tartrate tabs 10mg, 5mg</i>                    | 1         | QL (30 EA per 30 days)         |
| <b><i>Wakefulness Promoting Agents</i></b>                 |           |                                |
| <i>armodafinil tabs 150mg, 200mg, 250mg</i>                | 2         | QL (30 EA per 30 days) PA      |
| <i>armodafinil tabs 50mg</i>                               | 2         | QL (60 EA per 30 days) PA      |
| LUMRYZ STARTER PACK THPK 0                                 | 5         | QL (56 EA per 365 days) PA NDS |
| LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM                         | 5         | QL (30 EA per 30 days) PA NDS  |
| <i>modafinil tabs 100mg, 200mg</i>                         | 2         | QL (30 EA per 30 days) PA      |
| <i>sodium oxybate soln 500mg/ml</i>                        | 5         | QL (540 ML per 30 days) PA NDS |
| SUNOSI TABS 150MG, 75MG                                    | 3         | QL (30 EA per 30 days) PA      |
| WAKIX TABS 17.8MG, 4.45MG                                  | 5         | QL (60 EA per 30 days) PA NDS  |
| XYREM SOLN 500MG/ML                                        | 5         | QL (540 ML per 30 days) PA NDS |
| XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML            | 5         | QL (540 ML per 30 days) PA NDS |

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| <i>cefprozil</i>                                 | 6      |
| <i>ceftaroline fosamil</i>                       | 6      |
| CEFTAZIDIME                                      | 6      |
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| <i>ciprofloxacin hydrochloride</i>                      | 8      |
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| <i>clindamycin phosphate</i>                   | 5      |
| <i>clindamycin phosphate</i>                   | 53     |
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| <i>clonazepam</i>                              | 10     |
| <i>clonazepam odt</i>                          | 10     |
| <i>clonidine</i>                               | 37     |
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| CYCLOSET                                | 32     |
| <i>cyclosporine</i>                     | 72     |
| <i>cyclosporine</i>                     | 76     |
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| <i>cyproheptadine hcl</i>               | 80     |
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| DAPTOMYCIN                                      | 5      |
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| <i>hydrocortisone/acetic acid</i>     | 79     |
| <i>hydromorphone hcl</i>              | 3      |
| <i>hydromorphone hcl er</i>           | 2      |
| <i>hydromorphone hydrochloride</i>    | 3      |
| <i>hydromorphone hydrochloride er</i> | 2      |
| HYDROXYCHLOROQUINE SULFATE            | 23     |
| <i>hydroxyurea</i>                    | 19     |
| <i>hydroxyzine hcl</i>                | 80     |
| <i>hydroxyzine hydrochloride</i>      | 80     |
| HYDROXYZINE PAMOATE                   | 80     |
| HYFTOR                                | 51     |
| HYRNUO                                | 20     |
| HYSINGLA ER                           | 2      |
| HYZAAR                                | 41     |
| <i>ibandronate sodium</i>             | 75     |
| IBRANCE                               | 19     |
| IBRANCE                               | 20     |
| IBTROZI                               | 20     |
| <i>ibu</i>                            | 1      |
| <i>ibuprofen</i>                      | 1      |
| <i>icatibant acetate</i>              | 70     |
| <i>iclevia</i>                        | 65     |
| ICLUSIG                               | 20     |
| <i>icosapent ethyl</i>                | 43     |
| IDHIFA                                | 20     |
| IDVYNISO                              | 29     |
| ILEVRO                                | 78     |
| ILUMYA                                | 70     |
| <i>imatinib mesylate</i>              | 20     |
| IMBRUVICA                             | 20     |
| IMIPENEM/CILASTATIN                   | 7      |
| <i>imipramine hcl</i>                 | 14     |
| <i>imipramine hydrochloride</i>       | 14     |
| <i>imipramine pamoate</i>             | 14     |
| <i>imiquimod</i>                      | 52     |
| <i>imiquimod pump</i>                 | 52     |
| IMITREX                               | 17     |
| IMITREX STATDOSE REFILL               | 17     |
| IMITREX STATDOSE SYSTEM               | 17     |
| IMKELDI                               | 20     |
| IMOVAX RABIES (H.D.C.V.)              | 74     |
| IMURAN                                | 72     |
| IMVEXXY MAINTENANCE PACK              | 65     |
| IMVEXXY STARTER PACK                  | 65     |
| INBRIJA                               | 25     |
| <i>incassia</i>                       | 67     |
| INCRELEX                              | 63     |
| INCRUSE ELLIPTA                       | 80     |
| <i>indapamide</i>                     | 42     |

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| <i>indomethacin</i>                          | 1      |
| <i>indomethacin er</i>                       | 1      |
| INFANRIX                                     | 74     |
| INGREZZA                                     | 47     |
| INLURIYO                                     | 19     |
| INLYTA                                       | 21     |
| INPEFA                                       | 43     |
| INQOVI                                       | 21     |
| INREBIC                                      | 19     |
| INSULIN GLARGINE-YFGN                        | 34     |
| INSULIN LISPRO                               | 34     |
| INSULIN LISPRO JUNIOR KWIKPEN                | 34     |
| INSULIN LISPRO KWIKPEN                       | 34     |
| INSULIN LISPRO                               | 34     |
| PROTAMINE/INSULIN LISPRO<br>KWIKPEN          |        |
| INSULIN SYRINGES, NEEDLES                    | 76     |
| INTELENCE                                    | 29     |
| INTRALIPID                                   | 76     |
| INTRAROSA                                    | 62     |
| <i>introvale</i>                             | 65     |
| INVEGA                                       | 26     |
| INVEGA HAFYERA                               | 26     |
| INVEGA SUSTENNA                              | 26     |
| INVEGA TRINZA                                | 26     |
| INVOKAMET                                    | 32     |
| INVOKAMET XR                                 | 32     |
| INVOKANA                                     | 44     |
| INZIRQO                                      | 42     |
| IOPIDINE                                     | 79     |
| IPOL INACTIVATED IPV                         | 74     |
| <i>ipratropium bromide</i>                   | 80     |
| <i>ipratropium bromide hfa</i>               | 80     |
| <i>ipratropium bromide/albuterol sulfate</i> | 83     |
| IQIRVO                                       | 58     |
| <i>irbesartan</i>                            | 37     |
| <i>irbesartan/hydrochlorothiazide</i>        | 41     |
| IRESSA                                       | 21     |
| ISENTRESS                                    | 28     |
| ISENTRESS HD                                 | 28     |
| <i>isibloom</i>                              | 65     |
| ISOLYTE-P/DEXTROSE 5%                        | 55     |
| ISOLYTE-S PH 7.4                             | 55     |
| <i>isoniazid</i>                             | 18     |
| <i>isosorbide dinitrate</i>                  | 44     |
| <i>isosorbide dinitrate/hydralazine</i>      | 41     |
| <i>hydrochloride</i>                         |        |
| <i>isosorbide mononitrate</i>                | 44     |
| <i>isosorbide mononitrate er</i>             | 44     |
| ISOTONIC GENTAMICIN                          | 4      |

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| <i>isotretinoin</i>             | 49     |
| <i>isradipine</i>               | 39     |
| ISTALOL                         | 78     |
| ISTURISA                        | 63     |
| ITOVEBI                         | 19     |
| <i>itraconazole</i>             | 16     |
| <i>ivabradine hydrochloride</i> | 41     |
| <i>ivermectin</i>               | 23     |
| <i>ivermectin</i>               | 52     |
| IWILFIN                         | 19     |
| IXIARO                          | 74     |
| IYUZEH                          | 79     |
| <i>jaimiess</i>                 | 65     |
| JAKAFI                          | 21     |
| JAKAFI XR                       | 21     |
| <i>jantoven</i>                 | 35     |
| JANUMET                         | 32     |
| JANUMET XR                      | 32     |
| JANUVIA                         | 32     |
| JARDIANCE                       | 44     |
| JASCAYD                         | 82     |
| <i>jasmiel</i>                  | 65     |
| JATENZO                         | 63     |
| <i>javygtor</i>                 | 60     |
| JAYPIRCA                        | 21     |
| <i>jaythari</i>                 | 62     |
| JENTADUETO                      | 33     |
| JENTADUETO XR                   | 33     |
| <i>jinteli</i>                  | 65     |
| JOENJA                          | 60     |
| JORNAY PM                       | 46     |
| JOURNAVX                        | 1      |
| <i>joyeaux</i>                  | 65     |
| JUBBONTI                        | 75     |
| <i>juleber</i>                  | 65     |
| JULUCA                          | 28     |
| <i>junel 1.5/30</i>             | 65     |
| <i>junel 1/20</i>               | 65     |
| <i>junel fe 1.5/30</i>          | 65     |
| <i>junel fe 1/20</i>            | 65     |
| <i>junel fe 24</i>              | 65     |
| JUXTAPID                        | 43     |
| JYLAMVO                         | 72     |
| JYNARQUE                        | 56     |
| JYNNEOS                         | 74     |
| <i>kaitlib fe</i>               | 65     |
| KALETRA                         | 30     |
| KALYDECO                        | 81     |
| <i>kariva</i>                   | 65     |
| <i>kelnor 1/35</i>              | 65     |

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| <i>ketoconazole</i>                 | 16     |
| KETOPROFEN                          | 1      |
| KETOPROFEN ER                       | 1      |
| <i>ketorolac tromethamine</i>       | 1      |
| KETOROLAC TROMETHAMINE              | 78     |
| KEVEYIS                             | 60     |
| KEVZARA                             | 70     |
| KHINDIVI                            | 62     |
| KINERET                             | 70     |
| KINRIX                              | 74     |
| <i>kionex</i>                       | 57     |
| KIRSTY                              | 34     |
| KISQALI                             | 21     |
| KITABIS PAK                         | 81     |
| KLARON                              | 8      |
| KLISYRI                             | 52     |
| KLONOPIN                            | 10     |
| <i>klor-con</i>                     | 55     |
| <i>klor-con 10</i>                  | 55     |
| <i>klor-con 8</i>                   | 55     |
| <i>klor-con m10</i>                 | 55     |
| <i>klor-con m15</i>                 | 55     |
| <i>klor-con m20</i>                 | 55     |
| KLOXXADO                            | 4      |
| KOMZIFTI                            | 19     |
| KONVOMEF                            | 59     |
| KORLYM                              | 69     |
| KOSELUGO                            | 21     |
| <i>kourzeq</i>                      | 48     |
| KRAZATI                             | 21     |
| KRINTAFEL                           | 23     |
| <i>kristalose</i>                   | 57     |
| <i>kurvelo</i>                      | 65     |
| KYGEVVI                             | 76     |
| KYLEENA                             | 67     |
| <i>kymbee</i>                       | 62     |
| KYZATREX                            | 63     |
| LABETALOL HYDROCHLORIDE             | 39     |
| <i>lacosamide</i>                   | 11     |
| <i>lactulose</i>                    | 57     |
| LAMICTAL XR                         | 9      |
| <i>lamivudine</i>                   | 28     |
| <i>lamivudine</i>                   | 29     |
| <i>lamivudine/zidovudine</i>        | 29     |
| <i>lamotrigine</i>                  | 9      |
| <i>lamotrigine er</i>               | 9      |
| <i>lamotrigine odt</i>              | 9      |
| <i>lamotrigine starter kit/blue</i> | 9      |

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| <i>lamotrigine starter kit/green</i>  | 9      |
| <i>lamotrigine starter kit/orange</i> | 9      |
| <i>lamotrigine titration</i>          | 9      |
| LAMPIT                                | 23     |
| <i>lansoprazole</i>                   | 59     |
| LANSOPRAZOLE/AMOXICILLIN/CLAR         | 58     |
| ITHROMYCIN                            |        |
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| LANTUS                                | 35     |
| LANTUS SOLOSTAR                       | 34     |
| <i>lapatinib ditosylate</i>           | 21     |
| <i>larin 1.5/30</i>                   | 65     |
| <i>larin 1/20</i>                     | 65     |
| <i>larin fe 1.5/30</i>                | 65     |
| <i>larin fe 1/20</i>                  | 65     |
| LASIX ONYU                            | 42     |
| <i>latanoprost</i>                    | 79     |
| LATUDA                                | 26     |
| LAZCLUZE                              | 19     |
| LEDIPASVIR/SOFOSBUVIR                 | 28     |
| <i>leflunomide</i>                    | 72     |
| <i>lenalidomide</i>                   | 18     |
| LENVIMA 10 MG DAILY DOSE              | 21     |
| LENVIMA 12MG DAILY DOSE               | 21     |
| LENVIMA 14 MG DAILY DOSE              | 21     |
| LENVIMA 18 MG DAILY DOSE              | 21     |
| LENVIMA 20 MG DAILY DOSE              | 21     |
| LENVIMA 24 MG DAILY DOSE              | 21     |
| LENVIMA 4 MG DAILY DOSE               | 21     |
| LENVIMA 8 MG DAILY DOSE               | 21     |
| LEQEMBI IQLIK                         | 12     |
| LESCOL XL                             | 42     |
| <i>lessina</i>                        | 65     |
| <i>letrozole</i>                      | 19     |
| <i>leucovorin calcium</i>             | 19     |
| LEUKERAN                              | 18     |
| LEUKINE                               | 36     |
| <i>leuprolide acetate</i>             | 69     |
| <i>levalbuterol</i>                   | 81     |
| <i>levalbuterol hcl</i>               | 81     |
| <i>levalbuterol hydrochloride</i>     | 81     |
| LEVAlBUTEROL TARTRATE HFA             | 81     |
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| <i>levetiracetam er</i>               | 9      |
| LEVOBUNOLOL HCL                       | 78     |
| <i>levocarnitine</i>                  | 76     |
| <i>levocetirizine dihydrochloride</i> | 80     |
| <i>levofloxacin</i>                   | 8      |
| LEVOFLOXACIN                          | 78     |
| <i>levofloxacin in d5w</i>            | 8      |

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| <i>levonorgestrel and ethinyl estradiol</i>   | 65     |
| <i>levonorgestrel/ethinyl estradiol</i>       | 65     |
| LEVOTHYROXINE SODIUM                          | 68     |
| <i>levoxyl</i>                                | 68     |
| <i>l-glutamine</i>                            | 60     |
| <i>lidocaine</i>                              | 4      |
| <i>lidocaine hydrochloride</i>                | 4      |
| <i>lidocaine viscous</i>                      | 48     |
| <i>lidocaine/prilocaine</i>                   | 4      |
| LIFYORLI                                      | 21     |
| LILETTA                                       | 67     |
| <i>linezolid</i>                              | 5      |
| LINZESS                                       | 57     |
| <i>liomny</i>                                 | 68     |
| <i>liothyronine sodium</i>                    | 68     |
| <i>liraglutide</i>                            | 33     |
| <i>lisdexamfetamine dimesylate</i>            | 45     |
| <i>lisinopril</i>                             | 38     |
| <i>lisinopril/hydrochlorothiazide</i>         | 41     |
| LITFULO                                       | 71     |
| <i>lithium</i>                                | 32     |
| LITHIUM CARBONATE                             | 32     |
| <i>lithium carbonate er</i>                   | 32     |
| LITHOSTAT                                     | 61     |
| LIVALO                                        | 42     |
| LIVMARLI                                      | 58     |
| LIVTENCITY                                    | 28     |
| LO LOESTRIN FE                                | 65     |
| LOARGYS                                       | 60     |
| LODINE                                        | 1      |
| LODOCO                                        | 41     |
| <i>loestrin 1.5/30-21</i>                     | 65     |
| <i>loestrin 1/20-21</i>                       | 65     |
| <i>loestrin fe 1.5/30</i>                     | 65     |
| <i>loestrin fe 1/20</i>                       | 66     |
| <i>lofexidine hydrochloride</i>               | 4      |
| <i>lojaimiess</i>                             | 66     |
| LOKELMA                                       | 57     |
| <i>lomustine</i>                              | 18     |
| LONSURF                                       | 19     |
| <i>loperamide hydrochloride</i>               | 57     |
| <i>lopinavir/ritonavir</i>                    | 30     |
| LOPRESSOR                                     | 39     |
| <i>lorazepam</i>                              | 32     |
| <i>lorazepam intensol</i>                     | 31     |
| LORBRENA                                      | 21     |
| <i>loryna</i>                                 | 66     |
| <i>losartan potassium</i>                     | 37     |
| <i>losartan potassium/hydrochlorothiazide</i> | 41     |

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| LOTEMAX                         | 78     |
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| <i>loteprednol etabonate</i>    | 78     |
| <i>lovastatin</i>               | 42     |
| LOVAZA                          | 43     |
| <i>low-ogestrel</i>             | 66     |
| <i>loxapine</i>                 | 25     |
| <i>lubiprostone</i>             | 57     |
| <i>luizza 1.5/30</i>            | 66     |
| <i>luizza 1/20</i>              | 66     |
| LULICONAZOLE                    | 16     |
| LUMAKRAS                        | 21     |
| LUMIGAN                         | 79     |
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| LUPRON DEPOT (1-MONTH)          | 69     |
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| <i>lurasidone hydrochloride</i> | 26     |
| LYBALVI                         | 26     |
| <i>lyleq</i>                    | 68     |
| <i>lyllana</i>                  | 66     |
| LYNKUET                         | 47     |
| LYNPARZA                        | 21     |
| LYSODREN                        | 19     |
| LYTGOBI                         | 21     |
| LYUMJEV                         | 35     |
| LYUMJEV KWIKPEN                 | 35     |
| <i>lyza</i>                     | 68     |
| <i>macitentan</i>               | 82     |
| MACROBID                        | 5      |
| MACRODANTIN                     | 5      |
| <i>magnesium sulfate</i>        | 55     |
| MALARONE                        | 23     |
| <i>malathion</i>                | 52     |
| <i>maraviroc</i>                | 30     |
| MARINOL                         | 15     |
| <i>marlissa</i>                 | 66     |
| MARPLAN                         | 13     |
| MATULANE                        | 18     |
| <i>matzim la</i>                | 40     |
| MAVENCLAD                       | 47     |
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| MAXIDEX                         | 78     |
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| MECLOFENAMATE SODIUM                        | 1      |
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| MEDROL DOSEPAK                              | 62     |
| <i>medroxyprogesterone acetate</i>          | 68     |
| <i>mefloquine hydrochloride</i>             | 23     |
| MEGESTROL ACETATE                           | 68     |
| MEKINIST                                    | 21     |
| MEKTOVI                                     | 21     |
| <i>meleya</i>                               | 68     |
| <i>meloxicam</i>                            | 1      |
| <i>memantine hydrochloride</i>              | 12     |
| <i>memantine hydrochloride er</i>           | 12     |
| <i>memantine/donepezil hydrochloride er</i> | 12     |
| MENOSTAR                                    | 66     |
| MENQUADFI                                   | 74     |
| MENVEO                                      | 74     |
| MEPERIDINE HCL                              | 3      |
| <i>meperidine hydrochloride</i>             | 3      |
| <i>meprobamate</i>                          | 31     |
| MEPRON                                      | 23     |
| <i>mercaptapurine</i>                       | 19     |
| MERILOG                                     | 35     |
| MERILOG SOLOSTAR                            | 35     |
| <i>meropenem</i>                            | 7      |
| <i>mesalamine</i>                           | 75     |
| <i>mesalamine dr</i>                        | 74     |
| <i>mesalamine er</i>                        | 75     |
| <i>mesna</i>                                | 23     |
| MESNEX                                      | 23     |
| METAXALONE                                  | 84     |
| <i>metformin hydrochloride</i>              | 33     |
| <i>metformin hydrochloride er</i>           | 33     |
| METHADONE HCL                               | 2      |
| METHADONE HYDROCHLORIDE                     | 2      |
| <i>methamphetamine hydrochloride</i>        | 45     |
| <i>methazolamide</i>                        | 79     |
| <i>methenamine hippurate</i>                | 5      |
| <i>methimazole</i>                          | 69     |
| METHITEST                                   | 63     |
| <i>methocarbamol</i>                        | 84     |
| <i>methotrexate</i>                         | 72     |
| METHOTREXATE SODIUM                         | 72     |
| METHOXSALEN                                 | 52     |
| <i>methscopolamine bromide</i>              | 58     |
| <i>methsuximide</i>                         | 10     |
| <i>methyldopa</i>                           | 37     |
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| <i>methylphenidate hydrochloride</i>         | 46     |
| METHYLPHENIDATE                              | 46     |
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| <i>methylphenidate hydrochloride er (cd)</i> | 46     |
| METHYLPHENIDATE                              | 46     |
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| <i>methylphenidate hydrochloride er (la)</i> | 46     |
| METHYLPHENIDATE                              | 46     |
| HYDROCHLORIDE ER (OSM)                       |        |
| <i>methylphenidate hydrochloride er (xr)</i> | 46     |
| <i>methylprednisolone</i>                    | 62     |
| <i>methylprednisolone dose pack</i>          | 62     |
| <i>metoclopramide hcl</i>                    | 58     |
| <i>metoclopramide hydrochloride</i>          | 58     |
| <i>metolazone</i>                            | 42     |
| <i>metoprolol succinate er</i>               | 39     |
| <i>metoprolol tartrate</i>                   | 39     |
| <i>metoprolol/hydrochlorothiazide</i>        | 41     |
| <i>metronidazole</i>                         | 5      |
| <i>metronidazole</i>                         | 49     |
| <i>metronidazole vaginal</i>                 | 5      |
| <i>metryrosine</i>                           | 41     |
| <i>mexiletine hydrochloride</i>              | 38     |
| <i>mibelas 24 fe</i>                         | 66     |
| <i>micafungin</i>                            | 16     |
| MICARDIS HCT                                 | 41     |
| MICONAZOLE 3                                 | 16     |
| <i>microgestin 1.5/30</i>                    | 66     |
| <i>microgestin 1/20</i>                      | 66     |
| <i>microgestin fe 1.5/30</i>                 | 66     |
| <i>microgestin fe 1/20</i>                   | 66     |
| <i>midodrine hydrochloride</i>               | 37     |
| MIEBO                                        | 77     |
| <i>mifepristone</i>                          | 69     |
| MIGERGOT                                     | 17     |
| MIGLITOL                                     | 33     |
| <i>miglustat</i>                             | 60     |
| <i>mili</i>                                  | 66     |
| <i>mimvey</i>                                | 66     |
| <i>minocycline hcl</i>                       | 8      |
| <i>minocycline hydrochloride</i>             | 9      |
| MINOCYCLINE HYDROCHLORIDE ER                 | 9      |
| <i>minoxidil</i>                             | 44     |
| <i>minzoya</i>                               | 66     |
| MIPLYFFA                                     | 60     |
| MIRCERA                                      | 36     |
| MIRENA                                       | 68     |
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| <i>mirtazapine odt</i>                       | 13     |

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| MODEYSO                                       | 19     |
| <i>moexipril hydrochloride</i>                | 38     |
| <i>molindone hydrochloride</i>                | 25     |
| <i>mometasone furoate</i>                     | 51     |
| <i>mometasone furoate</i>                     | 80     |
| <i>montelukast sodium</i>                     | 80     |
| <i>morphine sulfate</i>                       | 3      |
| MORPHINE SULFATE ER                           | 2      |
| MOTEGRITY                                     | 57     |
| MOUNJARO                                      | 33     |
| MOVANTIK                                      | 57     |
| MOVIPREP                                      | 58     |
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| HYDROCHLORIDE                                 |        |
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| <i>moxifloxacin hydrochloride</i>             | 78     |
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| MULTAQ                                        | 38     |
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| <i>mupirocin</i>                              | 53     |
| MYALEPT                                       | 58     |
| MYCAPSSA                                      | 69     |
| <i>mycophenolate mofetil</i>                  | 72     |
| <i>mycophenolic acid dr</i>                   | 73     |
| MYDAYIS                                       | 45     |
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| XPOVIO 60 MG TWICE WEEKLY | 23     |
| XPOVIO 80 MG TWICE WEEKLY | 23     |
| XROMI                     | 19     |
| XTAMPZA ER                | 2      |
| XTANDI                    | 18     |
| <i>xulane</i>             | 67     |
| XULTOPHY 100/3.6          | 34     |
| XYOSTED                   | 63     |
| XYREM                     | 84     |
| XYWAV                     | 84     |
| <i>yargesa</i>            | 60     |
| YASMIN 28                 | 67     |
| YAZ                       | 67     |
| YESINTEK                  | 71     |
| YF-VAX                    | 74     |
| YIMMUGO                   | 70     |
| YONSA                     | 18     |
| YUPELRI                   | 80     |
| YUTREPIA                  | 82     |
| <i>yuvafem</i>            | 67     |
| YUWIWEL                   | 61     |
| <i>zafemy</i>             | 67     |
| <i>zafirlukast</i>        | 80     |

| Drug Name                   | Page # |
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| <i>zaleplon</i>             | 84     |
| ZANAFLEX                    | 28     |
| ZARONTIN                    | 10     |
| ZARXIO                      | 37     |
| ZEJULA                      | 23     |
| ZELBORAF                    | 23     |
| ZELSUVMI                    | 53     |
| <i>zelysia</i>              | 61     |
| ZEMAIRA                     | 61     |
| <i>zenatane</i>             | 49     |
| ZENPEP                      | 61     |
| <i>zenzedi</i>              | 45     |
| ZEPOSIA                     | 48     |
| ZEPOSIA 7-DAY STARTER PACK  | 48     |
| ZEPOSIA STARTER KIT         | 48     |
| ZERBAXA                     | 6      |
| ZERVIAE                     | 77     |
| ZESTORETIC                  | 42     |
| ZEVTERA                     | 6      |
| ZIAGEN                      | 30     |
| <i>zidovudine</i>           | 30     |
| ZIEXTENZO                   | 37     |
| ZILBRYSQ                    | 72     |
| ZILXI                       | 18     |
| <i>ziprasidone hcl</i>      | 27     |
| <i>ziprasidone mesylate</i> | 27     |
| ZIRGAN                      | 78     |
| ZITUVIMET XR                | 34     |
| ZOCOR                       | 43     |
| ZOKINVY                     | 76     |
| ZOLINZA                     | 19     |
| ZOLMITRIPTAN                | 17     |
| <i>zolmitriptan odt</i>     | 17     |
| ZOLPIDEM TARTRATE           | 84     |
| <i>zolpidem tartrate er</i> | 84     |
| ZOMACTON                    | 63     |
| ZOMIG                       | 17     |
| ZONISADE                    | 12     |
| <i>zonisamide</i>           | 12     |
| ZORTRESS                    | 73     |
| ZORYVE                      | 51     |
| ZORYVE                      | 52     |
| ZOSYN                       | 7      |
| <i>zovia 1/35</i>           | 67     |
| ZTALMY                      | 11     |
| ZTLIDO                      | 4      |
| ZUBSOLV                     | 4      |
| ZUNVEYL                     | 12     |
| ZURNAI                      | 4      |
| ZURZUVAE                    | 13     |

| <b>Drug Name</b>    | <b>Page #</b> |
|---------------------|---------------|
| ZYCLARA PUMP        | 52            |
| ZYKADIA             | 23            |
| ZYLET               | 77            |
| ZYMFENTRA 2-PEN     | 73            |
| ZYMFENTRA 2-SYRINGE | 73            |
| ZYPITAMAG           | 43            |
| ZYPREXA             | 27            |
| ZYPREXA ZYDIS       | 27            |
| ZYVOX               | 6             |

## Medicare-Excluded Drugs Covered Under the Medicare Plus Rx Option (Bonus Drug List)

| DRUG NAME                                             | DRUG TIER | DRUG NAME                                              | DRUG TIER |
|-------------------------------------------------------|-----------|--------------------------------------------------------|-----------|
| <b>COUGH AND COLD</b>                                 |           | <i>tadalafil tab 20mg</i><br>(Limit: 6 per 30 days)    | 1         |
| <i>benzonatate cap 100mg</i>                          | 1         | <i>varafenafil tab 10mg</i><br>(Limit: 6 per 30 days)  | 1         |
| <i>benzonatate cap 150mg</i>                          | 1         | <i>varafenafil tab 2.5mg</i><br>(Limit: 6 per 30 days) | 1         |
| <i>benzonatate cap 200mg</i>                          | 1         | <i>varafenafil tab 20mg</i><br>(Limit: 6 per 30 days)  | 1         |
| <i>brom/pse/dm syp</i>                                | 1         | <i>varafenafil tab 5mg</i><br>(Limit: 6 per 30 days)   | 1         |
| <i>hyd pol/cpm sus 10-8/5ml</i>                       | 1         | VIAGRA TAB 100MG<br>(Limit: 6 per 30 days)             | 4         |
| <i>prometh/cod sol 6.25-10</i>                        | 1         | VIAGRA TAB 25MG<br>(Limit: 6 per 30 days)              | 4         |
| <i>prometh vc/cod syp 6.25-10</i>                     | 1         | VIAGRA TAB 50MG<br>(Limit: 6 per 30 days)              | 4         |
| <i>promethazine sol dm</i>                            | 1         |                                                        |           |
| TESSALON PER CAP 100MG                                | 4         |                                                        |           |
| TUSSIONEX SUS 10-8/5ML                                | 4         |                                                        |           |
| <b>ERECTILE AND SEXUAL DYSFUNCTION</b>                |           |                                                        |           |
| ADDYI TAB 100MG                                       | 3         | <b>VITAMINS</b>                                        |           |
| CIALIS TAB 10MG<br>(Limit: 6 per 30 days)             | 4         | ABANEU-SL SUB                                          | 3         |
| CIALIS TAB 20MG<br>(Limit: 6 per 30 days)             | 4         | <i>active fe tab 75-1.25</i>                           | 1         |
| LEVITRA TAB 10MG<br>(Limit: 6 per 30 days)            | 4         | <i>airavite tab</i>                                    | 1         |
| LEVITRA TAB 2.5MG<br>(Limit: 6 per 30 days)           | 4         | AP-ZEL TAB                                             | 3         |
| LEVITRA TAB 20MG<br>(Limit: 6 per 30 days)            | 4         | AQUASOL A INJ 50000/ML                                 | 3         |
| LEVITRA TAB 5MG<br>(Limit: 6 per 30 days)             | 4         | <i>ascorbic acid inj 500mg/ml</i>                      | 1         |
| <i>sildenafil tab 100mg</i><br>(Limit: 6 per 30 days) | 1         | AVAILNEX CHW 750MG                                     | 3         |
| <i>sildenafil tab 25mg</i><br>(Limit: 6 per 30 days)  | 1         | <i>b-6 folic acid cap</i>                              | 1         |
| <i>sildenafil tab 50mg</i><br>(Limit: 6 per 30 days)  | 1         | B-12 COMP KIT 1000MCG                                  | 3         |
| <i>tadalafil tab 10mg</i><br>(Limit: 6 per 30 days)   | 1         | CALCIFOL WAF                                           | 3         |
|                                                       |           | CENFOL TAB                                             | 3         |
|                                                       |           | CEREFOLIN TAB                                          | 4         |
|                                                       |           | CHOLECAL DF TAB                                        | 3         |
|                                                       |           | <i>chromagen cap</i>                                   | 1         |
|                                                       |           | <i>corvita 150 tab</i>                                 | 1         |
|                                                       |           | CORVITE 150 TAB                                        | 3         |
|                                                       |           | <i>corvite fe tab</i>                                  | 1         |

| DRUG NAME                       | DRUG TIER | DRUG NAME                        | DRUG TIER |
|---------------------------------|-----------|----------------------------------|-----------|
| <i>cyanocobalam inj 1000mcg</i> | 1         | INJECTAFER INJ 750/15ML          | 3         |
| DEPLIN 15 CAP                   | 3         | INTEGRA F CAP                    | 3         |
| DEPLIN 7.5 CAP                  | 3         | IROSPAN 24/6 MIS                 | 3         |
| DIALYVITE TAB 3000              | 3         | K-PHOS TAB NEUTRAL               | 3         |
| DIALYVITE TAB 5000              | 3         | <i>k-tan plus cap</i>            | 1         |
| DIALYVITE/ TAB ZINC             | 3         | <i>levomefolate cap algal</i>    | 1         |
| DRISDOL CAP 50000UNT            | 4         | <i>l-methyl- tab b6-b12</i>      | 1         |
| ELFOLATE TAB 15MG               | 3         | <i>l-methylfola cap form 7.5</i> | 1         |
| ELFOLATE TAB 7.5MG              | 3         | <i>l-methylfola tab 15mg</i>     | 1         |
| <i>fabb tab 2.2-25-1</i>        | 1         | <i>l-methylfola tab 7.5mg</i>    | 1         |
| FERAHEME INJ 510/17ML           | 3         | <i>l-methyl-mc tab</i>           | 1         |
| FERIVA TAB 21/7                 | 3         | <i>l-methylfola-b6-b12 tab</i>   | 1         |
| FERIVAFA CAP 110-1MG            | 3         | MEPHYTON TAB 5MG                 | 4         |
| FERRALET 90 TAB                 | 3         | <i>metafolbic tab plus</i>       | 1         |
| <i>ferric gluco inj 12.5/ml</i> | 1         | <i>metafolbic tab plus RF</i>    | 1         |
| FERRLECIT INJ 12.5MG/M          | 4         | METANX CAP                       | 3         |
| <i>ferrocite tab plus</i>       | 1         | <i>methylfol/me cap cbl/p5p</i>  | 1         |
| <i>folbee plus tab cz</i>       | 1         | MULTIGEN TAB                     | 3         |
| FOLGARD RX TAB                  | 3         | MULTIGEN TAB FOLIC               | 3         |
| <i>folic acid inj 5mg/ml</i>    | 1         | MULTIGEN PLS TAB                 | 3         |
| FOLI-D TAB                      | 3         | <i>mynephrocaps cap</i>          | 1         |
| FOLIVANE-PLS CAP                | 3         | NASCOBAL SPR 500MCG              | 3         |
| FOLIXAPURE TAB 1-5000           | 3         | NEPHROCAPS CAP                   | 3         |
| <i>folplex 2.2 tab</i>          | 1         | NEPHRON FA TAB                   | 3         |
| <i>foltrin cap</i>              | 1         | <i>nephronex tab</i>             | 1         |
| FOLTX TAB                       | 3         | NEPHRO-VITE TAB RX               | 3         |
| FUSION PLUS CAP                 | 3         | NICOMIDE TAB                     | 3         |
| <i>hematogen cap forte</i>      | 1         | NUTRIVIT LIQ 800-15-1            | 3         |
| HEMATOGEN FA CAP                | 3         | ORTHO DF CAP 1-3775 IU           | 3         |
| HEMATRON-AF TAB                 | 3         | <i>phospha 250 tab neutral</i>   | 1         |
| HEMOCYTE PLS CAP                | 3         | <i>phytonadione tab 5mg</i>      | 1         |
| <i>hemocyte-f tab</i>           | 1         | PROTECT PLUS CAP                 | 3         |
| HYDROXOCOBAL INJ 1000MCG        | 3         | <i>purfe cap plus</i>            | 1         |
| HYLAVITE TAB                    | 3         | <i>pyridoxine inj 100mg/ml</i>   | 1         |
| <i>iferex 150 cap forte</i>     | 1         | PYRIDOXINE INJ 100MG/ML          | 3         |
| INFUVITE INJ PEDIATRI           | 3         | RENATABS MIS IRON                | 3         |

| DRUG NAME                        | DRUG TIER |
|----------------------------------|-----------|
| RENATABS TAB                     | 3         |
| SUPERVITE LIQ                    | 3         |
| TALIVA CAP                       | 3         |
| TANDEM PLUS CAP                  | 3         |
| TARON FORTE CAP                  | 3         |
| THERAMINE CAP                    | 3         |
| <i>thiamine hcl inj 100mg/ml</i> | 1         |
| TL G-FOL OS TAB                  | 3         |
| <i>tl-hem 150 tab</i>            | 1         |
| VITAL-D RX TAB                   | 3         |
| <i>vic-forte cap</i>             | 1         |
| <i>virt-vite tab plus</i>        | 1         |
| VISBIOME PAK                     | 3         |
| <i>vitamin d cap 50000</i>       | 1         |
| <i>vitamin k1 inj 10mg/ml</i>    | 1         |
| <i>vitamin k1 inj 1mg/0.5</i>    | 1         |
| <i>zinc sulfate inj 3mg/ml</i>   | 3         |
| <i>zinc sulfate inj 5mg/ml</i>   | 3         |

This formulary is effective as of August 11, 2026.  
For more recent information or other questions, please  
contact the HOP Administration Unit at 1-800-773-7725, or  
for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET,  
Monday to Friday, or visit **HOPbenefits.com**.

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PRESCRIPTION DRUG PLAN WITH A MEDICARE CONTRACT. ENROLLMENT  
IN THE MEDICARE PLUS Rx OPTION (PDP) DEPENDS ON CONTRACT RENEWAL.  
CMS CONTRACT NUMBER: E3014; FORMULARY ID: 00027282  
AUGUST 11, 2026**





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