

## Medica Drug List

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.**

**PLEASE NOTE:** This list is subject to change and is not all-inclusive. Please review this document and contact Medica Customer Service with questions.

The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information.

Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in *italicized* lower case letters. The coverage level of brand name drugs may change when a generic equivalent or interchangeable biosimilar product becomes available.

**If you have questions, please call the Medica Customer Service number listed on the back of your ID card.**

## **What is a Drug List?**

The Medica Drug List is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

## **Are both brand name and generic drugs on the list?**

Yes. The Drug List includes brand name and generic drugs from most therapeutic classifications.

The terms “generic” and “brand name” are used in the health care industry in different ways. To better understand your coverage, please review the following:

**Generic:** A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that Medica identifies as a generic product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “generic” by the manufacturer, pharmacy or your provider may be classified by Medica as generic.

**Brand:** A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that Medica identifies as a brand name product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “brand name” by the manufacturer, pharmacy or your provider may be classified by Medica as brand name.

**Preferred brand** drugs on the Drug List have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

**Non-preferred brand** drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

If you have questions about Medica’s Drug List or whether a specific drug is covered (and/or whether the drug is a generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the Medica Drug List at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document.

## **Does the Drug List ever change?**

The Medica Drug List can change during the course of a calendar year. Medica strives to limit these changes. Examples of when changes may occur include when a new generic drug or interchangeable biosimilar becomes available or when new adverse information about the safety or effectiveness of a drug is released.

**Certain drugs on the Drug List may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.**

## **How do I use the Drug List?**

There are two ways to find your drug within the Drug List:

### Drug Category

The Drug List begins on Page 8. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered “anti-infectives” will be listed under the “anti-infectives” category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

### Alphabetical Listing

The Drug List Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **Preventive Drug and Supply Medications (ACA)**

Medications displayed as “Tier 6” in the Drug Tier column are defined as preventive health services under the Affordable Care Act (ACA) and are provided without member cost sharing. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

Remember, just because a drug that you take is listed on the Drug List does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Medica Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

***Note: To Search the Drug List, use ctrl + F on your keyboard and type in the search term.***

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

For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

### **Prior authorization (PA)**

Certain drugs require prior authorization (approval in advance) from Medica in order to be covered. These medications are shown on the Medica Drug List with the abbreviation "PA." The Drug List is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet Medica's authorization criteria.

### **Step therapy (ST)**

Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Medica Drug List with the abbreviation "ST." You must meet applicable step therapy requirements before Medica will cover these preferred brand or non-preferred brand drugs.

### **Quantity limits (QL)**

Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the Medica Drug List with the abbreviation "QL." Some quantity limits are based on the manufacturer's packaging, FDA labeling or clinical guidelines.

### **Medical Benefit**

Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician's office, outpatient hospital or home infusion setting. You can find information on Medical Drug Policies on Medica's website.

### **Long Term Maintenance Medications (LT)**

Medications that are considered long term (LT) maintenance medications are shown on the Medica Drug List with the abbreviation "LT" and may need to be filled through mail order. You should refer to your benefit plan document for further information.

### **Pharmacy requirement**

Certain self-administered and cancer treatment medications must be obtained from a Medica-designated specialty pharmacy in order to be covered.

## **Can I request an exception to the coverage restrictions?**

Yes. Your doctor can find the information they need to make a request on your behalf on Medica's website. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

### **Specialty Program (SP)**

Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are shown on the Medica Drug List with the abbreviation “SP”. Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.

In order to receive a specialty medication, you must utilize Accredo Specialty Pharmacy (Medica’s designated specialty pharmacy).

### **Limited Availability Drugs (LA)**

In certain circumstances, select medications may only be available at certain pharmacies. Limited availability (LA) or limited distribution drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LA drugs are minimized. These drugs are shown on the Medica Drug List with the abbreviation “LA”.

Your provider typically knows where to send prescriptions for limited availability drugs, but if you have any questions, reach out to Accredo Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.

### **Oral Oncology Medications**

Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document.

**PLEASE NOTE:** Reference the Specialty Drug List on Medica’s website for further information.

### **Coverage Limitations**

**Proton Pump Inhibitors (PPI):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Human Growth Hormones (GH):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Non-Sedating Antihistamines (NSA):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Erectile Dysfunction Drugs (ED):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Infertility Drugs (INF):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Weight Loss Drugs (Wt. Loss):** Coverage exceptions may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information regarding weight loss, appetite suppressant, and/or anorexiatic coverage.

## Abbreviations

| <b>Coverage Notes and Restrictions Abbreviations</b> |   |  |
|--|---|--|
| <b>Abbreviation/Note</b>                             | <b>Description</b>  | <b>Explanation</b>   |
| PA   | Prior Authorization Restriction   | Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.   |
| QL   | Quantity Limit Restriction  | Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.   |
| ST   | Step Therapy Restriction  | Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.   |
| LT   | Long Term Maintenance Medication  | These drugs are taken on a regular, on-going basis to treat some chronic diseases and may need to be filled through mail order.  |
| SG   | Small Group Coverage  | These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card. |
| DS   | Diabetic Supplies   | These products are covered under the diabetic supply benefit in your plan document.  |
| <b>Other Special Requirements for Coverage</b>       |   |  |
| Tier 1 = Generics                                    | This prescription is available at your Generic benefit.                   |  |
| Tier 2 = Preferred Brands                            | This prescription is available at your Preferred Brand benefit.           |  |
| Tier 3 = Non-Preferred Brands                        | This prescription is available at your Non-Preferred Brand benefit.       |  |
| Tier 4 = Preferred Specialty Prescription Drugs      | This prescription is available at your preferred specialty benefit.       |  |
| Tier 5 = Non-Preferred Specialty Prescription Drugs  | This prescription is available at your non-preferred specialty benefit.   |  |
| Tier 6 = ACA Preventive Drugs                        | This prescription is available at your Preventive Health Service benefit. |  |

**This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.**

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## List of Abbreviations

**1:** Generic

**2:** Preferred Brand

**3:** Non-Preferred Brand

**4:** Preferred Specialty

**5:** Non-Preferred Specialty

**6:** Preventive

**ACA:** Affordable Care Act.

**DS:** These products are covered under the diabetic supply benefit in your plan document.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**SG:** These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.

**SP:** Specialty

**ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.



| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <b>ANTI - INFECTIVES</b>                              |      |                       |
| <b>ANTIFUNGAL AGENTS</b>                              |      |                       |
| ANCOBON   | 3    |                       |
| BREXAFEMME  | 3    | ST; QL                |
| <i>clotrimazole mucous membrane</i>                   | 1    |                       |
| CRESEMBA ORAL   | 2    | PA                    |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION           | 3    |                       |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG                   | 3    |                       |
| <i>fluconazole oral suspension for reconstitution</i> | 1    |                       |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | 1    |                       |
| <i>fluconazole oral tablet 150 mg</i>                 | 1    | QL                    |
| <i>flucytosine</i>                                    | 1    |                       |
| <i>griseofulvin microsize</i>                         | 1    |                       |
| <i>griseofulvin ultramicrosized</i>                   | 1    |                       |
| <i>itraconazole</i>                                   | 1    | QL                    |
| <i>ketoconazole oral</i>                              | 1    |                       |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON          | 2    | PA                    |
| NOXAFIL ORAL SUSPENSION                               | 3    | PA                    |
| <i>nystatin oral</i>                                  | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ORAVIG  | 3    |                       |
| <i>posaconazole oral</i>  | 1    | PA                    |
| SPORANOX  | 3    | QL                    |
| <i>terbinafine hcl oral</i>   | 1    |                       |
| VFEND   | 3    | PA                    |
| VIVJOA  | 3    | PA; QL                |
| <i>voriconazole oral</i>  | 1    | PA                    |
| <b>ANTIVIRALS</b>   |      |                       |
| <i>abacavir</i>   | 1    |                       |
| <i>abacavir-lamivudine</i>  | 1    |                       |
| <i>acyclovir oral capsule</i>   | 1    |                       |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                          | 1    |                       |
| <i>acyclovir oral tablet</i>  | 1    |                       |
| <i>adefovir</i>   | 1    |                       |
| <i>amantadine hcl</i>   | 1    |                       |
| APTIVUS   | 2    |                       |
| <i>atazanavir</i>   | 1    |                       |
| BARACLUDE ORAL SOLUTION   | 2    |                       |
| BIKTARVY  | 2    |                       |
| CIMDUO  | 2    |                       |
| <i>darunavir</i>  | 1    |                       |
| DESCOVY   | 2    |                       |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 1    |                       |
| DOVATO  | 2    |                       |
| EDURANT   | 2    |                       |
| <i>efavirenz oral tablet</i>  | 1    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>efavirenz-emtricitabin-tenofof</i>   | 1    |                       |
| <i>efavirenz-lamivu-tenofof disop</i>   | 1    |                       |
| <i>emtricitabine</i>  | 1    |                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1    |                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 6    | ACA                   |
| EMTRIVA   | 2    |                       |
| <i>entecavir</i>  | 1    |                       |
| EPCLUSA   | 4    | PA; SP; QL            |
| EPIVIR  | 3    |                       |
| <i>etravirine</i>   | 1    |                       |
| EVOTAZ  | 3    |                       |
| <i>famciclovir</i>  | 1    | QL                    |
| FLUMADINE ORAL TABLET   | 3    |                       |
| <i>fosamprenavir</i>  | 1    |                       |
| FUZEON SUBCUTANEOUS RECON SOLN  | 2    | QL                    |
| GENVOYA   | 2    |                       |
| HARVONI   | 4    | PA; SP; QL            |
| INTELENCE ORAL TABLET 100 MG, 200 MG  | 3    |                       |
| INTELENCE ORAL TABLET 25 MG   | 2    |                       |
| ISENTRESS   | 2    | MN:PEP=ACA            |
| ISENTRESS HD  | 2    | MN:PEP=ACA            |

| Drug Name                           | Tier | Requirements / Limits |
|-------------------------------------|------|-----------------------|
| JULUCA                              | 2    |                       |
| KALETRA                             | 3    |                       |
| LAGEVRIO (EUA)                      | 2    | QL                    |
| <i>lamivudine</i>                   | 1    |                       |
| <i>lamivudine-zidovudine</i>        | 1    |                       |
| LIVTENCITY                          | 3    | PA; QL                |
| <i>lopinavir-ritonavir</i>          | 1    |                       |
| <i>maraviroc</i>                    | 1    |                       |
| <i>nevirapine</i>                   | 1    |                       |
| NORVIR ORAL POWDER IN PACKET        | 2    |                       |
| NORVIR ORAL TABLET                  | 3    |                       |
| ODEFSEY                             | 2    |                       |
| <i>oseltamivir</i>                  | 1    | QL                    |
| PAXLOVID                            | 2    | QL                    |
| PREVYMIS ORAL                       | 2    | QL                    |
| PREZISTA ORAL SUSPENSION            | 2    |                       |
| PREZISTA ORAL TABLET 150 MG, 75 MG  | 2    |                       |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3    |                       |
| RELENZA DISKHALER                   | 3    | QL                    |
| RETROVIR ORAL CAPSULE               | 3    |                       |
| RETROVIR ORAL SYRUP                 | 3    |                       |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3    |                       |

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| Drug Name                            | Tier | Requirements / Limits |
|--------------------------------------|------|-----------------------|
| REYATAZ ORAL POWDER IN PACKET        | 2    |                       |
| <i>ribavirin inhalation</i>          | 1    | PA                    |
| <i>rimantadine</i>                   | 1    |                       |
| <i>ritonavir</i>                     | 1    |                       |
| SELZENTRY ORAL SOLUTION              | 2    |                       |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3    |                       |
| <i>stavudine oral capsule 40 mg</i>  | 1    |                       |
| SUNLENCA                             | 5    | PA; SP                |
| SYMFI                                | 2    |                       |
| SYMFI LO                             | 2    |                       |
| SYMTUZA                              | 2    |                       |
| TAMIFLU                              | 3    | QL                    |
| TEMBEXA                              | 3    |                       |
| <i>tenofovir disoproxil fumarate</i> | 1    |                       |
| TIVICAY ORAL TABLET 50 MG            | 2    | MN:PEP=ACA            |
| TIVICAY PD                           | 2    | MN:PEP=ACA            |
| TRIUMEQ                              | 2    |                       |
| TRIUMEQ PD                           | 2    |                       |
| TYBOST                               | 3    |                       |
| <i>valacyclovir</i>                  | 1    | QL                    |
| VALCYTE                              | 3    |                       |
| <i>valganciclovir</i>                | 1    |                       |
| VEMLIDY                              | 2    |                       |
| VIRACEPT ORAL TABLET                 | 2    |                       |
| VIRAZOLE                             | 3    | PA                    |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| VIREAD ORAL POWDER   | 2    |                       |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG  | 2    |                       |
| VIREAD ORAL TABLET 300 MG  | 3    |                       |
| VOSEVI   | 4    | PA; SP; QL            |
| XOFLUZA ORAL TABLET 40 MG, 80 MG   | 3    | QL                    |
| ZEPATIER   | 4    | PA; SP; QL            |
| ZIAGEN ORAL SOLUTION   | 3    |                       |
| <i>zidovudine</i>  | 1    |                       |
| <b>CEPHALOSPORINS</b>  |      |                       |
| <i>cefaclor oral capsule</i>   | 1    |                       |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1    |                       |
| <i>cefaclor oral tablet extended release 12 hr</i>                                       | 1    |                       |
| <i>cefadroxil oral capsule</i>   | 1    |                       |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 1    |                       |
| <i>cefadroxil oral tablet</i>  | 1    |                       |
| <i>cefdinir</i>  | 1    |                       |
| <i>cefixime</i>  | 1    |                       |
| <i>cefpodoxime</i>   | 1    |                       |
| <i>cefprozil</i>   | 1    |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>cefuroxime axetil oral tablet</i>                                  | 1    |                       |
| <i>cephalexin</i>   | 1    |                       |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                           |      |                       |
| <i>azithromycin oral</i>  | 1    |                       |
| <i>clarithromycin</i>   | 1    |                       |
| DIFICID   | 3    | QL                    |
| <i>e.e.s. 400 oral tablet</i>   | 1    |                       |
| E.E.S. GRANULES   | 3    |                       |
| ERYPED 200  | 3    |                       |
| ERYPED 400  | 3    |                       |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>    | 1    |                       |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                   | 3    |                       |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | 1    |                       |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 1    |                       |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 1    |                       |
| <i>erythromycin oral</i>  | 1    |                       |
| ZITHROMAX ORAL PACKET   | 3    |                       |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION                          | 3    |                       |

| Drug Name                                 | Tier | Requirements / Limits |
|---|------|-----------------------|
| ZITHROMAX ORAL TABLET 250 MG, 500 MG      | 3    |                       |
| ZITHROMAX TRI-PAK                         | 3    |                       |
| ZITHROMAX Z-PAK                           | 3    |                       |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>       |      |                       |
| AEMCOLO                                   | 3    | QL                    |
| <i>albendazole</i>                        | 1    | QL                    |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 2    | QL                    |
| ARAKODA                                   | 3    | QL                    |
| ARIKAYCE                                  | 4    | PA; SP; LA            |
| <i>atovaquone</i>                         | 1    |                       |
| <i>atovaquone-proguanil</i>               | 1    | QL                    |
| BENZNIDAZOLE                              | 2    | QL                    |
| BETHKIS                                   | 5    | PA; SP; QL            |
| BILTRICIDE                                | 3    |                       |
| CAYSTON                                   | 4    | PA; SP; LA; QL        |
| <i>chloroquine phosphate</i>              | 1    |                       |
| CLEOCIN HCL                               | 3    |                       |
| CLEOCIN PEDIATRIC                         | 3    |                       |
| <i>clindamycin hcl</i>                    | 1    |                       |
| <i>clindamycin pediatric</i>              | 1    |                       |
| COARTEM                                   | 2    | QL                    |
| CYCLOSERINE                               | 3    |                       |
| <i>dapsone oral</i>                       | 1    |                       |

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| Drug Name                     | Tier | Requirements / Limits |
|-------------------------------|------|-----------------------|
| DARAPRIM                      | 5    | PA; SP                |
| EMVERM                        | 2    | QL                    |
| <i>ethambutol</i>             | 1    |                       |
| FLAGYL ORAL CAPSULE           | 3    |                       |
| HUMATIN                       | 5    | SP                    |
| <i>hydroxychloroquine</i>     | 1    |                       |
| IMPAVIDO                      | 2    | PA; QL                |
| <i>isoniazid oral</i>         | 1    |                       |
| <i>ivermectin oral</i>        | 1    | PA; QL                |
| KITABIS PAK                   | 4    | PA; SP; QL            |
| KRINTAFEL                     | 3    | QL                    |
| <i>linezolid</i>              | 1    | PA                    |
| MALARONE                      | 3    | QL                    |
| MALARONE PEDIATRIC            | 3    | QL                    |
| <i>mefloquine</i>             | 1    | QL                    |
| MEPRON                        | 3    |                       |
| <i>metronidazole oral</i>     | 1    |                       |
| MYAMBUTOL ORAL TABLET 400 MG  | 3    |                       |
| MYCOBUTIN                     | 3    |                       |
| NEBUPENT                      | 2    | QL                    |
| <i>neomycin</i>               | 1    |                       |
| <i>nitazoxanide</i>           | 1    | QL                    |
| <i>paromomycin</i>            | 1    |                       |
| PASER                         | 3    |                       |
| <i>pentamidine inhalation</i> | 1    | QL                    |
| <i>praziquantel</i>           | 1    |                       |
| PRETOMANID                    | 3    | PA                    |
| PRIFTIN                       | 2    |                       |
| <i>primaquine</i>             | 1    | QL                    |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>pyrazinamide</i>                                     | 1    |                       |
| <i>pyrimethamine</i>                                    | 4    | PA; SP                |
| QUALAQUIN   | 3    | QL                    |
| <i>quinine sulfate</i>                                  | 1    | QL                    |
| <i>rifabutin</i>  | 1    |                       |
| <i>rifampin oral</i>                                    | 1    |                       |
| SIRTURO   | 2    | PA; LA                |
| SOLOSEC   | 2    | QL                    |
| STROMEKTOL  | 3    | PA; QL                |
| <i>tinidazole</i>                                       | 1    | QL                    |
| TOBI PODHALER   | 4    | PA; SP; QL            |
| <i>tobramycin in 0.225 % nacl</i>                       | 4    | PA; SP; QL            |
| <i>tobramycin inhalation</i>                            | 4    | PA; SP; QL            |
| TOBRAMYCIN WITH NEBULIZER                               | 5    | PA; SP; QL            |
| TRECTOR   | 3    |                       |
| XENLETA ORAL  | 3    |                       |
| XIFAXAN   | 2    | PA; QL                |
| ZYVOX ORAL  | 3    | PA                    |
| <b>PENICILLINS</b>                                      |      |                       |
| <i>amoxicillin oral capsule</i>                         | 1    |                       |
| <i>amoxicillin oral suspension for reconstitution</i>   | 1    |                       |
| <i>amoxicillin oral tablet</i>                          | 1    |                       |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1    |                       |
| <i>amoxicillin-pot clavulanate</i>                      | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>ampicillin oral capsule 500 mg</i>                          | 1    |                       |
| AUGMENTIN ES-600   | 3    |                       |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 2    |                       |
| AUGMENTIN XR   | 3    |                       |
| <i>dicloxacillin</i>   | 1    |                       |
| MOXATAG  | 3    |                       |
| <i>penicillin v potassium</i>                                  | 1    |                       |
| <b>QUINOLONES</b>  |      |                       |
| BAXDELA ORAL   | 2    | QL                    |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON                      | 3    |                       |
| CIPRO ORAL TABLET 250 MG, 500 MG                               | 3    |                       |
| <i>ciprofloxacin</i>   | 1    |                       |
| <i>ciprofloxacin hcl oral</i>                                  | 1    |                       |
| FACTIVE  | 3    |                       |
| <i>levofloxacin oral</i>                                       | 1    |                       |
| <i>moxifloxacin oral</i>                                       | 1    |                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                    | 1    |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>                            |      |                       |
| BACTRIM  | 3    |                       |
| BACTRIM DS   | 3    |                       |
| <i>sulfadiazine</i>  | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>sulfamethoxazole-trimethoprim oral</i>  | 1    |                       |
| <i>sulfatrim</i>   | 1    |                       |
| <b>TETRACYCLINES</b>   |      |                       |
| ACTICLATE  | 3    | ST                    |
| <i>avidoxy</i>   | 1    |                       |
| AVIDOXY DK   | 3    | ST                    |
| <i>demeclocycline</i>  | 1    |                       |
| <i>doxycycline hyclate oral capsule</i>  | 1    |                       |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | 1    |                       |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>  | 1    | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | 1    | ST                    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>                                     | 1    |                       |
| <i>doxycycline monohydrate oral capsule 150 mg</i>   | 1    | ST                    |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>                                    | 1    |                       |
| <i>doxycycline monohydrate oral tablet</i>   | 1    |                       |
| LYMEPAK  | 3    |                       |
| <i>minocycline oral capsule</i>  | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>minocycline oral tablet</i>   | 1    |                       |
| <i>minocycline oral tablet extended release 24 hr</i>                          | 1    | ST                    |
| <i>mondoxyne nl</i>  | 1    |                       |
| MONODOX  | 3    | ST                    |
| MORGIDOX 1X 50   | 3    | ST                    |
| MORGIDOX 1X100   | 3    | ST                    |
| <i>morgidox oral capsule 100 mg</i>  | 1    |                       |
| NUZYRA ORAL  | 3    | QL                    |
| SEYSARA  | 3    | ST                    |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3    | ST                    |
| TARGADOX   | 3    | ST                    |
| <i>tetracycline oral capsule</i>   | 1    |                       |
| <i>tetracycline oral tablet</i>  | 1    | ST                    |
| VIBRAMYCIN ORAL CAPSULE 100 MG   | 3    | ST                    |
| <b>URINARY TRACT AGENTS</b>  |      |                       |
| <i>fosfomycin tromethamine</i>   | 1    |                       |
| FURADANTIN   | 3    |                       |
| HIPREX   | 3    |                       |
| MACROBID   | 3    |                       |
| MACRODANTIN  | 3    |                       |
| <i>methenamine hippurate</i>   | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>methenamine mandelate</i>                        | 1    |                       |
| <i>nitrofurantoin macrocrystal</i>                  | 1    |                       |
| <i>nitrofurantoin monohyd/m-cryst</i>               | 1    |                       |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>    | 1    |                       |
| PRIMSOL   | 3    |                       |
| <i>trimethoprim</i>                                 | 1    |                       |
| <b>VANCOMYCIN</b>                                   |      |                       |
| VANCOCIN  | 3    | QL                    |
| <i>vancomycin oral</i>                              | 1    | QL                    |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |      |                       |
| <b>ADJUNCTIVE AGENTS</b>                            |      |                       |
| <i>leucovorin calcium oral</i>                      | 1    |                       |
| MESNEX ORAL   | 2    |                       |
| VISTOGARD   | 4    | PA; SP; QL            |
| XGEVA   | 4    | PA; SP                |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |      |                       |
| <i>abiraterone</i>                                  | 4    | PA; SP; QL            |
| ALECENSA  | 4    | PA; SP; QL            |
| ALKERAN   | 3    |                       |
| ALUNBRIG  | 4    | PA; SP; QL            |
| <i>anastrozole</i>                                  | 6    | ACA                   |
| AROMASIN  | 3    |                       |
| ASTAGRAF XL   | 3    | ST                    |
| AYVAKIT   | 5    | PA; SP; LA; QL        |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| AZASAN   | 3    |                       |
| <i>azathioprine</i>                              | 1    |                       |
| BALVERSA   | 4    | PA; SP; LA            |
| BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML | 3    |                       |
| <i>bexarotene</i>                                | 4    | PA; SP                |
| <i>bicalutamide</i>                              | 1    |                       |
| BOSULIF ORAL CAPSULE 100 MG                      | 4    | PA; SP; QL            |
| BOSULIF ORAL CAPSULE 50 MG                       | 4    | PA; SP                |
| BOSULIF ORAL TABLET                              | 4    | PA; SP; QL            |
| BRUKINSA   | 4    | PA; SP; LA            |
| CABOMETYX ORAL TABLET 20 MG                      | 4    | PA; SP; LA; QL        |
| CABOMETYX ORAL TABLET 40 MG, 60 MG               | 4    | PA; SP; LA            |
| CALQUENCE (ACALABRUTINIB MAL)                    | 4    | PA; SP; LA            |
| <i>capecitabine</i>                              | 4    | PA; SP; QL            |
| CAPRELSA   | 4    | PA; SP; LA; QL        |
| CASODEX  | 3    |                       |
| CELLCEPT   | 3    |                       |
| COMETRIQ   | 4    | PA; SP; QL            |
| COPIKTRA   | 5    | PA; SP; LA; QL        |
| COTELLIC   | 4    | PA; SP; LA; QL        |
| <i>cyclophosphamide oral capsule</i>             | 1    |                       |

| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| CYCLOPHOSPHAMIDE ORAL TABLET          | 3    |                       |
| <i>cyclosporine modified</i>          | 1    |                       |
| <i>cyclosporine oral capsule</i>      | 1    |                       |
| DAURISMO                              | 5    | PA; SP; QL            |
| DROXIA                                | 2    |                       |
| ELIGARD                               | 4    | PA; SP                |
| ELIGARD (3 MONTH)                     | 4    | PA; SP                |
| ELIGARD (4 MONTH)                     | 4    | PA; SP                |
| ELIGARD (6 MONTH)                     | 4    | PA; SP                |
| EMCYT                                 | 2    |                       |
| ENSPRYNG                              | 4    | PA; SP                |
| ERIVEDGE                              | 4    | PA; SP; QL            |
| ERLEADA                               | 4    | PA; SP; QL            |
| <i>erlotinib</i>                      | 4    | PA; SP; QL            |
| <i>etoposide oral</i>                 | 1    |                       |
| EULEXIN                               | 3    |                       |
| <i>everolimus (antineoplastic)</i>    | 4    | PA; SP; QL            |
| <i>everolimus (immunosuppressive)</i> | 1    |                       |
| <i>exemestane</i>                     | 6    | ACA                   |
| EXKIVITY                              | 4    | PA; SP; QL            |
| FARESTON                              | 3    |                       |
| FEMARA                                | 3    |                       |
| FENSOLVI                              | 4    | PA; SP                |
| FIRMAGON KIT W DILUENT SYRINGE        | 4    | PA; SP                |

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| Drug Name                                    | Tier | Requirements / Limits |
|--|------|-----------------------|
| GAVRETO                                      | 4    | PA; SP; LA; QL        |
| <i>gefitinib</i>                             | 4    | PA; SP; QL            |
| <i>gengraf</i>                               | 1    |                       |
| GILOTRIF                                     | 4    | PA; SP; QL            |
| GLEOSTINE                                    | 2    |                       |
| HYCAMTIN ORAL                                | 4    | PA; SP                |
| HYDREA                                       | 3    |                       |
| <i>hydroxyurea</i>                           | 1    |                       |
| ICLUSIG                                      | 4    | PA; SP; QL            |
| IDHIFA                                       | 4    | PA; SP; LA; QL        |
| <i>imatinib</i>                              | 4    | PA; SP; QL            |
| IMBRUVICA ORAL CAPSULE                       | 4    | PA; SP; QL            |
| IMBRUVICA ORAL SUSPENSION                    | 4    | PA; SP; QL            |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 4    | PA; SP; QL            |
| IMURAN                                       | 3    |                       |
| INLYTA                                       | 4    | PA; SP; QL            |
| IRESSA                                       | 5    | PA; SP; QL            |
| IWILFIN                                      | 4    | PA; SP                |
| JAKAFI                                       | 4    | PA; SP; QL            |
| KISQALI                                      | 4    | PA; SP; QL            |
| KISQALI FEMARA CO-PACK                       | 4    | PA; SP; QL            |
| KOSELUGO                                     | 5    | PA; SP                |
| <i>lapatinib</i>                             | 4    | PA; SP; QL            |
| <i>lenalidomide</i>                          | 4    | PA; SP; QL            |
| LENVIMA                                      | 4    | PA; SP; QL            |
| <i>letrozole</i>                             | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| LEUKERAN  | 2    |                       |
| <i>leuprolide subcutaneous kit</i>  | 4    | PA; SP                |
| LONSURF   | 4    | PA; SP                |
| LORBRENA  | 4    | PA; SP; QL            |
| LUMAKRAS  | 5    | PA; SP                |
| LUPKYNIS  | 4    | PA; SP; QL            |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG                         | 4    | PA; SP                |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG                          | 5    | PA; SP                |
| LUPRON DEPOT (4 MONTH)  | 5    | PA; SP                |
| LUPRON DEPOT (6 MONTH)  | 5    | PA; SP                |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG                                    | 4    | PA; SP                |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG                                     | 5    | PA; SP                |
| LYNPARZA  | 4    | PA; SP; QL            |
| LYSODREN  | 4    | SP                    |
| LYTGOBI   | 4    | PA; SP; LA            |
| MATULANE  | 4    | SP                    |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 1    |                       |

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| Drug Name                       | Tier | Requirements / Limits |
|---------------------------------|------|-----------------------|
| <i>megestrol oral tablet</i>    | 1    |                       |
| MEKINIST                        | 4    | PA; SP; QL            |
| <i>melphalan</i>                | 1    |                       |
| <i>mercaptopurine</i>           | 1    |                       |
| <i>methotrexate sodium</i>      | 1    |                       |
| <i>methotrexate sodium (pf)</i> | 1    |                       |
| MYCAPSSA                        | 5    | PA; SP; LA; QL        |
| <i>mycophenolate mofetil</i>    | 1    |                       |
| <i>mycophenolate sodium</i>     | 1    |                       |
| MYFORTIC                        | 3    |                       |
| MYLERAN                         | 2    |                       |
| NEORAL                          | 3    |                       |
| NERLYNX                         | 4    | PA; SP; LA            |
| NEXAVAR                         | 5    | PA; SP; LA; QL        |
| NILANDRON                       | 3    | PA                    |
| <i>nilutamide</i>               | 1    | PA                    |
| NINLARO                         | 4    | PA; SP; QL            |
| NUBEQA                          | 4    | PA; SP; LA; QL        |
| <i>octreotide acetate</i>       | 4    | PA; SP                |
| ODOMZO                          | 4    | PA; SP; LA; QL        |
| OGSIVEO                         | 5    | PA; SP                |
| ORGOVYX                         | 5    | PA; SP; LA; QL        |
| ORSERDU                         | 4    | PA; SP; QL            |
| <i>pazopanib</i>                | 4    | PA; SP; QL            |
| PEMAZYRE                        | 4    | PA; SP; LA; QL        |
| PIQRAY                          | 4    | PA; SP                |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| POMALYST   | 4    | PA; SP; LA            |
| PROGRAF ORAL CAPSULE   | 3    |                       |
| PROGRAF ORAL GRANULES IN PACKET                                  | 2    |                       |
| PURIXAN  | 4    | SP                    |
| RAPAMUNE   | 3    |                       |
| RETEVMO  | 5    | PA; SP; LA; QL        |
| REVLIMID   | 4    | PA; SP; LA; QL        |
| REZUROCK   | 3    | PA; QL                |
| ROZLYTREK ORAL CAPSULE   | 4    | PA; SP; LA; QL        |
| ROZLYTREK ORAL PELLETS IN PACKET                                 | 4    | PA; SP; LA            |
| RUBRACA  | 4    | PA; SP; LA; QL        |
| RYDAPT   | 4    | PA; SP; QL            |
| SANDIMMUNE ORAL CAPSULE  | 3    |                       |
| SANDIMMUNE ORAL SOLUTION   | 2    |                       |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 5    | PA; SP                |
| SCEMBLIX   | 4    | PA; SP; QL            |
| SIGNIFOR   | 4    | PA; SP                |
| <i>sirolimus</i>   | 1    |                       |
| SOLTAMOX   | 6    | ACA                   |
| SOMATULINE DEPOT   | 4    | PA; SP; QL            |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>sorafenib</i>                                     | 4    | PA; SP; QL            |
| SPRYCEL  | 4    | PA; SP; QL            |
| STIVARGA   | 4    | PA; SP; QL            |
| <i>sunitinib malate</i>                              | 4    | PA; SP; QL            |
| SUTENT   | 5    | PA; SP; QL            |
| TABLOID  | 3    |                       |
| TABRECTA   | 4    | PA; SP                |
| <i>tacrolimus oral</i>                               | 1    |                       |
| TAFINLAR   | 4    | PA; SP; QL            |
| TAGRISSEO  | 4    | PA; SP; LA; QL        |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG                | 4    | PA; SP                |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 4    | PA; SP; QL            |
| <i>tamoxifen</i>                                     | 6    | ACA                   |
| TARCEVA  | 5    | PA; SP; QL            |
| TARGRETIN TOPICAL                                    | 5    | PA; SP                |
| TASIGNA  | 4    | PA; SP; QL            |
| TAZVERIK   | 5    | PA; SP; LA            |
| <i>temozolomide</i>                                  | 4    | PA; SP                |
| THALOMID   | 4    | PA; SP; QL            |
| TIBSOVO  | 4    | PA; SP                |
| <i>toremifene</i>                                    | 1    |                       |
| <i>tretinoin (antineoplastic)</i>                    | 1    |                       |
| TREXALL  | 3    |                       |
| TRIPTODUR  | 4    | PA; SP                |
| TUKYSA   | 5    | PA; SP; LA; QL        |

| Drug Name                         | Tier | Requirements / Limits |
|-----------------------------------|------|-----------------------|
| TURALIO ORAL CAPSULE 125 MG       | 5    | PA; SP; LA; QL        |
| TYKERB                            | 5    | PA; SP; LA; QL        |
| VENCLEXTA                         | 4    | PA; SP; LA; QL        |
| VENCLEXTA STARTING PACK           | 4    | PA; SP; QL            |
| VERZENIO                          | 4    | PA; SP; LA; QL        |
| VIJOICE                           | 4    | PA; SP; QL            |
| VITRAKVI                          | 4    | PA; SP; LA; QL        |
| VIZIMPRO                          | 4    | PA; SP; QL            |
| VONJO                             | 4    | PA; SP                |
| VOTRIENT                          | 5    | PA; SP; QL            |
| WELIREG                           | 5    | PA; SP; LA            |
| XALKORI ORAL CAPSULE              | 4    | PA; SP; QL            |
| XALKORI ORAL PELLET               | 4    | PA; SP                |
| XELODA                            | 5    | PA; SP; QL            |
| XERMELO                           | 4    | PA; SP; LA; QL        |
| XOSPATA                           | 4    | PA; SP; LA; QL        |
| XTANDI                            | 4    | PA; SP; QL            |
| ZEJULA ORAL TABLET 100 MG         | 4    | PA; SP; LA; QL        |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 4    | PA; SP; LA            |
| ZELBORAF                          | 4    | PA; SP; QL            |
| ZOLINZA                           | 4    | PA; SP; QL            |
| ZORTRESS                          | 3    |                       |
| ZYDELIG                           | 4    | PA; SP; QL            |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ZYKADIA   | 4    | PA; SP; QL            |
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b> |      |                       |
| <b>ANTICONVULSANTS</b>                                  |      |                       |
| APTIOM  | 3    |                       |
| BRIVIACT ORAL   | 3    | ST                    |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>  | 1    |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>        | 1    |                       |
| <i>carbamazepine oral tablet</i>                        | 1    |                       |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 1    |                       |
| <i>carbamazepine oral tablet, chewable</i>              | 1    |                       |
| CARBATROL   | 3    |                       |
| CELONTIN ORAL CAPSULE 300 MG                            | 3    |                       |
| <i>clobazam</i>   | 1    | PA                    |
| <i>clonazepam</i>                                       | 1    | QL                    |
| DEPAKOTE  | 3    | ST                    |
| DEPAKOTE ER   | 3    | ST                    |
| DEPAKOTE SPRINKLES                                      | 3    | ST                    |
| DIACOMIT  | 4    | PA; SP                |
| <i>diazepam rectal</i>                                  | 1    |                       |
| DILANTIN  | 2    |                       |
| DILANTIN EXTENDED                                       | 3    |                       |
| DILANTIN INFATABS                                       | 3    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| DILANTIN-125   | 3    |                       |
| <i>divalproex</i>                                    | 1    |                       |
| ELEPSIA XR   | 3    | ST                    |
| EPIDIOLEX  | 4    | PA; SP; LA            |
| <i>epitol</i>  | 1    |                       |
| EQUETRO  | 3    |                       |
| <i>ethosuximide</i>                                  | 1    |                       |
| <i>felbamate</i>                                     | 1    |                       |
| FELBATOL ORAL TABLET                                 | 3    |                       |
| FYCOMPA  | 2    |                       |
| <i>gabapentin oral capsule</i>                       | 1    | QL                    |
| <i>gabapentin oral solution 250 mg/5 ml</i>          | 1    | QL                    |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>   | 1    |                       |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>         | 1    | QL                    |
| <i>gabapentin oral tablet extended release 24 hr</i> | 1    | QL                    |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR           | 3    | ST; QL                |
| <i>lacosamide oral</i>                               | 1    |                       |
| LAMICTAL XR STARTER (BLUE)                           | 3    | ST                    |
| LAMICTAL XR STARTER (GREEN)                          | 3    | ST                    |
| LAMICTAL XR STARTER (ORANGE)                         | 3    | ST                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>lamotrigine</i>                                   | 1    |                       |
| <i>levetiracetam oral</i>                            | 1    |                       |
| <i>methsuximide</i>                                  | 1    |                       |
| MYSOLINE   | 3    |                       |
| NAYZILAM   | 2    | PA; QL                |
| <i>oxcarbazepine</i>                                 | 1    |                       |
| OXTELLAR XR  | 3    | ST                    |
| <i>phenobarbital</i>                                 | 1    |                       |
| PHENYTEK   | 3    |                       |
| <i>phenytoin oral suspension 125 mg/5 ml</i>         | 1    |                       |
| <i>phenytoin oral tablet, chewable</i>               | 1    |                       |
| <i>phenytoin sodium extended</i>                     | 1    |                       |
| <i>pregabalin oral capsule</i>                       | 1    |                       |
| <i>pregabalin oral solution</i>                      | 1    |                       |
| <i>pregabalin oral tablet extended release 24 hr</i> | 1    | PA                    |
| <i>primidone oral tablet 250 mg, 50 mg</i>           | 1    |                       |
| QUDEXY XR  | 3    | ST                    |
| <i>roweepra oral tablet 500 mg</i>                   | 1    |                       |
| <i>rufinamide</i>                                    | 1    | PA                    |
| SPRITAM  | 3    | ST                    |
| <i>subvenite</i>                                     | 1    |                       |
| <i>subvenite starter (blue) kit</i>                  | 1    |                       |
| <i>subvenite starter (green) kit</i>                 | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>subvenite starter (orange) kit</i>   | 1    |                       |
| SYMPAZAN  | 3    | PA                    |
| TEGRETOL ORAL SUSPENSION  | 3    |                       |
| TEGRETOL ORAL TABLET  | 3    |                       |
| TEGRETOL XR   | 3    |                       |
| <i>tiagabine</i>  | 1    |                       |
| <i>topiramate oral capsule, sprinkle</i>  | 1    |                       |
| <i>topiramate oral capsule, extended release 24hr</i>                                 | 1    | ST                    |
| <i>topiramate oral capsule, sprinkle, er 24hr</i>                                     | 1    | ST                    |
| <i>topiramate oral tablet</i>   | 1    |                       |
| TROKENDI XR   | 3    | ST                    |
| <i>valproic acid</i>  | 1    |                       |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1    |                       |
| VALTOCO   | 3    | PA; QL                |
| <i>vigabatrin</i>   | 4    | PA; SP; LA; QL        |
| <i>vigadrone</i>  | 4    | PA; SP; QL            |
| <i>vigpoder</i>   | 4    | PA; SP; QL            |
| XCOPRI  | 3    | QL                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 3    | QL                    |
| XCOPRI TITRATION PACK  | 3    | QL                    |
| ZARONTIN   | 3    |                       |
| <i>zonisamide</i>  | 1    |                       |
| ZTALMY   | 4    | PA; SP; LA            |
| <b>ANTIPARKINSONISM AGENTS</b>   |      |                       |
| <i>apomorphine</i>   | 4    | PA; SP; QL            |
| AZILECT  | 3    | ST                    |
| <i>benztropine oral</i>  | 1    |                       |
| <i>bromocriptine</i>   | 1    |                       |
| <i>carbidopa</i>   | 1    | PA                    |
| <i>carbidopa-levodopa</i>  | 1    |                       |
| <i>carbidopa-levodopa-entacapone</i>   | 1    |                       |
| COMTAN   | 3    |                       |
| <i>entacapone</i>  | 1    |                       |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE  | 4    | PA; SP; QL            |
| LODOSYN  | 3    | PA                    |
| MIRAPEX ER   | 3    |                       |
| NEUPRO   | 3    |                       |
| NOURIANZ   | 5    | PA; SP; LA; QL        |
| PARLODEL   | 3    |                       |

| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>pramipexole</i>                             | 1    |                       |
| <i>rasagiline</i>                              | 1    |                       |
| <i>ropinirole</i>                              | 1    |                       |
| RYTARY   | 3    |                       |
| <i>selegiline hcl</i>                          | 1    |                       |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG       | 3    |                       |
| STALEVO 100                                    | 3    |                       |
| STALEVO 125                                    | 3    |                       |
| STALEVO 150                                    | 3    |                       |
| STALEVO 200                                    | 3    |                       |
| STALEVO 50                                     | 3    |                       |
| STALEVO 75                                     | 3    |                       |
| TASMAR ORAL TABLET 100 MG                      | 3    | PA                    |
| <i>tolcapone</i>                               | 1    | PA                    |
| <i>trihexyphenidyl</i>                         | 1    |                       |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b> |      |                       |
| AIMOVIG AUTOINJECTOR                           | 2    | PA; QL                |
| AJOVY AUTOINJECTOR                             | 2    | PA; QL                |
| AJOVY SYRINGE                                  | 2    | PA; QL                |
| <i>almotriptan malate</i>                      | 1    | QL                    |
| <i>dihydroergotamine injection</i>             | 1    |                       |
| <i>dihydroergotamine nasal</i>                 | 1    | ST; QL                |
| <i>eletriptan</i>                              | 1    | QL                    |
| EMGALITY PEN                                   | 2    | PA; QL                |
| EMGALITY SYRINGE                               | 2    | PA; QL                |
| ERGOMAR  | 3    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>ergotamine-caffeine</i>                             | 1    |                       |
| FROVA  | 3    | ST; QL                |
| <i>frovatriptan</i>                                    | 1    | QL                    |
| <i>migergot</i>  | 1    |                       |
| MIGRANAL   | 3    | ST; QL                |
| <i>naratriptan</i>                                     | 1    | QL                    |
| NURTEC ODT   | 2    | PA; QL                |
| QULIPTA  | 2    | PA; QL                |
| REYVOW   | 3    | PA; QL                |
| <i>rizatriptan</i>                                     | 1    | QL                    |
| <i>sumatriptan</i>                                     | 1    | QL                    |
| <i>sumatriptan succinate oral</i>                      | 1    | QL                    |
| <i>sumatriptan succinate subcutaneous cartridge</i>    | 1    | QL                    |
| <i>sumatriptan succinate subcutaneous pen injector</i> | 1    | QL                    |
| <i>sumatriptan succinate subcutaneous solution</i>     | 1    | QL                    |
| <i>sumatriptan-naproxen</i>                            | 1    | ST; QL                |
| TOSYMRA  | 3    | ST; QL                |
| TRUDHESA   | 3    | ST; QL                |
| UBRELVY  | 2    | PA; QL                |
| ZEMBRACE<br>SYMTOUCH                                   | 3    | ST; QL                |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i>      | 1    | ST; QL                |
| <i>zolmitriptan oral</i>                               | 1    | QL                    |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG            | 2    | ST; QL                |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG              | 3    | ST; QL                |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>        |      |                       |
| ADLARITY   |      | ST                    |
| ARICEPT  | 3    | ST                    |
| AUSTEDO  | 4    | PA; SP; LA; QL        |
| AUSTEDO XR                                       | 4    | PA; SP; QL            |
| AUSTEDO XR TITRATION KT(WK1-4)                   | 4    | PA; SP; QL            |
| <i>dalfampridine</i>                             | 4    | PA; SP; QL            |
| <i>dichlorphenamide</i>                          | 4    | PA; SP                |
| <i>donepezil oral tablet 10 mg, 5 mg</i>         | 1    |                       |
| <i>donepezil oral tablet 23 mg</i>               | 1    | ST                    |
| <i>donepezil oral tablet, disintegrating</i>     | 1    |                       |
| EVRYSDI  | 5    | PA; SP; LA; QL        |
| EXELON PATCH                                     | 3    | ST                    |
| FIRDAPSE   | 4    | PA; SP; LA            |
| <i>galantamine</i>                               | 1    |                       |
| HORIZANT   | 3    | ST; QL                |
| INGREZZA   | 5    | PA; SP; LA; QL        |
| INGREZZA INITIATION PACK                         | 5    | PA; SP; QL            |
| <i>memantine oral capsule, sprinkle, er 24hr</i> | 1    |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>memantine oral solution</i>                      | 1    |                       |
| <i>memantine oral tablet</i>                        | 1    |                       |
| MEMANTINE ORAL TABLETS,DOSE PACK                    | 3    |                       |
| NAMENDA ORAL TABLET 5 MG                            | 3    | ST                    |
| NAMENDA TITRATION PAK                               | 3    |                       |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK      | 3    |                       |
| NAMZARIC  | 2    | ST                    |
| NUEDEXTA  | 2    | PA                    |
| RADICAVA ORS STARTER KIT SUSP                       | 4    | PA; SP                |
| <i>rivastigmine</i>                                 | 1    |                       |
| <i>rivastigmine tartrate</i>                        | 1    |                       |
| TEGSEDI   | 4    | PA; SP; LA; QL        |
| <i>tetrabenazine</i>                                | 4    | PA; SP; QL            |
| ZEPOSIA   | 4    | PA; SP; QL            |
| ZEPOSIA STARTER KIT (28-DAY)                        | 4    | PA; SP; QL            |
| ZEPOSIA STARTER PACK (7-DAY)                        | 4    | PA; SP; QL            |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b> |      |                       |
| <i>baclofen oral suspension</i>                     | 1    |                       |
| <i>baclofen oral tablet</i>                         | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>carisoprodol</i>                                       | 1    | QL                    |
| <i>carisoprodol-aspirin</i>                               | 1    | QL                    |
| <i>carisoprodol-aspirin-codeine</i>                       | 1    | QL                    |
| <i>chlorzoxazone</i>                                      | 1    |                       |
| <i>cyclobenzaprine oral capsule,extended release 24hr</i> | 1    | ST                    |
| <i>cyclobenzaprine oral tablet</i>                        | 1    |                       |
| DANTRIUM ORAL CAPSULE 25 MG                               | 3    |                       |
| <i>dantrolene oral</i>                                    | 1    |                       |
| FEXMID  | 3    | ST                    |
| LORZONE   | 3    | ST                    |
| <i>meprobamate</i>  | 1    |                       |
| <i>metaxalone</i>   | 1    |                       |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>           | 1    |                       |
| NORGESIC  | 3    |                       |
| NORGESIC FORTE  | 3    |                       |
| <i>orphenadrine citrate oral</i>                          | 1    |                       |
| <i>orphenadrine-asa-caffeine</i>                          | 1    |                       |
| <i>orphengesic forte</i>                                  | 1    |                       |
| <i>pyridostigmine bromide oral syrup</i>                  | 1    |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                  | 3    |                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>           | 1    |                       |

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| Drug Name  |   | Requirements / Limits |
|--|---|-----------------------|
| <i>pyridostigmine bromide oral tablet extended release</i> | 1 |                       |
| SOMA   | 3 | QL                    |
| <i>tizanidine</i>  | 1 |                       |
| <i>vanadom</i>   | 1 | QL                    |
| ZANAFLEX   | 3 |                       |
| <b>NARCOTIC ANALGESICS</b>                                 |   |                       |
| <i>acetaminophen-caff-dihydrocod oral capsule</i>          | 1 | QL                    |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>  | 1 | QL                    |
| <i>acetaminophen-codeine oral tablet</i>                   | 1 | QL                    |
| <i>ascomp with codeine</i>                                 | 1 | QL                    |
| BELBUCA  | 2 | ST; QL                |
| <i>buprenorphine</i>                                       | 1 | ST                    |
| <i>buprenorphine hcl sublingual</i>                        | 1 |                       |
| <i>butalbital compound w/codeine</i>                       | 1 | QL                    |
| <i>butalbital-acetaminop-caf-cod</i>                       | 1 | QL                    |
| <i>butalbital-acetaminophen</i>                            | 1 |                       |
| <i>butalbital-acetaminophen-caff</i>                       | 1 |                       |
| <i>butalbital-aspirin-caffeine</i>                         | 1 |                       |
| <i>codeine sulfate</i>                                     | 1 | QL                    |
| <i>codeine-butalbital-asa-caff</i>                         | 1 | QL                    |
| DILAUDID   | 3 | QL                    |
| <i>diskets</i>   | 1 | QL                    |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| DSUVIA  | 3    |                       |
| <i>endocet</i>  | 1    | QL                    |
| ESGIC   | 3    | ST                    |
| <i>fentanyl</i>   | 1    | ST; QL                |
| <i>fentanyl citrate buccal lozenge on a handle</i>  | 1    | PA; QL                |
| FIORICET  | 3    | ST                    |
| FIORICET WITH CODEINE   | 3    | QL                    |
| <i>hydrocodone bitartrate</i>   | 1    | ST; QL                |
| <i>hydrocodone-acetaminophen oral solution</i>  | 1    | QL                    |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1    | QL                    |
| <i>hydrocodone-ibuprofen</i>  | 1    | QL                    |
| <i>hydromorphone oral liquid</i>  | 1    | QL                    |
| <i>hydromorphone oral tablet</i>  | 1    | QL                    |
| <i>hydromorphone oral tablet extended release 24 hr</i>   | 1    | ST; QL                |
| <i>hydromorphone rectal</i>   | 1    | QL                    |
| HYSINGLA ER   | 2    | ST; QL                |
| <i>levorphanol tartrate</i>   | 1    | QL                    |
| <i>meperidine oral solution</i>   | 1    | QL                    |
| <i>meperidine oral tablet 50 mg</i>   | 1    | QL                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>methadone oral concentrate</i>  | 1    | QL                    |
| <i>methadone oral solution</i>   | 1    | QL                    |
| <i>methadone oral tablet</i>   | 1    | QL                    |
| <i>methadone oral tablet, soluble</i>  | 1    | QL                    |
| <i>methadose oral concentrate</i>  | 1    | QL                    |
| <i>methadose oral tablet, soluble</i>  | 1    | QL                    |
| <i>morphine concentrate oral solution</i>  | 1    | QL                    |
| <i>morphine oral capsule, er multiphase 24 hr</i>  | 1    | ST; QL                |
| <i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 1    | ST; QL                |
| <i>morphine oral solution</i>  | 1    | QL                    |
| <i>morphine oral tablet</i>  | 1    | QL                    |
| <i>morphine oral tablet extended release</i>   | 1    | ST; QL                |
| <i>morphine rectal</i>   | 1    | QL                    |
| MS CONTIN  | 3    | ST; QL                |
| NALOCET  | 3    | QL                    |
| <i>oxycodone oral capsule</i>  | 1    | QL                    |
| <i>oxycodone oral concentrate</i>  | 1    | QL                    |
| <i>oxycodone oral solution</i>   | 1    | QL                    |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>oxycodone oral tablet</i>                              | 1    | QL                    |
| <i>oxycodone-acetaminophen</i>                            | 1    | QL                    |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR         | 2    | ST; QL                |
| <i>oxymorphone oral tablet</i>                            | 1    | QL                    |
| <i>oxymorphone oral tablet extended release 12 hr</i>     | 1    | ST; QL                |
| <i>prolax oral tablet</i>                                 | 1    | QL                    |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                       | 3    | QL                    |
| <i>tencon</i>   | 1    |                       |
| TREZIX  | 3    | QL                    |
| <b>NON-NARCOTIC ANALGESICS</b>                            |      |                       |
| <i>adult aspirin regimen</i>                              | 6    | ACA; OTC              |
| ANAPROX DS  | 3    | ST                    |
| ARTHROTEC 50  | 3    | ST                    |
| ARTHROTEC 75  | 3    | ST                    |
| <i>aspirin childrens</i>                                  | 6    | ACA; OTC              |
| <i>aspirin oral tablet, chewable</i>                      | 6    | ACA; OTC              |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> | 6    | ACA; OTC              |
| <i>bayer low dose aspirin</i>                             | 6    | ACA; OTC              |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>     | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 1    | QL                    |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>               | 1    | QL                    |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                 | 1    |                       |
| <i>butorphanol</i>   | 1    | QL                    |
| CAMBIA   | 3    | ST; QL                |
| <i>celecoxib</i>   | 1    |                       |
| DAYPRO   | 3    | ST                    |
| <i>diclofenac potassium oral capsule</i>                               | 1    |                       |
| <i>diclofenac potassium oral powder in packet</i>                      | 1    | ST; QL                |
| <i>diclofenac potassium oral tablet 25 mg</i>                          | 1    | ST                    |
| <i>diclofenac potassium oral tablet 50 mg</i>                          | 1    |                       |
| <i>diclofenac sodium oral</i>  | 1    |                       |
| <i>diclofenac sodium topical drops</i>                                 | 1    | QL                    |
| <i>diclofenac sodium topical solution in metered-dose pump</i>         | 1    | ST; QL                |
| <i>diclofenac-misoprostol</i>  | 1    |                       |
| <i>diflunisal</i>  | 1    |                       |
| DISALCID   | 3    |                       |
| DUEXIS   | 3    | ST                    |
| EC-NAPROSYN  | 3    | ST                    |
| <i>ecotrin low strength</i>  | 6    | ACA; OTC              |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>etodolac</i>   | 1    |                       |
| FELDENE   | 3    | ST                    |
| <i>fenoprofen oral capsule 400 mg</i>                         | 1    | ST                    |
| <i>fenoprofen oral tablet</i>                                 | 1    | ST                    |
| FLECTOR   | 2    | ST; QL                |
| <i>flurbiprofen oral tablet 100 mg</i>                        | 1    |                       |
| <i>ibu</i>  | 1    |                       |
| <i>ibuprofen oral suspension</i>                              | 1    |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>           | 1    |                       |
| <i>ibuprofen-famotidine</i>                                   | 1    | ST                    |
| <i>indomethacin oral</i>                                      | 1    |                       |
| <i>indomethacin rectal suppository 50 mg</i>                  | 1    |                       |
| <i>ketoprofen oral capsule 25 mg</i>                          | 1    | ST                    |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                   | 1    |                       |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 1    | ST                    |
| <i>ketorolac oral</i>   | 1    | QL                    |
| KLOXXADO  | 2    |                       |
| LICART  | 2    | ST; QL                |
| LODINE ORAL TABLET  | 3    | ST                    |
| <i>lofena</i>   | 1    | ST                    |
| LOTREXONE   | 3    |                       |
| <i>meclofenamate</i>  | 1    |                       |
| <i>mefenamic acid</i>   | 1    |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>meloxicam oral tablet</i>                            | 1    | QL                    |
| <i>meloxicam submicronized</i>                          | 1    | ST; QL                |
| <i>nabumetone</i>                                       | 1    |                       |
| NALFON ORAL TABLET                                      | 3    | ST                    |
| <i>naloxone injection solution</i>                      | 1    |                       |
| <i>naloxone injection syringe</i>                       | 1    |                       |
| <i>naloxone nasal</i>                                   | 1    | QL                    |
| NALTREX   | 3    |                       |
| <i>naltrexone</i>                                       | 1    |                       |
| NAPRELAN CR   | 3    | ST                    |
| NAPROSYN ORAL SUSPENSION                                | 3    | ST                    |
| NAPROSYN ORAL TABLET 500 MG                             | 3    | ST                    |
| <i>naproxen oral suspension</i>                         | 1    | ST                    |
| <i>naproxen oral tablet</i>                             | 1    |                       |
| <i>naproxen oral tablet, delayed release (dr/ec)</i>    | 1    |                       |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>       | 1    |                       |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i> | 1    | ST                    |
| <i>naproxen-esomeprazole</i>                            | 1    | ST                    |
| NARCAN  | 3    | QL                    |
| OPVEE   | 3    |                       |
| <i>oxaprozin oral tablet</i>                            | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>pentazocine-naloxone</i>   | 1    | QL                    |
| <i>piroxicam</i>  | 1    |                       |
| <i>salsalate</i>  | 1    |                       |
| SPRIX   | 5    | ST; SP; QL            |
| <i>st. joseph aspirin</i>   | 6    | ACA; OTC              |
| <i>st. joseph aspirin</i>   | 6    | ACA; OTC              |
| <i>sulindac</i>   | 1    |                       |
| <i>tramadol oral tablet 50 mg</i>   | 1    | QL                    |
| <i>tramadol oral tablet extended release 24 hr</i>                                      | 1    | ST; QL                |
| <i>tramadol oral tablet, er multiphase 24 hr</i>  | 1    | PA; QL                |
| <i>tramadol-acetaminophen</i>   | 1    | QL                    |
| VIVITROL  | 4    | SP                    |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 2    | QL                    |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG   | 2    |                       |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>  |      |                       |
| ABILIFY ASIMTUFII   |      |                       |
| ABILIFY MAINTENA  | 2    |                       |
| ABILIFY MYCITE MAINTENANCE KIT  | 3    | QL                    |
| ABILIFY MYCITE STARTER KIT  | 3    | QL                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| ADASUVE  | 3    |                       |
| ADZENYS XR-ODT   | 3    | ST                    |
| <i>alprazolam</i>  | 1    | QL                    |
| <i>alprazolam intensol</i>   | 1    |                       |
| <i>amitriptyline</i>   | 1    |                       |
| <i>amitriptyline-chlordiazepoxide</i>                                  | 1    |                       |
| <i>amoxapine</i>   | 1    |                       |
| <i>amphetamine sulfate</i>   | 1    |                       |
| ANAFRANIL  | 3    |                       |
| <i>aripiprazole oral solution</i>                                      | 1    |                       |
| <i>aripiprazole oral tablet</i>  | 1    | QL                    |
| <i>aripiprazole oral tablet, disintegrating</i>                        | 1    | QL                    |
| ARISTADA   | 2    |                       |
| ARISTADA INITIO  | 2    |                       |
| <i>armodafinil</i>   | 1    | ST; QL                |
| <i>asenapine maleate</i>   | 1    | QL                    |
| ATIVAN ORAL  | 3    | QL                    |
| <i>atomoxetine</i>   | 1    |                       |
| AZSTARYS   | 3    | ST                    |
| BELSOMRA   | 3    | ST; QL                |
| <i>bupropion hcl oral tablet</i>                                       | 1    |                       |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 1    | QL                    |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>               | 1    | QL                    |
| <i>buspirone</i>   | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| CAPLYTA   | 3    | QL                    |
| <i>chlordiazepoxide hcl</i>                             | 1    |                       |
| <i>chlorpromazine</i>                                   | 1    |                       |
| <i>citalopram oral solution</i>                         | 1    |                       |
| <i>citalopram oral tablet</i>                           | 1    | QL                    |
| <i>clomipramine</i>                                     | 1    |                       |
| <i>clonidine hcl oral tablet extended release 12 hr</i> | 1    |                       |
| <i>clorazepate dipotassium</i>                          | 1    |                       |
| <i>clozapine</i>  | 1    |                       |
| CLOZARIL ORAL TABLET 100 MG, 25 MG                      | 3    |                       |
| COTEMPLA XR-ODT   | 3    | ST                    |
| DAYTRANA  | 3    | ST                    |
| DAYVIGO   | 3    | ST; QL                |
| <i>desipramine</i>                                      | 1    |                       |
| DESOXYN   | 3    |                       |
| DESVENLAFAXIN E   | 3    | ST; QL                |
| <i>desvenlafaxine succinate</i>                         | 1    | ST; QL                |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3    | ST                    |
| <i>dexmethylphenidate</i>                               | 1    |                       |
| <i>dextroamphetamine sulfate</i>                        | 1    |                       |
| <i>dextroamphetamine-amphetamine</i>                    | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>diazepam intensol</i>   | 1    | QL                    |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                          | 1    | QL                    |
| <i>diazepam oral tablet</i>  | 1    | QL                    |
| <i>doxepin oral capsule</i>  | 1    |                       |
| <i>doxepin oral concentrate</i>  | 1    |                       |
| <i>doxepin oral tablet</i>   | 1    | PA; QL                |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1    | QL                    |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>               | 1    | ST; QL                |
| EDLUAR   | 3    | ST; QL                |
| EMSAM  | 3    |                       |
| <i>ergoloid</i>  | 1    |                       |
| <i>escitalopram oxalate oral solution</i>                                  | 1    | ST                    |
| <i>escitalopram oxalate oral tablet</i>                                    | 1    | QL                    |
| <i>estazolam</i>   | 1    | QL                    |
| <i>eszopiclone</i>   | 1    | QL                    |
| EVEKEO ODT   | 3    |                       |
| FANAPT   | 3    | QL                    |
| FETZIMA  | 2    | ST; QL                |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>                                | 1    | QL                    |
| <i>fluoxetine oral capsule 20 mg</i>                                       | 1    |                       |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i>                     | 1    | ST; QL                |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>fluoxetine oral solution</i>                        | 1    |                       |
| <i>fluoxetine oral tablet 10 mg</i>                    | 1    | ST; QL                |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>             | 1    | ST                    |
| <i>fluphenazine decanoate</i>                          | 1    |                       |
| <i>fluphenazine hcl</i>                                | 1    |                       |
| <i>flurazepam</i>                                      | 1    | QL                    |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 1    | ST; QL                |
| <i>fluvoxamine oral tablet</i>                         | 1    | QL                    |
| GEODON INTRAMUSCULAR                                   | 3    |                       |
| GEODON ORAL  | 3    | QL                    |
| <i>guanfacine oral tablet extended release 24 hr</i>   | 1    |                       |
| HALCION ORAL TABLET 0.25 MG                            | 3    | QL                    |
| HALDOL DECANOATE                                       | 3    |                       |
| <i>haloperidol</i>                                     | 1    |                       |
| <i>haloperidol decanoate</i>                           | 1    |                       |
| <i>haloperidol lactate</i>                             | 1    |                       |
| HETLIOZ  | 5    | PA; SP; QL            |
| HETLIOZ LQ   | 5    | PA; SP; QL            |
| IGALMI   | 3    |                       |
| <i>imipramine hcl</i>                                  | 1    |                       |
| <i>imipramine pamoate</i>                              | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG        | 3    | QL                    |
| INVEGA SUSTENNA  | 3    |                       |
| INVEGA TRINZA  | 3    |                       |
| JORNAY PM  | 3    | ST                    |
| KETAMINE SUBLINGUAL  | 3    |                       |
| <i>lisdexamfetamine oral capsule</i>                             | 1    |                       |
| <i>lisdexamfetamine oral tablet, chewable</i>                    | 1    | ST                    |
| <i>lithium carbonate</i>   | 1    |                       |
| <i>lithium citrate</i>   | 1    |                       |
| LITHOBID   | 3    |                       |
| <i>lorazepam intenzol</i>  | 1    | QL                    |
| <i>lorazepam oral concentrate</i>                                | 1    | QL                    |
| <i>lorazepam oral tablet</i>                                     | 1    | QL                    |
| <i>loxapine succinate</i>  | 1    |                       |
| LUMRYZ   | 4    | PA; SP; QL            |
| <i>lurasidone</i>  | 1    | QL                    |
| MARPLAN  | 3    |                       |
| <i>methamphetamine</i>   | 1    |                       |
| METHYLIN ORAL SOLUTION   | 3    |                       |
| <i>methylphenidate</i>   | 1    | ST                    |
| <i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i> | 1    | ST                    |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>                              | 1    |                       |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50</i>                              | 1    |                       |
| <i>methylphenidate hcl oral solution</i>  | 1    |                       |
| <i>methylphenidate hcl oral tablet</i>  | 1    |                       |
| <i>methylphenidate hcl oral tablet extended release</i>                                 | 1    |                       |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | 1    |                       |
| <i>methylphenidate hcl oral tablet, chewable</i>  | 1    |                       |
| MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)   | 3    |                       |
| <i>midazolam oral syrup 2 mg/ml</i>   | 1    |                       |
| <i>mirtazapine</i>  | 1    |                       |
| MKO (MIDAZOLAM-KETAMINE-ONDAN)  | 3    |                       |
| <i>modafinil</i>  | 1    | ST; QL                |
| <i>molindone</i>  | 1    |                       |
| MYDAYIS   | 3    | ST                    |
| NARDIL  | 3    |                       |
| <i>nefazodone</i>   | 1    |                       |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG  | 3    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>nortriptyline</i>                                     | 1    |                       |
| NUPLAZID   | 5    | PA; SP; QL            |
| <i>olanzapine intramuscular</i>                          | 1    |                       |
| <i>olanzapine oral</i>                                   | 1    | QL                    |
| <i>olanzapine-fluoxetine</i>                             | 1    |                       |
| <i>oxazepam</i>  | 1    |                       |
| <i>paliperidone</i>                                      | 1    | QL                    |
| PAMELOR  | 3    |                       |
| PARNATE  | 3    |                       |
| <i>paroxetine hcl oral suspension</i>                    | 1    | ST                    |
| <i>paroxetine hcl oral tablet</i>                        | 1    | QL                    |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 1    | ST; QL                |
| <i>paroxetine mesylate(menop.sym)</i>                    | 1    | ST; QL                |
| PAXIL CR   | 3    | ST; QL                |
| PAXIL ORAL SUSPENSION                                    | 3    | ST                    |
| PAXIL ORAL TABLET  | 3    | ST; QL                |
| <i>perphenazine</i>                                      | 1    |                       |
| <i>perphenazine-amitriptyline</i>                        | 1    |                       |
| PERSERIS   | 3    |                       |
| <i>phenelzine</i>  | 1    |                       |
| <i>pimozide</i>  | 1    |                       |
| <i>procentra</i>   | 1    |                       |
| <i>protriptyline</i>                                     | 1    |                       |
| QELBREE  | 3    | ST                    |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 1    | QL                    |
| <i>quetiapine oral tablet extended release 24 hr</i>                       | 1    | QL                    |
| QUVIVIQ  | 3    | PA; QL                |
| <i>ramelteon</i>   | 1    | QL                    |
| REMERON ORAL TABLET 15 MG, 30 MG   | 3    |                       |
| REMERON SOLTAB   | 3    |                       |
| RESTORIL   | 3    | QL                    |
| REXULTI ORAL TABLET  | 3    | QL                    |
| RISPERDAL CONSTA   | 2    |                       |
| RISPERDAL ORAL SOLUTION  | 3    |                       |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                       | 3    | QL                    |
| <i>risperidone microspheres</i>  | 1    |                       |
| <i>risperidone oral solution</i>   | 1    |                       |
| <i>risperidone oral tablet</i>   | 1    | QL                    |
| <i>risperidone oral tablet, disintegrating</i>                             | 1    | QL                    |
| RYKINDO  | 2    |                       |
| SECUADO  | 3    | QL                    |
| <i>sertraline oral concentrate</i>   | 1    |                       |
| <i>sertraline oral tablet</i>  | 1    | QL                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| SILENOR  | 3    | ST; QL                |
| SODIUM OXYBATE   | 4    | PA; SP; LA; QL        |
| SUNOSI   | 2    | ST; QL                |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG                  | 3    |                       |
| <i>tasimelteon</i>                                     | 5    | PA; SP; QL            |
| <i>temazepam</i>                                       | 1    | QL                    |
| <i>thioridazine</i>                                    | 1    |                       |
| <i>thiothixene</i>                                     | 1    |                       |
| <i>tranylcypromine</i>                                 | 1    |                       |
| <i>trazodone</i>                                       | 1    |                       |
| <i>triazolam</i>                                       | 1    | QL                    |
| <i>trifluoperazine</i>                                 | 1    |                       |
| <i>trimipramine</i>                                    | 1    |                       |
| TRINTELLIX   | 3    | ST; QL                |
| UZEDY  | 2    |                       |
| <i>venlafaxine oral capsule, extended release 24hr</i> | 1    | QL                    |
| <i>venlafaxine oral tablet</i>                         | 1    | QL                    |
| <i>venlafaxine oral tablet extended release 24hr</i>   | 1    | ST; QL                |
| VERSACLOZ  | 3    |                       |
| <i>vilazodone</i>                                      | 1    | ST; QL                |
| VRAYLAR  | 3    | QL                    |
| VYVANSE ORAL CAPSULE                                   | 3    | ST                    |
| VYVANSE ORAL TABLET, CHEWABLE                          | 2    | ST                    |
| WAKIX  | 5    | ST; SP; LA; QL        |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| XYWAV   | 4    | PA; SP; LA; QL        |
| <i>zaleplon</i>   | 1    | QL                    |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                  | 1    |                       |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3    |                       |
| <i>ziprasidone hcl</i>                                  | 1    | QL                    |
| <i>ziprasidone mesylate</i>                             | 1    |                       |
| <i>zolpidem oral tablet</i>                             | 1    | QL                    |
| <i>zolpidem oral tablet, ext release multiphase</i>     | 1    | QL                    |
| <i>zolpidem sublingual</i>                              | 1    | QL                    |
| ZURZUVAE  | 4    | PA; SP; QL            |
| ZYPREXA INTRAMUSCULAR                                   | 3    |                       |
| ZYPREXA ORAL  | 3    | QL                    |
| ZYPREXA RELPREVV  | 3    |                       |
| ZYPREXA ZYDIS   | 3    | QL                    |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|  |   |    |
|--|---|----|
| <i>amiodarone oral</i>                     |   |    |
| BETAPACE                                   | 3 | ST |
| BETAPACE AF                                | 3 | ST |
| <i>disopyramide phosphate oral capsule</i> | 1 |    |
| <i>dofetilide</i>                          | 1 |    |
| <i>flecainide</i>                          | 1 |    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>mexiletine</i>                                  | 1    |                       |
| MULTAQ   | 3    |                       |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 1    |                       |
| <i>propafenone</i>                                 | 1    |                       |
| <i>quinidine gluconate oral</i>                    | 1    |                       |
| <i>quinidine sulfate oral tablet</i>               | 1    |                       |
| <i>sotalol af</i>                                  | 1    |                       |
| <i>sotalol oral</i>                                | 1    |                       |
| SOTYLIZE   | 2    |                       |
| <b>ANTIHYPERTENSIVE THERAPY</b>                    |      |                       |
| ACCUPRIL   | 3    |                       |
| ACCURETIC  | 3    |                       |
| <i>acebutolol</i>                                  | 1    |                       |
| ALDACTONE  | 3    |                       |
| <i>aliskiren</i>                                   | 1    |                       |
| ALTACE   | 3    |                       |
| <i>amiloride</i>                                   | 1    |                       |
| <i>amiloride-hydrochlorothiazide</i>               | 1    |                       |
| <i>amlodipine</i>                                  | 1    |                       |
| <i>amlodipine-benazepril</i>                       | 1    |                       |
| <i>amlodipine-olmesartan</i>                       | 1    |                       |
| <i>amlodipine-valsartan</i>                        | 1    |                       |
| <i>amlodipine-valsartan-hcthiazyd</i>              | 1    |                       |
| <i>atenolol</i>                                    | 1    |                       |
| <i>atenolol-chlorthalidone</i>                     | 1    |                       |

| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>benazepril</i>                              | 1    |                       |
| <i>benazepril-hydrochlorothiazide</i>          | 1    |                       |
| <i>betaxolol oral</i>                          | 1    |                       |
| <i>bisoprolol fumarate</i>                     | 1    |                       |
| <i>bisoprolol-hydrochlorothiazide</i>          | 1    |                       |
| <i>bumetanide oral</i>                         | 1    |                       |
| <i>candesartan</i>                             | 1    |                       |
| <i>candesartan-hydrochlorothiazid</i>          | 1    |                       |
| <i>captopril</i>                               | 1    |                       |
| <i>captopril-hydrochlorothiazide</i>           | 1    |                       |
| CARDIZEM CD                                    | 3    |                       |
| CARDIZEM LA                                    | 3    |                       |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG      | 3    |                       |
| CARDURA  | 3    | ST; QL                |
| CARDURA XL                                     | 3    | ST; QL                |
| <i>cartia xt</i>                               | 1    |                       |
| <i>carvedilol</i>                              | 1    |                       |
| <i>carvedilol phosphate</i>                    | 1    |                       |
| CATAPRES-TTS-1                                 | 3    | QL                    |
| CATAPRES-TTS-2                                 | 3    | QL                    |
| CATAPRES-TTS-3                                 | 3    | QL                    |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1    |                       |
| <i>clonidine</i>                               | 1    | QL                    |
| <i>clonidine hcl oral tablet</i>               | 1    |                       |
| CONSENSI                                       | 3    |                       |
| COREG CR                                       | 3    | ST                    |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| CORGARD ORAL TABLET 20 MG, 40 MG  | 3    | ST                    |
| DEMSER  | 2    | PA                    |
| DIBENZYLINE   | 3    | PA                    |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>  | 1    |                       |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i>  | 1    |                       |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1    |                       |
| <i>diltiazem hcl oral capsule,extended release 24hr</i>   | 1    |                       |
| <i>diltiazem hcl oral tablet</i>  | 1    |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>   | 1    |                       |
| <i>dilt-xr</i>  | 1    |                       |
| DIURIL  | 3    |                       |
| <i>doxazosin</i>  | 1    | QL                    |
| DYRENIUM  | 3    |                       |
| EDECIN  | 3    | ST                    |
| <i>enalapril maleate</i>  | 1    |                       |
| <i>enalapril-hydrochlorothiazide</i>  | 1    |                       |
| <i>eplerenone</i>   | 1    |                       |
| <i>eprosartan</i>   | 1    |                       |
| <i>ethacrynic acid</i>  | 1    |                       |
| <i>felodipine</i>   | 1    |                       |
| <i>fosinopril</i>   | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>fosinopril-hydrochlorothiazide</i>                          | 1    |                       |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1    |                       |
| <i>furosemide oral tablet</i>                                  | 1    |                       |
| <i>guanfacine oral tablet</i>                                  | 1    |                       |
| <i>hydralazine oral</i>  | 1    |                       |
| <i>hydrochlorothiazide</i>                                     | 1    |                       |
| <i>indapamide</i>  | 1    |                       |
| INSPRA   | 3    |                       |
| <i>irbesartan</i>  | 1    |                       |
| <i>irbesartan-hydrochlorothiazide</i>                          | 1    |                       |
| <i>isosorbide-hydralazine</i>                                  | 1    |                       |
| <i>isradipine</i>  | 1    |                       |
| KERENDIA   | 2    | QL                    |
| <i>labetalol oral</i>  | 1    |                       |
| LASIX  | 3    | ST                    |
| <i>lisinopril</i>  | 1    |                       |
| <i>lisinopril-hydrochlorothiazide</i>                          | 1    |                       |
| LOPRESSOR ORAL   | 3    | ST                    |
| <i>losartan</i>  | 1    |                       |
| <i>losartan-hydrochlorothiazide</i>                            | 1    |                       |
| LOTENSIN HCT   | 3    |                       |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                       | 3    |                       |
| <i>matzim la</i>   | 1    |                       |

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| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| MAXZIDE                               | 3    |                       |
| MAXZIDE-25MG                          | 3    |                       |
| <i>methyldopa</i>                     | 1    |                       |
| <i>methyldopa-hydrochlorothiazide</i> | 1    |                       |
| <i>metolazone</i>                     | 1    |                       |
| <i>metoprolol succinate</i>           | 1    |                       |
| <i>metoprolol ta-hydrochlorothiaz</i> | 1    |                       |
| <i>metoprolol tartrate oral</i>       | 1    |                       |
| <i>metirosine</i>                     | 1    | PA                    |
| MINIPRESS                             | 3    |                       |
| <i>minoxidil oral</i>                 | 1    |                       |
| <i>moexipril</i>                      | 1    |                       |
| <i>nadolol</i>                        | 1    |                       |
| <i>nebivolol</i>                      | 1    |                       |
| <i>nicardipine oral</i>               | 1    |                       |
| <i>nifedipine</i>                     | 1    |                       |
| <i>nimodipine</i>                     | 1    |                       |
| <i>nisoldipine</i>                    | 1    |                       |
| NYMALIZE                              | 3    |                       |
| <i>olmesartan</i>                     | 1    |                       |
| <i>olmesartan-amlodipin-hcthiazid</i> | 1    |                       |
| <i>olmesartan-hydrochlorothiazide</i> | 1    |                       |
| ORENITRAM                             | 5    | PA; SP; QL            |
| ORENITRAM MONTH 1 TITRATION KT        | 5    | PA; SP; QL            |
| ORENITRAM MONTH 2 TITRATION KT        | 5    | PA; SP; QL            |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ORENITRAM MONTH 3 TITRATION KT                                | 5    | PA; SP; QL            |
| <i>perindopril erbumine</i>                                   | 1    |                       |
| <i>phenoxybenzamine</i>                                       | 1    | PA                    |
| <i>pindolol</i>   | 1    |                       |
| <i>prazosin</i>   | 1    |                       |
| PRESTALIA   | 3    | ST                    |
| PROCARDIA XL  | 3    | ST                    |
| <i>propranolol oral</i>                                       | 1    |                       |
| <i>propranolol-hydrochlorothiazid</i>                         | 1    |                       |
| <i>quinapril</i>  | 1    |                       |
| <i>quinapril-hydrochlorothiazide</i>                          | 1    |                       |
| <i>ramipril</i>   | 1    |                       |
| <i>spironolactone</i>   | 1    |                       |
| <i>spironolacton-hydrochlorothiaz</i>                         | 1    |                       |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 3    | ST                    |
| <i>taztia xt</i>  | 1    |                       |
| <i>telmisartan</i>  | 1    |                       |
| <i>telmisartan-amlodipine</i>                                 | 1    |                       |
| <i>telmisartan-hydrochlorothiazid</i>                         | 1    |                       |
| TENORETIC 100   | 3    | ST                    |
| TENORETIC 50  | 3    | ST                    |
| TENORMIN  | 3    | ST                    |
| <i>terazosin</i>  | 1    | QL                    |

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| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| <i>tiadylt er</i>                     | 1    |                       |
| TIAZAC                                | 3    |                       |
| <i>timolol maleate oral</i>           | 1    |                       |
| <i>torse mide oral</i>                | 1    |                       |
| <i>trandolapril</i>                   | 1    |                       |
| <i>trandolapril-verapamil</i>         | 1    |                       |
| <i>triamterene</i>                    | 1    |                       |
| <i>triamterene-hydrochlorothiazid</i> | 1    |                       |
| UPTRAVI ORAL                          | 4    | PA; SP; LA; QL        |
| <i>valsartan oral tablet</i>          | 1    |                       |
| <i>valsartan-hydrochlorothiazide</i>  | 1    |                       |
| VASERETIC                             | 3    |                       |
| VASOTEC                               | 3    |                       |
| <i>verapamil oral</i>                 | 1    |                       |
| VERELAN PM                            | 3    | ST                    |
| ZESTORETIC                            | 3    |                       |
| ZESTRIL                               | 3    |                       |
| <b>CARDIAC GLYCOSIDES</b>             |      |                       |
| <i>digox</i>                          |      |                       |
| <i>digoxin oral</i>                   | 1    |                       |
| LANOXIN ORAL                          | 3    |                       |
| <b>COAGULATION THERAPY</b>            |      |                       |
| AMICAR                                | 3    |                       |
| <i>aminocaproic acid oral</i>         | 1    |                       |
| ARIXTRA                               | 3    |                       |
| <i>aspirin-dipyridamole</i>           | 1    |                       |
| BRILINTA                              | 2    |                       |
| CABLIVI INJECTION KIT                 | 4    | PA; SP; LA            |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>cilostazol</i>  | 1    |                       |
| <i>clopidogrel</i>   | 1    |                       |
| <i>dabigatran etexilate</i>  | 1    |                       |
| <i>dipyridamole oral</i>   | 1    |                       |
| DOPTELET (15 TAB PACK)   | 4    | PA; SP; LA; QL        |
| EFFIENT  | 3    |                       |
| ELIQUIS  | 2    |                       |
| ELIQUIS DVT-PE TREAT 30D START   | 2    |                       |
| <i>enoxaparin</i>  | 1    |                       |
| <i>fondaparinux</i>  | 1    |                       |
| FRAGMIN SUBCUTANEOUS SOLUTION  | 2    |                       |
| FRAGMIN SUBCUTANEOUS SYRINGE   | 2    |                       |
| HEMGENIX   | 4    | PA; SP                |
| <i>hep flush-10 (pf)</i>   | 1    |                       |
| HEPARIN (PORCINE) IN 0.9% NAACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) | 3    |                       |
| <i>heparin (porcine) in 5 % dex</i>  | 1    |                       |
| <i>heparin (porcine) in nacl (pf)</i>  | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>heparin (porcine) injection cartridge</i>   | 1    |                       |
| <i>heparin (porcine) injection solution</i>  | 1    |                       |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>   | 1    |                       |
| <i>heparin lock flush (porcine)</i>  | 1    |                       |
| <i>heparin lockflush(porcine)(pf )</i>   | 1    |                       |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                            | 3    |                       |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 1    |                       |
| <i>heparin, porcine (pf) injection solution</i>  | 1    |                       |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>   | 1    |                       |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML  | 3    |                       |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>   | 1    |                       |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>                                      | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| HEPARIN, PORCINE (PF) SUBCUTANEOUS                           | 3    |                       |
| <i>jantoven</i>  | 1    |                       |
| <i>pentoxifylline</i>  | 1    |                       |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML     | 2    |                       |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> | 1    |                       |
| PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE                  | 2    |                       |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>            | 1    | QL                    |
| <i>prasugrel</i>   | 1    |                       |
| PROMACTA   | 4    | PA; SP; LA            |
| TAVALISSE  | 4    | PA; SP; LA; QL        |
| <i>vitamin k</i>   | 1    |                       |
| <i>vitamin k1 injection</i>                                  | 1    |                       |
| <i>warfarin</i>  | 1    |                       |
| XARELTO  | 2    |                       |
| XARELTO DVT-PE TREAT 30D START                               | 2    |                       |
| ZONTIVITY  | 3    | PA                    |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                     |      |                       |
| <i>amlodipine-atorvastatin</i>                               | 1    | QL                    |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                                    | 6    | ACA; QL               |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                                    | 1    | QL                    |
| CADUET  | 3    | ST; QL                |
| <i>cholestyramine (with sugar)</i>  | 1    |                       |
| <i>cholestyramine light</i>   | 1    |                       |
| <i>colesevelam</i>  | 1    |                       |
| COLESTID  | 3    | PA                    |
| COLESTID FLAVORED ORAL PACKET   | 3    | PA                    |
| <i>colestipol</i>   | 1    |                       |
| <i>ezetimibe</i>  | 1    |                       |
| <i>ezetimibe-simvastatin</i>  | 1    | QL                    |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1    |                       |
| <i>fenofibrate nanocrystallized</i>   | 1    |                       |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                                    | 1    | ST                    |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                    | 1    |                       |
| <i>fenofibric acid</i>  | 1    |                       |
| <i>fenofibric acid (choline)</i>  | 1    |                       |
| FENOGLIDE   | 3    | ST                    |
| FIBRICOR  | 3    | ST                    |
| FLOLIPID  | 3    | ST; QL                |
| <i>fluvastatin</i>  | 6    | ACA; QL               |
| <i>gemfibrozil</i>  | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>icosapent ethyl</i>                                   | 1    | PA                    |
| JUXTAPID   | 4    | PA; SP; LA            |
| LESCOL XL  | 3    | ST; QL                |
| LIVALO   | 3    | ST; QL                |
| LOPID  | 3    |                       |
| <i>lovastatin</i>  | 6    | ACA; QL               |
| NEXLETOL   | 2    | PA                    |
| NEXLIZET   | 2    | PA                    |
| <i>niacin oral tablet 500 mg</i>                         | 1    |                       |
| <i>niacin oral tablet extended release 24 hr</i>         | 1    |                       |
| NIACOR   | 3    |                       |
| <i>omega-3 acid ethyl esters</i>                         | 1    | PA                    |
| <i>pitavastatin calcium</i>                              | 6    | ACA; QL               |
| <i>pravastatin</i>                                       | 6    | ACA; QL               |
| <i>prevalite</i>   | 1    |                       |
| QUESTRAN   | 3    | ST                    |
| QUESTRAN LIGHT   | 3    | ST                    |
| REPATHA PUSHTRONEX                                       | 2    | PA; QL                |
| REPATHA SURECLICK  | 2    | PA; QL                |
| REPATHA SYRINGE  | 2    | PA; QL                |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>              | 6    | ACA; QL               |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>             | 1    | QL                    |
| ROSZET   | 3    | ST; QL                |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6    | ACA; QL               |

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| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>simvastatin oral tablet 80 mg</i>           | 1    | QL                    |
| TRILIPIX                                       | 3    | ST                    |
| VASCEPA  | 2    | PA                    |
| ZYPITAMAG                                      | 3    | ST; QL                |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>     |      |                       |
| CAMZYOS  | 4    | PA; SP                |
| ENTRESTO                                       | 2    | QL                    |
| <i>ranolazine</i>                              | 1    |                       |
| VERQUVO  | 2    | QL                    |
| VYNDAMAX                                       | 4    | PA; SP                |
| VYNDAQEL                                       | 4    | PA; SP                |
| <b>NITRATES</b>                                |      |                       |
| GONITRO  | 3    |                       |
| ISORDIL  | 3    |                       |
| ISORDIL TITRADOSE ORAL TABLET 5 MG             | 3    |                       |
| <i>isosorbide dinitrate oral tablet</i>        | 1    |                       |
| <i>isosorbide mononitrate</i>                  | 1    |                       |
| <i>nitro-bid</i>                               | 1    |                       |
| NITRO-DUR                                      | 3    |                       |
| <i>nitroglycerin sublingual</i>                | 1    |                       |
| <i>nitroglycerin transdermal patch 24 hour</i> | 1    |                       |
| <i>nitroglycerin translingual</i>              | 1    |                       |
| NITROLINGUAL                                   | 3    |                       |
| NITROMIST                                      | 3    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| NITROSTAT   | 3    |                       |
| <i>nitro-time</i>                                     | 1    |                       |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                |      |                       |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                 |      |                       |
| <i>acitretin</i>                                      | 1    |                       |
| ANALPRAM-HC TOPICAL                                   | 3    | ST                    |
| <i>calcipotriene scalp</i>                            | 1    | QL                    |
| <i>calcipotriene topical cream</i>                    | 1    | QL                    |
| <i>calcipotriene topical ointment</i>                 | 1    | QL                    |
| <i>calcipotriene-betamethasone topical ointment</i>   | 1    | ST; QL                |
| <i>calcipotriene-betamethasone topical suspension</i> | 1    | QL                    |
| <i>calcitriol topical</i>                             | 1    |                       |
| ENSTILAR  | 2    | ST; QL                |
| EPIFOAM   | 3    | ST                    |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> | 1    | ST                    |
| OVACE   | 3    |                       |
| OVACE PLUS SHAMPOO                                    | 3    |                       |
| OVACE PLUS TOPICAL CLEANSER                           | 3    |                       |
| OVACE PLUS TOPICAL CREAM                              | 3    |                       |
| OVACE PLUS TOPICAL LOTION                             | 3    |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| OVACE PLUS WASH                                       | 3    |                       |
| PLEXION NS  | 3    |                       |
| PRAMOSONE   | 3    | ST                    |
| <i>selenium sulfide topical lotion</i>                | 1    |                       |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i> | 1    |                       |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                     | 4    | PA; SP; QL            |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                | 4    | PA; SP; QL            |
| STELARA SUBCUTANEOUS                                  | 4    | PA; SP; QL            |
| <i>sulfacetamide sodium topical</i>                   | 1    |                       |
| TACLONEX TOPICAL SUSPENSION                           | 3    | QL                    |
| TALTZ AUTOINJECTOR                                    | 4    | PA; SP; QL            |
| TALTZ AUTOINJECTOR (2 PACK)                           | 4    | PA; SP; QL            |
| TALTZ AUTOINJECTOR (3 PACK)                           | 4    | PA; SP; QL            |
| TALTZ SYRINGE   | 4    | PA; SP; QL            |
| TERSI FOAM  | 3    |                       |
| TREMFYA   | 4    | PA; SP; QL            |
| VECTICAL  | 3    |                       |
| VTAMA   | 3    | ST; QL                |
| WYNZORA   | 3    | ST; QL                |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ZORYVE TOPICAL CREAM  | 3    | ST; QL                |
| ZORYVE TOPICAL FOAM   | 3    |                       |
| <b>BURN THERAPY</b>   |      |                       |
| SILVADENE   | 3    |                       |
| <i>silver sulfadiazine</i>  | 1    |                       |
| <i>ssd</i>  | 1    |                       |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>                              |      |                       |
| ADBRY   | 4    | PA; SP; QL            |
| AMELUZ  | 3    |                       |
| <i>ammonium lactate topical cream</i>                             | 1    | SG                    |
| CANTHARIDIN IN ACETONE  | 3    |                       |
| CIBINQO   | 4    | PA; SP; QL            |
| CORTANE-B   | 3    |                       |
| <i>diclofenac sodium topical gel 3 %</i>                          | 1    | PA; QL                |
| <i>doxepin topical</i>  | 1    | ST; QL                |
| DUPIXENT PEN  | 4    | PA; SP; QL            |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 4    | PA; SP; QL            |
| EFUDEX TOPICAL CREAM  | 3    |                       |
| EUCRISA   | 2    | ST; QL                |
| FLUOROPLEX  | 3    |                       |
| <i>fluorouracil topical cream 5 %</i>                             | 1    |                       |
| <i>fluorouracil topical solution</i>                              | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| HYFTOR   | 5    | PA; SP                |
| <i>iodine-sodium iodide topical tincture 2 %</i> | 1    |                       |
| IODOFLEX   | 3    |                       |
| IODOSORB   | 3    |                       |
| LEVULAN  | 3    |                       |
| <i>methoxsalen</i>                               | 1    |                       |
| <i>methyl salicylate</i>                         | 1    |                       |
| <i>methyl salicylate topical liquid</i>          | 1    |                       |
| OPZELURA   | 3    | PA; QL                |
| PANRETIN   | 3    |                       |
| <i>pimecrolimus</i>                              | 1    | ST; QL                |
| <i>podofilox topical gel</i>                     | 1    | ST; QL                |
| <i>podofilox topical solution</i>                | 1    |                       |
| <i>prudoxin</i>                                  | 1    | ST; QL                |
| REGRANEX   | 2    | QL                    |
| <i>tacrolimus topical</i>                        | 1    | ST; QL                |
| TOLAK  | 3    |                       |
| VALCHLOR   | 4    | PA; SP                |
| VYJUVEK  | 5    | PA; SP                |
| <i>wintergreen oil</i>                           | 1    |                       |
| ZONALON  | 3    | ST; QL                |
| <b>THERAPY FOR ACNE</b>                          |      |                       |
| ABSORICA   | 3    | ST                    |
| <i>accutane</i>                                  | 1    |                       |
| ACZONE   | 3    | ST                    |
| <i>adapalene topical cream</i>                   | 1    |                       |
| <i>adapalene topical gel 0.3 %</i>               | 1    |                       |
| <i>adapalene topical gel with pump</i>           | 1    |                       |

| Drug Name                                    | Tier | Requirements / Limits |
|--|------|-----------------------|
| ADAPALENE TOPICAL LOTION                     | 3    | ST                    |
| <i>adapalene topical solution</i>            | 1    |                       |
| <i>adapalene topical swab</i>                | 1    | ST                    |
| <i>adapalene-benzoyl peroxide</i>            | 1    |                       |
| AKLIEF                                       | 3    | ST                    |
| ALTRENO                                      | 3    |                       |
| <i>amnesteam</i>                             | 1    |                       |
| AMZEEQ                                       | 3    | ST                    |
| ARAZLO                                       | 3    | PA                    |
| <i>avar</i>                                  | 1    |                       |
| AVAR LS                                      | 3    | ST                    |
| AVAR-E GREEN                                 | 3    | ST                    |
| AVAR-E LS                                    | 3    | ST                    |
| <i>azelaic acid</i>                          | 1    |                       |
| AZELEX                                       | 3    | ST                    |
| BENZAMYCIN                                   | 3    | ST                    |
| BENZEPRO (MICROSPHERES)                      | 3    | ST                    |
| <i>benzepro topical towelette</i>            | 1    |                       |
| <i>benzoyl peroxide topical cleanser 7 %</i> | 1    |                       |
| <i>benzoyl peroxide topical foam</i>         | 1    |                       |
| <i>bp 10-1</i>                               | 1    | ST                    |
| <i>brimonidine topical</i>                   | 1    | PA                    |
| <i>claravis</i>                              | 1    |                       |
| CLEOCIN T TOPICAL LOTION                     | 3    | ST; QL                |
| <i>clindacin</i>                             | 1    | QL                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| CLINDACIN ETZ TOPICAL KIT                            | 3    | ST                    |
| <i>clindacin etz topical swab</i>                    | 1    |                       |
| <i>clindacin p</i>                                   | 1    |                       |
| CLINDACIN PAC  | 3    | ST                    |
| <i>clindamycin phosphate topical foam</i>            | 1    | QL                    |
| <i>clindamycin phosphate topical gel</i>             | 1    | QL                    |
| <i>clindamycin phosphate topical gel, once daily</i> | 1    | ST; QL                |
| <i>clindamycin phosphate topical lotion</i>          | 1    | QL                    |
| <i>clindamycin phosphate topical solution</i>        | 1    | QL                    |
| <i>clindamycin phosphate topical swab</i>            | 1    |                       |
| <i>clindamycin-benzoyl peroxide</i>                  | 1    |                       |
| <i>clindamycin-tretinoin</i>                         | 1    |                       |
| <i>dapsone topical</i>                               | 1    |                       |
| DIFFERIN TOPICAL CREAM                               | 3    | ST                    |
| DIFFERIN TOPICAL GEL WITH PUMP                       | 3    | ST                    |
| DIFFERIN TOPICAL LOTION                              | 3    | ST                    |
| EPIDUO FORTE   | 3    | ST                    |
| EPSOLAY  | 3    | ST                    |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>ery pads</i>                                   | 1    |                       |
| <i>erygel</i>                                     | 1    |                       |
| <i>erythromycin with ethanol topical gel</i>      | 1    |                       |
| <i>erythromycin with ethanol topical solution</i> | 1    |                       |
| <i>erythromycin-benzoyl peroxide</i>              | 1    |                       |
| EVOCLIN   | 3    | ST; QL                |
| FINACEA TOPICAL FOAM                              | 2    | ST                    |
| <i>isotretinoin</i>                               | 1    |                       |
| <i>ivermectin topical cream</i>                   | 1    | QL                    |
| METROCREAM  | 3    | ST                    |
| METROGEL TOPICAL GEL 1 %                          | 3    | ST                    |
| <i>metronidazole topical</i>                      | 1    |                       |
| MIRVASO   | 2    | PA                    |
| <i>neuac</i>                                      | 1    |                       |
| NEUAC KIT   | 3    | ST                    |
| ONEXTON TOPICAL GEL WITH PUMP                     | 3    | ST                    |
| PACNEX  | 3    | ST                    |
| PLEXION   | 3    | ST                    |
| PLEXION CLEANSING CLOTHS                          | 3    | ST                    |
| PR BENZOYL PEROXIDE                               | 3    | ST                    |
| RETIN-A   | 3    |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %   | 3    |                       |
| RHOFADE   | 3    | PA                    |
| <i>rosadan topical cream</i>  | 1    |                       |
| <i>rosadan topical gel</i>  | 1    |                       |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL   | 3    | ST                    |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM   | 3    | ST                    |
| ROSULA  | 3    | ST                    |
| <i>rosula cleansing cloths</i>  | 1    |                       |
| SOOLANTRA   | 3    | ST; QL                |
| <i>sss 10-5</i>   | 1    |                       |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i> | 1    |                       |
| <i>sulfacetamide sodium-sulfur topical cream</i>  | 1    |                       |
| <i>sulfacetamide sodium-sulfur topical lotion</i>   | 1    |                       |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i>  | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i> | 1    |                       |
| <i>sulfacleanse 8-4</i>   | 1    | ST                    |
| SUMADAN   | 3    | ST                    |
| SUMADAN XLT   | 3    | ST                    |
| SUMAXIN   | 3    | ST                    |
| SUMAXIN CP  | 3    | ST                    |
| SUMAXIN TS  | 3    | ST                    |
| <i>tazarotene topical cream</i>                                     | 1    | PA                    |
| <i>tazarotene topical gel</i>                                       | 1    | PA                    |
| <i>tretinoin</i>  | 1    |                       |
| <i>tretinoin microspheres</i>                                       | 1    |                       |
| TWYNEO  | 3    | ST                    |
| VANOXIDE-HC   | 3    | ST                    |
| <i>zenatane</i>   | 1    |                       |
| ZIANA   | 3    | ST                    |
| <b>TOPICAL ANESTHETICS</b>  |      |                       |
| COCAINE   | 3    |                       |
| <i>dermacinrx lidocan</i>   | 1    | PA                    |
| GOPRELTO  | 3    |                       |
| <i>lidocaine hcl laryngotracheal</i>                                | 1    |                       |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>        | 1    |                       |
| <i>lidocaine hcl-hydrocortison ac topical</i>                       | 1    |                       |
| <i>lidocaine topical adhesive patch, medicated 5 %</i>              | 1    | PA                    |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                                 | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>lidocaine topical ointment</i>         | 1    | QL                    |
| <i>lidocaine viscous</i>                  | 1    |                       |
| <i>lidocaine-prilocaine topical cream</i> | 1    | QL                    |
| <i>lidocaine-prilocaine topical kit</i>   | 1    |                       |
| <i>lidocan iii</i>                        | 1    | PA                    |
| <i>lidocort</i>                           | 1    |                       |
| NUMBRINO                                  | 3    |                       |
| NYNUTEY                                   | 3    |                       |
| ZTLIDO                                    | 2    | PA                    |
| <b>TOPICAL ANTIBACTERIALS</b>             |      |                       |
| ALTABAX                                   | 3    | ST; QL                |
| CENTANY                                   | 3    | ST; QL                |
| CENTANY AT                                | 3    | ST; QL                |
| <i>gentamicin topical</i>                 | 1    | QL                    |
| KLARON                                    | 3    | ST                    |
| <i>lugols topical</i>                     | 1    |                       |
| <i>mafenide acetate</i>                   | 1    |                       |
| <i>mupirocin</i>                          | 1    | QL                    |
| <i>mupirocin calcium</i>                  | 1    | ST; QL                |
| NEO-SYNALAR                               | 3    |                       |
| NEO-SYNALAR KIT                           | 3    |                       |
| <i>strong iodine topical</i>              | 1    |                       |
| <i>sulfacetamide sodium (acne)</i>        | 1    |                       |
| SULFAMYLON TOPICAL CREAM                  | 2    |                       |
| XEPI                                      | 3    | ST; QL                |
| <b>TOPICAL ANTIFUNGALS</b>                |      |                       |

| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| CICLODAN KIT TOPICAL COMBO PACK       | 3    |                       |
| CICLODAN KIT TOPICAL SOLUTION         | 3    | ST                    |
| <i>ciclodan topical cream</i>         | 1    | QL                    |
| <i>ciclodan topical solution</i>      | 1    |                       |
| <i>ciclopirox topical cream</i>       | 1    | QL                    |
| <i>ciclopirox topical gel</i>         | 1    | QL                    |
| <i>ciclopirox topical shampoo</i>     | 1    | QL                    |
| <i>ciclopirox topical solution</i>    | 1    |                       |
| <i>ciclopirox topical suspension</i>  | 1    | QL                    |
| <i>ciclopirox-ure-camph-menth-euc</i> | 1    |                       |
| <i>clotrimazole-betamethasone</i>     | 1    | QL                    |
| <i>econazole</i>                      | 1    | QL                    |
| EXELDERM                              | 3    | QL                    |
| EXTINA                                | 3    | ST; QL                |
| JUBLIA                                | 3    | ST                    |
| <i>ketoconazole topical cream</i>     | 1    | QL                    |
| <i>ketoconazole topical foam</i>      | 1    | ST; QL                |
| <i>ketoconazole topical shampoo</i>   | 1    | QL                    |
| <i>ketodan</i>                        | 1    | ST; QL                |
| <i>ketodan kit</i>                    | 1    | ST                    |
| <i>klayesta</i>                       | 1    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                          | Tier | Requirements / Limits |
|------------------------------------|------|-----------------------|
| LOPROX (AS OLAMINE)                | 3    | QL                    |
| LOPROX KIT                         | 3    | QL                    |
| <i>naftifine topical cream</i>     | 1    | QL                    |
| <i>naftifine topical gel 2 %</i>   | 1    | QL                    |
| NAFTIN TOPICAL GEL                 | 3    | QL                    |
| <i>nyamyc</i>                      | 1    |                       |
| <i>nystatin topical cream</i>      | 1    | QL                    |
| <i>nystatin topical ointment</i>   | 1    | QL                    |
| <i>nystatin topical powder</i>     | 1    |                       |
| <i>nystatin-triamcinolone</i>      | 1    | QL                    |
| <i>nystop</i>                      | 1    |                       |
| <i>oxiconazole</i>                 | 1    | QL                    |
| <i>tavaborole</i>                  | 1    | ST                    |
| <b>TOPICAL ANTIVIRALS</b>          |      |                       |
| <i>acyclovir topical</i>           | 1    | PA; QL                |
| DENAVIR                            | 3    |                       |
| <i>penciclovir</i>                 | 1    |                       |
| ZOVIRAX TOPICAL CREAM              | 3    | PA; QL                |
| <b>TOPICAL CORTICOSTEROIDS</b>     |      |                       |
| ALA-SCALP                          | 3    | ST                    |
| <i>alclometasone</i>               | 1    |                       |
| <i>amcinonide topical ointment</i> | 1    | ST                    |
| <i>apexicon e</i>                  | 1    | ST                    |
| <i>beser</i>                       | 1    | ST                    |

| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>betamethasone dipropionate</i>              | 1    |                       |
| <i>betamethasone valerate topical cream</i>    | 1    |                       |
| <i>betamethasone valerate topical foam</i>     | 1    | ST                    |
| <i>betamethasone valerate topical lotion</i>   | 1    |                       |
| <i>betamethasone valerate topical ointment</i> | 1    |                       |
| <i>betamethasone, augmented</i>                | 1    |                       |
| BRYHALI  | 3    | ST                    |
| CAPEX  | 3    | ST                    |
| <i>clobetasol scalp</i>                        | 1    | QL                    |
| <i>clobetasol topical cream</i>                | 1    | QL                    |
| <i>clobetasol topical foam</i>                 | 1    | ST; QL                |
| <i>clobetasol topical gel</i>                  | 1    | QL                    |
| <i>clobetasol topical lotion</i>               | 1    | ST; QL                |
| <i>clobetasol topical ointment</i>             | 1    | QL                    |
| <i>clobetasol topical shampoo</i>              | 1    | ST; QL                |
| <i>clobetasol topical spray, non-aerosol</i>   | 1    | ST; QL                |
| <i>clobetasol-emollient topical cream</i>      | 1    | QL                    |
| <i>clobetasol-emollient topical foam</i>       | 1    | ST; QL                |

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| Drug Name                              | Tier | Requirements / Limits |
|--|------|-----------------------|
| CLOBEX TOPICAL SHAMPOO                 | 3    | ST; QL                |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL      | 3    | ST; QL                |
| <i>clocortolone pivalate</i>           | 1    |                       |
| <i>clodan</i>                          | 1    | ST; QL                |
| CLODAN KIT                             | 3    | ST; QL                |
| CORDRAN TAPE LARGE ROLL                | 3    | ST                    |
| CORDRAN TOPICAL CREAM                  | 3    | ST; QL                |
| CORDRAN TOPICAL LOTION                 | 3    | ST; QL                |
| CORDRAN TOPICAL OINTMENT               | 3    | ST; QL                |
| DERMA-SMOOTH/FS BODY OIL               | 3    | ST                    |
| DERMA-SMOOTH/FS SCALP OIL              | 3    | ST                    |
| <i>desonide topical cream</i>          | 1    |                       |
| <i>desonide topical gel</i>            | 1    | ST                    |
| <i>desonide topical lotion</i>         | 1    | ST                    |
| <i>desonide topical ointment</i>       | 1    |                       |
| <i>desoximetasone</i>                  | 1    | ST                    |
| <i>diflorasone</i>                     | 1    | ST; QL                |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 3    | ST                    |
| DUOBRII                                | 3    | ST; QL                |

| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>fluocinolone</i>                            | 1    |                       |
| <i>fluocinolone and shower cap</i>             | 1    |                       |
| <i>fluocinonide topical cream 0.05 %</i>       | 1    | QL                    |
| <i>fluocinonide topical cream 0.1 %</i>        | 1    | ST; QL                |
| <i>fluocinonide topical gel</i>                | 1    | QL                    |
| <i>fluocinonide topical ointment</i>           | 1    | QL                    |
| <i>fluocinonide topical solution</i>           | 1    | QL                    |
| <i>fluocinonide-e</i>                          | 1    | QL                    |
| <i>flurandrenolide</i>                         | 1    | ST; QL                |
| <i>fluticasone propionate topical cream</i>    | 1    |                       |
| <i>fluticasone propionate topical lotion</i>   | 1    | ST                    |
| <i>fluticasone propionate topical ointment</i> | 1    |                       |
| <i>halcinonide</i>                             | 1    | ST                    |
| <i>halobetasol propionate topical cream</i>    | 1    |                       |
| <i>halobetasol propionate topical foam</i>     | 1    | ST                    |
| <i>halobetasol propionate topical ointment</i> | 1    |                       |
| HALOG  | 3    | ST                    |
| <i>hydrocortisone butyrate topical cream</i>   | 1    | QL                    |

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| Drug Name                                       | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>hydrocortisone butyrate topical lotion</i>   | 1    | ST; QL                |
| <i>hydrocortisone butyrate topical ointment</i> | 1    | ST; QL                |
| <i>hydrocortisone butyrate topical solution</i> | 1    | ST; QL                |
| <i>hydrocortisone topical cream 2.5 %</i>       | 1    |                       |
| <i>hydrocortisone topical lotion 2.5 %</i>      | 1    |                       |
| <i>hydrocortisone topical ointment 2.5 %</i>    | 1    |                       |
| <i>hydrocortisone valerate</i>                  | 1    |                       |
| KENALOG TOPICAL                                 | 3    | ST; QL                |
| <i>mometasone topical</i>                       | 1    |                       |
| NUCORT  | 3    | ST                    |
| OLUX  | 3    | ST; QL                |
| OLUX-E  | 3    | ST; QL                |
| PANDEL  | 3    | ST                    |
| <i>prednicarbate</i>                            | 1    |                       |
| <i>scalacort</i>                                | 1    |                       |
| SCALACORT DK                                    | 3    | ST                    |
| SYNALAR   | 3    | ST                    |
| SYNALAR CREAM KIT                               | 3    | ST                    |
| SYNALAR OINTMENT KIT                            | 3    | ST                    |
| SYNALAR TS                                      | 3    | ST                    |
| TEMOVATE TOPICAL OINTMENT                       | 3    | ST; QL                |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| TEXACORT  | 3    | ST                    |
| TOPICORT TOPICAL CREAM  | 3    | ST                    |
| TOPICORT TOPICAL GEL  | 3    | ST                    |
| TOPICORT TOPICAL OINTMENT   | 3    | ST                    |
| <i>tovet emollient</i>  | 1    | ST; QL                |
| <i>triamcinolone acetonide topical aerosol</i>                        | 1    | ST; QL                |
| <i>triamcinolone acetonide topical cream</i>                          | 1    |                       |
| <i>triamcinolone acetonide topical lotion</i>                         | 1    |                       |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1    |                       |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | 1    | ST                    |
| <i>triderm topical cream 0.1 %</i>                                    | 1    |                       |
| <i>triderm topical cream 0.5 %</i>                                    | 1    | ST                    |
| <b>TOPICAL ENZYMES</b>  |      |                       |
| NEXOBRID  | 3    |                       |
| SANTYL  | 2    | QL                    |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |      |                       |
| <i>crotan</i>   | 1    |                       |
| ELIMITE   | 3    |                       |
| EURAX   | 3    |                       |

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| Drug Name         | Tier | Requirements / Limits |
|-------------------|------|-----------------------|
| <i>malathion</i>  | 1    |                       |
| OVIDE             | 3    |                       |
| <i>permethrin</i> | 1    |                       |
| <i>spinosad</i>   | 1    |                       |
| ULESFIA           | 3    |                       |

## DIAGNOSTICS & MISCELLANEOUS AGENTS

### ANOREXIANTS

|                       |   |   |
|-----------------------|---|---|
| ADIPEX-P ORAL TABLET  | 3 | PA; Wt Loss: Coverage Exception May Apply; QL     |
| <i>benzphetamine</i>  | 1 | PA; Wt Loss: Coverage Exception May Apply; QL     |
| CONTRAVE              | 3 | PA; Wt Loss: Coverage Exception May Apply; QL     |
| <i>diethylpropion</i> | 1 | PA; Wt Loss: Coverage Exception May Apply; QL     |
| IMCIVREE              | 5 | PA; Wt Loss: Coverage Exception May Apply; SP; QL |
| LOMAIRA               | 3 | PA; Wt Loss: Coverage Exception May Apply; QL     |

| Drug Name                       | Tier | Requirements / Limits                         |
|---------------------------------|------|---|
| ORLISTAT                        | 3    | PA; Wt Loss: Coverage Exception May Apply; QL |
| <i>phendimetrazine tartrate</i> | 1    | PA; Wt Loss: Coverage Exception May Apply; QL |
| <i>phentermine</i>              | 1    | PA; Wt Loss: Coverage Exception May Apply; QL |
| QSYMIA                          | 3    | PA; Wt Loss: Coverage Exception May Apply; QL |
| SAXENDA                         | 3    | PA; Wt Loss: Coverage Exception May Apply; QL |
| WEGOVY                          | 2    | PA; Wt Loss: Coverage Exception May Apply; QL |
| XENICAL                         | 3    | PA; Wt Loss: Coverage Exception May Apply; QL |
| ZEPBOUND                        | 2    | PA; Wt Loss: Coverage Exception May Apply; QL |

### IRRIGATING SOLUTIONS

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                          | Tier | Requirements / Limits |
|------------------------------------|------|-----------------------|
| <i>lactated ringers irrigation</i> | 1    |                       |
| <i>neomycin-polymyxin b gu</i>     | 1    |                       |
| PHYSIOLYTE                         | 3    |                       |
| PHYSIOSOL IRRIGATION               | 3    |                       |
| <i>ringer's irrigation</i>         | 1    |                       |
| SORBITOL IRRIGATION SOLUTION 3 %   | 3    |                       |
| SORBITOL-MANNITOL                  | 3    |                       |
| <i>tis-u-sol pentalyte</i>         | 1    |                       |
| <b>MISCELLANEOUS AGENTS</b>        |      |                       |
| <i>acamprosate</i>                 | 1    |                       |
| <i>acetic acid irrigation</i>      | 1    |                       |
| AGRYLIN                            | 3    |                       |
| <i>anagrelide</i>                  | 1    |                       |
| BUPHENYL                           | 5    | PA; SP                |
| <i>caffeine citrate oral</i>       | 1    |                       |
| CARBAGLU                           | 4    | PA; SP; LA            |
| <i>carglumic acid</i>              | 4    | PA; SP                |
| CARNITOR (SUGAR-FREE)              | 3    |                       |
| CARNITOR ORAL                      | 3    |                       |
| <i>cevimeline</i>                  | 1    |                       |
| CHEMET                             | 2    |                       |
| <i>deferasirox</i>                 | 4    | PA; SP                |
| <i>deferiprone</i>                 | 4    | PA; SP                |
| <i>disulfiram</i>                  | 1    |                       |
| <i>droxidopa</i>                   | 5    | PA; SP                |
| EMPAVELI                           | 4    | PA; SP                |
| ENDARI                             | 5    | PA; SP                |

| Drug Name                                    | Tier | Requirements / Limits                         |
|--|------|---|
| EVOXAC                                       | 3    |   |
| EXSERVAN                                     | 5    | PA; SP  |
| FABHALTA                                     | 4    | PA; SP  |
| FERRIPROX (2 TIMES A DAY)                    | 4    | PA; SP  |
| FERRIPROX ORAL SOLUTION                      | 4    | PA; SP  |
| FERRIPROX ORAL TABLET                        | 5    | PA; SP  |
| INCRELEX                                     | 4    | PA; SP; GH: Coverage Limitation May Apply; LA |
| JOENJA                                       | 5    | PA; SP; QL                                    |
| <i>levocarnitine (with sugar)</i>            | 1    |   |
| <i>levocarnitine oral solution 100 mg/ml</i> | 1    |   |
| <i>levocarnitine oral tablet</i>             | 1    |   |
| LITFULO                                      | 5    | PA; SP  |
| LITHOSTAT                                    | 3    |   |
| METOPIRONE                                   | 3    |   |
| <i>midodrine</i>                             | 1    |   |
| <i>nitisinone</i>                            | 4    | PA; SP; LA                                    |
| NITYR  | 4    | PA; SP; LA                                    |
| OLPRUVA                                      | 5    | PA; SP  |
| ORFADIN                                      | 5    | PA; SP; LA                                    |
| PHEBURANE                                    | 4    | PA; SP  |
| <i>pilocarpine hcl oral tablet 5 mg</i>      | 1    |   |
| PYRUKYND                                     | 5    | PA; SP; LA                                    |
| RADIOGARDASE                                 | 3    |   |
| RILUTEK                                      | 3    | PA  |

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| Drug Name                              | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>riluzole</i>                        | 1    | PA                    |
| <i>risedronate oral tablet 30 mg</i>   | 1    | QL                    |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG | 3    |                       |
| <i>sodium chloride 0.9 %</i>           | 1    |                       |
| <i>sodium chloride injection</i>       | 1    |                       |
| <i>sodium chloride irrigation</i>      | 1    |                       |
| <i>sodium phenylbutyrate</i>           | 1    | PA                    |
| SOHONOS                                | 5    | PA; SP; QL            |
| SYPRINE                                | 3    | PA                    |
| TEGLUTIK                               | 5    | PA; SP                |
| THIOLA EC                              | 5    | PA; SP                |
| TIGLUTIK                               | 5    | PA; SP                |
| <i>tiopronin oral tablet</i>           | 4    | PA; SP                |
| <i>trientine oral capsule 250 mg</i>   | 1    | PA                    |
| <i>water for irrigation, sterile</i>   | 1    |                       |
| XURIDEN                                | 4    | PA; SP                |
| ZOKINVY                                | 5    | PA; SP; QL            |
| <b>SMOKING DETERRENENTS</b>            |      |                       |
| <i>bupropion hcl (smoking deter)</i>   | 6    | ACA                   |
| CHANTIX CONTINUING MONTH BOX           | 3    |                       |
| CHANTIX ORAL TABLET 1 MG               | 3    |                       |

| Drug Name                                      | Tier | Requirements / Limits |
|--|------|-----------------------|
| CHANTIX STARTING MONTH BOX                     | 3    |                       |
| NICODERM CQ                                    | 2    | OTC                   |
| NICORETTE BUCCAL GUM 2 MG                      | 2    | OTC                   |
| <i>nicorette buccal gum 4 mg</i>               | 6    | ACA; OTC              |
| NICORETTE BUCCAL LOZENGE                       | 2    | OTC                   |
| NICORETTE BUCCAL MINI LOZENGE                  | 2    | OTC                   |
| <i>nicotine</i>                                | 6    | ACA; OTC              |
| <i>nicotine (polacrilex)</i>                   | 6    | ACA; OTC              |
| NICOTROL                                       | 6    | ACA                   |
| NICOTROL NS                                    | 6    | ACA                   |
| <i>quit 2</i>                                  | 6    | ACA; OTC              |
| <i>quit 4</i>                                  | 6    | ACA; OTC              |
| <i>stop smoking aid</i>                        | 6    | ACA; OTC              |
| <i>varenicline</i>                             | 6    | ACA                   |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>      |      |                       |
| <b>MISCELLANEOUS AGENTS</b>                    |      |                       |
| ARESTIN  | 5    | SP                    |
| <i>azelastine nasal aerosol, spray</i>         | 1    | QL                    |
| <i>chlorhexidine gluconate mucous membrane</i> | 1    |                       |
| CLINPRO 5000                                   | 3    |                       |
| <i>denta 5000 plus</i>                         | 1    |                       |
| <i>dentagel</i>                                | 1    |                       |

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| Drug Name                                 | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>fluoride (sodium) dental</i>           | 1    |                       |
| FLUORIDEX DAILY DEFENSE                   | 3    |                       |
| FLUORIDEX SENSITIVITY RELIEF              | 3    |                       |
| FLUORIMAX 5000                            | 3    |                       |
| FLUORIMAX 5000 SENSITIVE                  | 3    |                       |
| GELCLAIR                                  | 3    |                       |
| GELX                                      | 3    |                       |
| <i>ipratropium bromide nasal</i>          | 1    | QL                    |
| JUST RIGHT 5000                           | 3    |                       |
| <i>kourzeq</i>                            | 1    |                       |
| MUGARD                                    | 5    | SP                    |
| <i>olopatadine nasal</i>                  | 1    | QL                    |
| <i>oralone</i>                            | 1    |                       |
| ORAMAGICRX                                | 3    |                       |
| <i>paroex oral rinse</i>                  | 1    |                       |
| PATANASE                                  | 3    | QL                    |
| PERIDEX                                   | 3    |                       |
| <i>periogard</i>                          | 1    |                       |
| <i>pilocarpine hcl oral tablet 7.5 mg</i> | 1    |                       |
| PREVIDENT                                 | 3    |                       |
| PREVIDENT 5000 BOOSTER PLUS               | 3    |                       |
| PREVIDENT 5000 ENAMEL PROTECT             | 3    |                       |
| PREVIDENT 5000 ORTHO DEFENSE              | 3    |                       |
| PREVIDENT 5000 PLUS                       | 3    |                       |

| Drug Name                                | Tier | Requirements / Limits |
|--|------|-----------------------|
| PREVIDENT 5000 SENSITIVE                 | 3    |                       |
| PROTHELIAL                               | 5    | SP                    |
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG | 3    |                       |
| <i>sf</i>                                | 1    |                       |
| <i>sf 5000 plus</i>                      | 1    |                       |
| <i>sodium fluoride 5000 plus</i>         | 1    |                       |
| <i>sodium fluoride-pot nitrate</i>       | 1    |                       |
| <i>triamcinolone acetonide dental</i>    | 1    |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>   |      |                       |
| <i>acetic acid otic (ear)</i>            | 1    |                       |
| <i>ciprofloxacin hcl otic (ear)</i>      | 1    |                       |
| DERMOTIC OIL                             | 3    |                       |
| <i>flac otic oil</i>                     | 1    |                       |
| <i>fluocinolone acetonide oil</i>        | 1    |                       |
| <i>hydrocortisone-acetic acid</i>        | 1    |                       |
| <i>ofloxacin otic (ear)</i>              | 1    |                       |
| <b>OTIC STEROID / ANTIBIOTIC</b>         |      |                       |
| <i>ciprofloxacin-dexamethasone</i>       | 1    |                       |
| CORTISPORIN-TC                           | 3    |                       |
| <i>neomycin-polymyxin-hc otic (ear)</i>  | 1    |                       |
| OTOVEL                                   | 3    |                       |
| <b>ENDOCRINE/DIABETES</b>                |      |                       |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <b>ADRENAL HORMONES</b>   |      |                       |
| ACTHAR  | 5    | PA; SP                |
| CORTEF  | 3    |                       |
| <i>cortisone</i>  | 1    |                       |
| <i>deflazacort</i>  | 1    | PA                    |
| <i>dexabliss</i>  | 1    | ST                    |
| <i>dexamethasone intensol</i>   | 1    |                       |
| <i>dexamethasone oral elixir</i>  | 1    |                       |
| <i>dexamethasone oral solution</i>  | 1    |                       |
| <i>dexamethasone oral tablet</i>  | 1    |                       |
| <i>dexamethasone oral tablets, dose pack</i>  | 1    | ST                    |
| <i>fludrocortisone</i>  | 1    |                       |
| <i>hydrocortisone oral</i>  | 1    |                       |
| MEDROL (PAK)  | 3    |                       |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG  | 3    |                       |
| <i>methylprednisolone millipred dp</i>  | 1    |                       |
| <i>millipred oral tablet</i>  | 1    |                       |
| ORAPRED ODT   | 3    |                       |
| <i>prednisolone</i>   | 1    |                       |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>prednisolone sodium phosphate oral tablet, disintegrating</i> | 1    |                       |
| <i>prednisone</i>  | 1    |                       |
| <i>prednisone intensol</i>                                       | 1    |                       |
| RAYOS  | 3    | ST                    |
| TAPERDEX   | 3    | ST                    |
| TARPEYO  | 5    | PA; SP; QL            |
| TRIESENCE (PF)   | 3    |                       |
| ZCORT  | 3    | ST                    |
| <b>ANTITHYROID AGENTS</b>  |      |                       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                       | 1    |                       |
| <i>potassium iodide oral solution</i>                            | 1    |                       |
| <i>propylthiouracil</i>  | 1    |                       |
| SSKI   | 3    |                       |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>           |      |                       |
| ACCU-CHEK AVIVA PLUS TEST STRP                                   | 2    | DS; OTC; QL           |
| ACCU-CHEK GUIDE TEST STRIPS                                      | 2    | DS; OTC; QL           |
| ACCU-CHEK SMARTVIEW TEST STRIP                                   | 2    | DS; OTC; QL           |
| CONTOUR NEXT TEST STRIPS   | 2    | DS; OTC; QL           |
| CONTOUR TEST STRIPS  | 2    | DS; OTC; QL           |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>       |      |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                                 | Tier | Requirements / Limits |
|---|------|-----------------------|
| ACE AEROSOL CLOUD ENHANCER                | 2    |                       |
| AEROCHAMBER MINI                          | 2    |                       |
| AEROCHAMBER PLUS FLOW-VU                  | 2    |                       |
| AEROCHAMBER PLUS Z STAT                   | 2    |                       |
| AEROTRACH PLUS                            | 2    |                       |
| AEROVENT PLUS                             | 2    |                       |
| BREATHERITE MDI SPACER                    | 2    |                       |
| COMPACT SPACE CHAMBER                     | 2    |                       |
| EASIVENT HOLDING CHAMBER                  | 2    |                       |
| FLEXICHAMBER                              | 2    |                       |
| GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML | 3    |                       |
| LITEAIRE MDI CHAMBER                      | 2    |                       |
| MICROCHAMBER                              | 2    |                       |
| MICROSPACER                               | 2    |                       |
| OPTICHAMBER DIAMOND VHC                   | 2    |                       |
| POCKET CHAMBER                            | 2    |                       |
| PRIMEAIRE                                 | 2    |                       |
| PROCHAMBER                                | 2    |                       |
| RITEFLO AEROCHAMBER                       | 2    |                       |
| SPACE CHAMBER                             | 2    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| VORTEX HOLDING CHAMBER                                    | 2    |                       |
| <b>GLUCOSE ELEVATING AGENTS</b>                           |      |                       |
| BAQSIMI   | 2    | QL                    |
| <i>diazoxide</i>  | 1    |                       |
| <i>glucagon emergency kit (human)</i>                     | 1    | QL                    |
| GVOKE   | 2    | QL                    |
| GVOKE HYPOPEN 2-PACK                                      | 2    | QL                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2    | QL                    |
| PROGLYCEM   | 3    |                       |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b> |      |                       |
| ACCU-CHEK GUIDE GLUCOSE METER                             | 2    | DS; OTC               |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                            | 2    | DS; OTC               |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                            | 2    | DS; OTC               |
| ACCU-CHEK SMARTVIEW CONTRL SOL                            | 2    | DS; OTC               |
| AT HOME A1C   | 3    | DS; OTC               |
| AUTOJECT 2 INJECTION DEVICE                               | 2    | DS; OTC               |
| AUTOPEN 1 TO 21 UNITS                                     | 2    | DS; OTC               |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                                       | Tier | Requirements / Limits |
|---|------|-----------------------|
| BD INTEGRA NEEDLE                               | 2    | DS                    |
| BD MICROTAINER LANCET 30 GAUGE                  | 2    | DS; OTC               |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 2    | DS                    |
| BD ULTRA-FINE NANO PEN NEEDLE                   | 2    | DS; OTC               |
| CEQR SIMPLICITY                                 | 2    | DS                    |
| CONTOUR CONTROL SOLUTION, NML                   | 2    | DS; OTC               |
| CONTOUR NEXT EZ METER                           | 2    | DS; OTC               |
| CONTOUR NEXT LEV 2 CONTROL SOL                  | 2    | DS; OTC               |
| CONTOUR NEXT LINK                               | 2    | DS; OTC               |
| CONTOUR NEXT LINK 2.4                           | 2    | DS; OTC               |
| CONTOUR NEXT METER                              | 2    | DS; OTC               |
| CONTOUR NEXT ONE METER                          | 2    | DS; OTC               |
| DEXCOM G6 RECEIVER                              | 2    | DS                    |
| DEXCOM G6 SENSOR                                | 2    | DS; QL                |
| DEXCOM G6 TRANSMITTER                           | 2    | DS; QL                |
| DEXCOM G7 RECEIVER                              | 2    | DS                    |

| Drug Name                      | Tier | Requirements / Limits |
|--------------------------------|------|-----------------------|
| DEXCOM G7 SENSOR               | 2    | DS; QL                |
| EVERSENSE E3 SENSOR-HOLDER     | 3    | DS                    |
| FREESTYLE LIBRE 14 DAY READER  | 2    | DS                    |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2    | DS; QL                |
| FREESTYLE LIBRE 2 READER       | 2    | DS                    |
| FREESTYLE LIBRE 2 SENSOR       | 2    | DS; QL                |
| GENTEEL VACUUM LANCING DEVICE  | 3    | DS; OTC               |
| INPEN (NOVOLOG OR FIASP) PINK  | 2    | DS                    |
| LANCETS 33 GAUGE               | 2    | DS; OTC               |
| LANCING DEVICE                 | 2    | DS; OTC               |
| NOVOPEN ECHO                   | 3    | DS                    |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 2    | QL                    |
| OMNIPOD 5 G6 PODS (GEN 5)      | 2    | DS; QL                |
| OMNIPOD CLASSIC PODS (GEN 3)   | 2    | DS; QL                |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2    | QL                    |
| OMNIPOD DASH PODS (GEN 4)      | 2    | DS; QL                |
| OMNIPOD GO PODS 10 UNITS/DAY   | 2    | DS; QL                |

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| Drug Name                             | Tier | Requirements / Limits              |
|---------------------------------------|------|------------------------------------|
| V-GO 20                               | 2    | DS                                 |
| V-GO 30                               | 2    | DS                                 |
| V-GO 40                               | 2    | DS                                 |
| <b>INSULIN THERAPY</b>                |      |                                    |
| BASAGLAR<br>KWIKPEN U-100<br>INSULIN  | 3    |                                    |
| BASAGLAR<br>TEMPO PEN(U-<br>100)INSLN | 3    |                                    |
| FIASP<br>FLEXTOUCH U-<br>100 INSULIN  | 2    |                                    |
| FIASP PENFILL U-<br>100 INSULIN       | 2    |                                    |
| FIASP U-100<br>INSULIN                | 2    |                                    |
| HUMULIN R U-500<br>(CONC) INSULIN     | 2    |                                    |
| HUMULIN R U-500<br>(CONC) KWIKPEN     | 2    |                                    |
| INSULIN LISPRO                        | 2    |                                    |
| INSULIN LISPRO<br>PROTAMIN-<br>LISPRO | 2    |                                    |
| LEVEMIR<br>FLEXPEN                    | 3    | Covered for<br>Small Group<br>Only |
| LEVEMIR U-100<br>INSULIN              | 3    | Covered for<br>Small Group<br>Only |
| NOVOLIN 70-30<br>FLEXPEN U-100        | 2    |                                    |
| NOVOLIN N<br>FLEXPEN                  | 2    |                                    |
| NOVOLIN R<br>FLEXPEN                  | 2    |                                    |

| Drug Name   | Tier | Requirements / Limits                  |
|---|------|--|
| NOVOLOG<br>PENFILL U-100<br>INSULIN                     | 2    |  |
| NOVOLIN 70/30   | 2    |  |
| NOVOLIN N   | 2    |  |
| NOVOLIN R   | 2    |  |
| SEMGLEE (YFGN)  | 2    |  |
| SEMGLEE (YFGN)<br>PEN                                   | 2    |  |
| SOLQUA 100/33   | 2    | QL                                     |
| TOUJEO MAX U-<br>300 SOLOSTAR                           | 2    |  |
| TOUJEO<br>SOLOSTAR U-300<br>INSULIN                     | 2    |  |
| TRESIBA<br>FLEXTOUCH U-<br>100                          | 2    |  |
| TRESIBA<br>FLEXTOUCH U-<br>200                          | 2    |  |
| TRESIBA U-100<br>INSULIN                                | 2    |  |
| XULTOPHY<br>100/3.6                                     | 3    | QL; Covered<br>for Small<br>Group Only |
| <b>MISCELLANEOUS HORMONES</b>                           |      |  |
| ANDRODERM   | 2    | PA; QL                                 |
| <i>cabergoline</i>                                      | 1    | QL                                     |
| <i>calcitonin (salmon)</i>                              | 1    |  |
| <i>calcitriol<br/>intravenous solution<br/>1 mcg/ml</i> | 1    |  |
| <i>calcitriol oral</i>                                  | 1    |  |
| CERDELGA  | 4    | PA; SP; QL                             |

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| Drug Name  | Tier | Requirements / Limits                   |
|--|------|---|
| <i>cetrotrelis</i>   | 4    | INF: Coverage Limitations May Apply; SP |
| CETROTIDE  | 4    | INF: Coverage Limitations May Apply; SP |
| CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT      | 3    | PA; INF: Coverage Limitations May Apply |
| <i>cinacalcet</i>  | 1    | PA                                      |
| <i>clomid</i>  | 1    | INF: Coverage Limitations May Apply     |
| <i>clomiphene citrate</i>  | 1    | INF: Coverage Limitations May Apply     |
| <i>danazol</i>   | 1    |   |
| DDAVP ORAL   | 3    |   |
| DEPO-TESTOSTERONE  | 3    | PA                                      |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1    |   |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)       | 2    |   |
| <i>desmopressin oral</i>   | 1    |   |
| <i>doxercalciferol oral</i>  | 1    | ST                                      |
| FORTESTA   | 3    | PA; QL                                  |

| Drug Name  | Tier | Requirements / Limits                       |
|--|------|---|
| <i>fyremadel</i>   | 4    | INF: Coverage Limitations May Apply; SP     |
| GALAFOLD   | 5    | PA; SP; LA; QL                              |
| <i>ganirelix</i>   | 4    | ST; INF: Coverage Limitations May Apply; SP |
| GONAL-F  | 4    | PA; INF: Coverage Limitations May Apply; SP |
| GONAL-F RFF  | 4    | PA; INF: Coverage Limitations May Apply; SP |
| GONAL-F RFF REDI-JECT  | 4    | PA; INF: Coverage Limitations May Apply; SP |
| JATENZO  | 3    | PA; QL                                      |
| <i>javygtor</i>  | 4    | PA; SP                                      |
| JYNARQUE ORAL TABLET   | 5    | PA; SP; LA; QL                              |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM) | 5    | PA; SP; LA                                  |

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| Drug Name  | Tier | Requirements / Limits                       |
|--|------|---|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 5    | PA; SP; LA; QL                              |
| MENOPUR  | 4    | INF: Coverage Limitations May Apply; SP     |
| METHITEST  | 2    |   |
| <i>methyltestosterone oral capsule</i>   | 1    |   |
| MIACALCIN INJECTION  | 3    |   |
| <i>mifepristone oral tablet 300 mg</i>   | 4    | PA; SP                                      |
| <i>miglustat</i>   | 4    | PA; SP; LA; QL                              |
| MYALEPT  | 4    | PA; SP; LA                                  |
| NOCDURNA (MEN)   | 3    | PA; QL                                      |
| NOCDURNA (WOMEN)   | 3    | PA; QL                                      |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT  | 4    | INF: Coverage Limitations May Apply; SP; QL |
| OPFOLDA  | 5    | PA; SP; QL                                  |
| ORILISSA   | 2    | PA; QL                                      |
| OVIDREL  | 4    | INF: Coverage Limitations May Apply; SP     |
| PALYNZIQ   | 4    | PA; SP; LA; QL                              |

| Drug Name                              | Tier | Requirements / Limits                           |
|--|------|---|
| <i>paricalcitol intravenous</i>        | 1    |   |
| <i>paricalcitol oral</i>               | 1    | ST  |
| PREGNYL                                | 5    | ST; INF: Coverage Limitations May Apply; SP; QL |
| RAYALDEE                               | 3    | ST  |
| ROCALTROL                              | 3    | ST  |
| <i>sapropterin</i>                     | 4    | PA; SP  |
| SOMAVERT                               | 4    | PA; SP  |
| STRENSIQ                               | 4    | PA; SP; LA                                      |
| SYNAREL                                | 2    | PA  |
| TESTOPEL                               | 5    | PA; SP  |
| <i>testosterone cypionate</i>          | 1    | PA  |
| <i>testosterone enanthate</i>          | 1    | PA  |
| <i>testosterone transdermal</i>        | 1    | PA; QL  |
| <i>tolvaptan</i>                       | 4    | PA; SP; LA; QL                                  |
| VOGELXO                                | 3    | PA; QL  |
| VOXZOGO                                | 5    | PA; SP  |
| XYOSTED                                | 2    | PA; QL  |
| ZEMPLAR INTRAVENOUS                    | 3    |   |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG      | 3    | ST  |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b> |      |   |
| <i>acarbose</i>                        | 1    |   |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ACTOPLUS MET ORAL TABLET 15-850 MG                    | 3    | ST; QL                |
| ACTOS   | 3    | ST; QL                |
| CYCLOSET  | 3    |                       |
| DUETACT   | 3    | ST; QL                |
| FARXIGA   | 2    | ST; QL                |
| <i>glimepiride</i>                                    | 1    |                       |
| <i>glipizide oral tablet 10 mg, 5 mg</i>              | 1    |                       |
| <i>glipizide oral tablet extended release 24hr</i>    | 1    |                       |
| <i>glipizide-metformin</i>                            | 1    |                       |
| GLUCOTROL XL  | 3    |                       |
| <i>glyburide</i>                                      | 1    |                       |
| <i>glyburide micronized</i>                           | 1    |                       |
| <i>glyburide-metformin</i>                            | 1    |                       |
| GLYNASE   | 3    |                       |
| GLYXAMBI  | 2    | ST; QL                |
| JANUMET   | 2    | ST; QL                |
| JANUMET XR  | 2    | ST; QL                |
| JANUVIA   | 2    | ST; QL                |
| JARDIANCE   | 2    | ST; QL                |
| <i>metformin oral solution</i>                        | 1    | ST                    |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1    |                       |
| <i>metformin oral tablet extended release 24 hr</i>   | 1    | QL                    |
| <i>metformin oral tablet extended release 24hr</i>    | 1    | ST; QL                |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>metformin oral tablet,er gast.retention 24 hr</i>  | 1    | ST; QL                |
| <i>miglitol</i>   | 1    |                       |
| MOUNJARO  | 2    | PA; QL                |
| <i>nateglinide</i>  | 1    |                       |
| OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG  | 3    | ST; QL                |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2    | PA; QL                |
| <i>pioglitazone</i>   | 1    | QL                    |
| <i>pioglitazone-glimepiride</i>   | 1    | QL                    |
| <i>pioglitazone-metformin</i>   | 1    | QL                    |
| PRECOSE   | 3    |                       |
| <i>repaglinide</i>  | 1    |                       |
| RIOMET  | 3    | ST                    |
| RIOMET ER   | 3    | ST                    |
| RYBELSUS  | 2    | PA; QL                |
| <i>saxagliptin</i>  | 1    | ST; QL                |
| <i>saxagliptin-metformin</i>  | 1    | ST; QL                |
| SEGLUROMET  | 2    | ST; QL                |
| STEGLATRO   | 2    | ST; QL                |
| SYMLINPEN 120   | 2    | QL                    |
| SYMLINPEN 60  | 2    | QL                    |
| SYNJARDY  | 2    | ST; QL                |
| SYNJARDY XR   | 2    | ST; QL                |

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| Drug Name     | Tier | Requirements / Limits |
|---------------|------|-----------------------|
| TRIJARDY XR   | 2    | ST                    |
| TRULICITY     | 2    | PA; QL                |
| VICTOZA 2-PAK | 2    | PA; QL                |
| VICTOZA 3-PAK | 2    | PA; QL                |
| XIGDUO XR     | 2    | ST; QL                |

### THYROID HORMONES

|   |   |    |
|---|---|----|
| <i>adthyza oral tablet</i><br>120 mg, 15 mg, 30 mg, 60 mg, 90 mg  | 1 |    |
| ARMOUR THYROID  | 2 |    |
| ERMEZA  | 3 | ST |
| <i>euthyrox</i>   | 1 |    |
| <i>levo-t</i>   | 1 |    |
| <i>levothyroxine oral tablet</i>  | 1 |    |
| <i>levoxyl oral tablet</i><br>100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | 1 |    |
| <i>liothyronine oral</i>  | 1 |    |
| <i>niva thyroid</i>   | 1 |    |
| <i>np thyroid</i>   | 1 |    |
| <i>thyroid (pork)</i>   | 1 |    |
| <i>unithroid</i>  | 1 |    |

### GASTROENTEROLOGY

#### ANTIDIARRHEALS & ANTISPASMODICS

|                                   |   |    |
|-----------------------------------|---|----|
| <i>anaspaz</i>                    | 1 |    |
| <i>belladonna alkaloids-opium</i> | 1 | QL |
| <i>chlordiazepoxide-clidinium</i> | 1 |    |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>dicyclomine oral capsule</i>  | 1    |                       |
| <i>dicyclomine oral solution</i>   | 1    |                       |
| <i>dicyclomine oral tablet</i>   | 1    |                       |
| <i>diphenoxylate-atropine</i>  | 1    |                       |
| DONNATAL ORAL ELIXIR<br>16.2-0.1037 -0.0194 MG/5 ML                            | 3    |                       |
| DONNATAL ORAL TABLET   | 3    |                       |
| <i>ed-spaz</i>   | 1    |                       |
| GLYCATE  | 3    |                       |
| <i>glycopyrrolate oral</i>   | 1    |                       |
| <i>hyoscyamine sulfate oral</i>  | 1    |                       |
| <i>hyoscyamine sulfate sublingual</i>  | 1    |                       |
| <i>hyosyne</i>   | 1    |                       |
| LEVBID   | 3    |                       |
| LEVSIN ORAL  | 3    |                       |
| LEVSIN/SL  | 3    |                       |
| LOMOTIL  | 3    |                       |
| <i>methscopolamine</i>   | 1    |                       |
| MOTOFEN  | 3    |                       |
| NULEV  | 3    |                       |
| <i>opium tincture</i>  | 1    |                       |
| <i>oscimin</i>   | 1    |                       |
| <i>oscimin sl</i>  | 1    |                       |
| <i>phenobarb-hyoscy-atropine-scop oral elixir</i> 16.2-0.1037 - 0.0194 mg/5 ml | 1    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i>          | 1    |                       |
| <i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | 1    |                       |
| <i>phenohydro oral tablet</i>                              | 1    |                       |
| ROBINUL FORTE  | 3    |                       |
| ROBINUL ORAL   | 3    |                       |
| SYMAX DUOTAB   | 3    |                       |
| <i>symax fastabs</i>                                       | 1    |                       |
| <i>symax-sl</i>  | 1    |                       |
| <i>symax-sr</i>  | 1    |                       |
| <b>MISCELLANEOUS AGENTS</b>                                |      |                       |
| AURYXIA  | 3    |                       |
| <i>lanthanum</i>   | 1    | QL                    |
| LOKELMA  | 2    | QL                    |
| RENVELA  | 3    | QL                    |
| <i>sevelamer carbonate</i>                                 | 1    | QL                    |
| <i>sevelamer hcl</i>                                       | 1    | QL                    |
| <i>sodium polystyrene sulfonate oral powder</i>            | 1    |                       |
| <i>sps (with sorbitol)</i>                                 | 1    |                       |
| VELPHORO   | 2    | QL                    |
| VELTASSA   | 2    | QL                    |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>               |      |                       |
| <i>alosetron</i>   | 1    |                       |
| <i>alvimopan</i>   | 1    |                       |
| ANA-LEX KIT  | 3    |                       |
| ANALPRAM-HC RECTAL CREAM 1-1 %                             | 3    |                       |

| Drug Name                        | Tier | Requirements / Limits |
|----------------------------------|------|-----------------------|
| ANALPRAM-HC RECTAL CREAM 2.5-1 % | 3    | ST                    |
| ANALPRAM-HC SINGLES              | 3    | ST                    |
| <i>anucort-hc</i>                | 1    |                       |
| <i>aprepitant</i>                | 1    | QL                    |
| APRISO                           | 3    | ST                    |
| AZULFIDINE                       | 3    | ST                    |
| AZULFIDINE EN-TABS               | 3    | ST                    |
| <i>balsalazide</i>               | 1    |                       |
| <i>betaine</i>                   | 4    | PA; SP                |
| <i>budesonide oral</i>           | 1    |                       |
| <i>budesonide rectal</i>         | 1    |                       |
| BYLVAY                           | 5    | PA; SP; LA; QL        |
| CHENODAL                         | 4    | PA; SP; LA            |
| CHOLBAM ORAL CAPSULE 250 MG      | 4    | PA; SP                |
| CHOLBAM ORAL CAPSULE 50 MG       | 4    | PA; SP; QL            |
| <i>citrate of magnesia</i>       | 6    | ACA; OTC              |
| <i>citroma</i>                   | 6    | ACA; OTC              |
| <i>clearlax oral powder</i>      | 6    | ACA; OTC              |
| COLAZAL                          | 3    | ST                    |
| COMPAZINE                        | 3    |                       |
| <i>compro</i>                    | 1    |                       |
| <i>constulose</i>                | 1    |                       |
| CORTENEMA                        | 3    |                       |
| CREON                            | 2    |                       |
| <i>cromolyn oral</i>             | 1    |                       |
| DICLEGIS                         | 3    | QL                    |
| DIPENTUM                         | 3    | ST; SG                |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>doxylamine-pyridoxine (vit b6)</i>                              | 1    | QL                    |
| <i>dronabinol</i>  | 1    | PA                    |
| <i>droperidol injection solution</i>                               | 1    |                       |
| <i>dulcolax (magnesium hydroxide) oral suspension</i>              | 6    | ACA; OTC              |
| ENTEREG  | 3    |                       |
| <i>enulose</i>   | 1    |                       |
| GASTROCROM   | 3    |                       |
| <i>gavilax oral powder</i>   | 6    | ACA; OTC              |
| <i>gavilyte-c</i>  | 6    | ACA                   |
| <i>gavilyte-g</i>  | 6    | ACA                   |
| <i>gentle laxative (bisacodyl) oral</i>                            | 6    | ACA; OTC              |
| <i>gentlelax</i>   | 6    | ACA; OTC              |
| GOLYTELY   | 3    |                       |
| <i>granisetron hcl oral</i>  | 1    | QL                    |
| <i>hemmorex-hc</i>   | 1    |                       |
| <i>hydrocortisone acetate rectal</i>                               | 1    |                       |
| <i>hydrocortisone rectal</i>                                       | 1    |                       |
| <i>hydrocortisone topical cream with perineal applicator</i>       | 1    |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                 | 1    |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 1    | ST                    |
| KRISTALOSE   | 3    |                       |
| <i>lactulose oral packet</i>                                       | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>      | 1    |                       |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i> | 6    | ACA; OTC              |
| <i>laxative peg 3350</i>   | 6    | ACA; OTC              |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i>               | 1    |                       |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL                        | 3    |                       |
| <i>lidocaine hcl-hydrocortison ac rectal kit</i>                 | 1    |                       |
| <i>lidocaine-hydrocortisone-aloe</i>                             | 1    |                       |
| LINZESS  | 2    | QL                    |
| LIVMARLI   | 5    | PA; SP                |
| <i>lubiprostone</i>  | 1    | QL                    |
| <i>magnesium citrate oral solution</i>                           | 6    | ACA; OTC              |
| MARINOL  | 3    | PA                    |
| <i>mesalamine</i>  | 1    |                       |
| <i>mesalamine with cleansing wipe</i>                            | 1    |                       |
| <i>metoclopramide hcl oral solution</i>                          | 1    |                       |
| <i>metoclopramide hcl oral tablet</i>                            | 1    |                       |
| <i>milk of magnesia</i>  | 6    | ACA; OTC              |
| <i>milk of magnesia concentrated</i>                             | 6    | ACA; OTC              |
| MOVANTIK   | 2    | QL                    |
| <i>natura-lax</i>  | 6    | ACA; OTC              |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| OCALIVA  | 4    | PA; SP; LA; QL        |
| OMVOH PEN  | 4    | PA; SP                |
| <i>ondansetron</i>   | 1    | QL                    |
| <i>ondansetron hcl oral solution</i>   | 1    | QL                    |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>  | 1    | QL                    |
| <i>onelax magnesium citrate</i>  | 6    | ACA; OTC              |
| <i>oral saline laxative</i>  | 6    | ACA; OTC              |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 2    |                       |
| <i>peg 3350-electrolytes</i>   | 6    | ACA                   |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>  | 6    | ACA                   |
| <i>peg-electrolyte soln</i>  | 6    | ACA                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG  | 2    |                       |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG  | 3    |                       |

| Drug Name                                   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>phosphate laxative</i>                   | 6    | ACA; OTC              |
| <i>polyethylene glycol 3350 oral powder</i> | 6    | ACA; OTC              |
| <i>powderlax oral powder</i>                | 6    | ACA; OTC              |
| <i>prochlorperazine</i>                     | 1    |                       |
| <i>prochlorperazine maleate</i>             | 1    |                       |
| PROCORT                                     | 3    |                       |
| PROCTOCORT RECTAL                           | 3    | ST                    |
| <i>procto-med hc</i>                        | 1    |                       |
| <i>proctosol hc topical</i>                 | 1    |                       |
| <i>proctozone-hc</i>                        | 1    |                       |
| <i>purelax oral powder</i>                  | 6    | ACA; OTC              |
| RECTIV                                      | 2    |                       |
| REGLAN ORAL                                 | 3    |                       |
| RELISTOR ORAL                               | 2    | ST                    |
| RELISTOR SUBCUTANEOUS SOLUTION              | 2    | ST                    |
| RELISTOR SUBCUTANEOUS SYRINGE               | 2    | ST                    |
| ROWASA RECTAL ENEMA KIT                     | 3    |                       |
| SANCUSO                                     | 3    | QL                    |
| <i>scopolamine base</i>                     | 1    |                       |
| SFROWASA                                    | 3    |                       |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR      | 4    | PA; SP; QL            |
| <i>smoothlax oral powder</i>                | 6    | ACA; OTC              |

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| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| <i>sodium,potassium,mag sulfates</i>  | 6    | ACA                   |
| SUCRAID                               | 4    | PA; SP                |
| <i>sulfasalazine</i>                  | 1    |                       |
| SYMPROIC                              | 2    |                       |
| SYNDROS                               | 3    | PA                    |
| <i>trimethobenzamide oral</i>         | 1    |                       |
| TRULANCE                              | 2    |                       |
| UCERIS ORAL                           | 3    |                       |
| UCERIS RECTAL                         | 2    |                       |
| URSO 250                              | 3    |                       |
| URSO FORTE                            | 3    |                       |
| <i>ursodiol</i>                       | 1    |                       |
| VARUBI                                | 2    | QL                    |
| VIBERZI                               | 2    |                       |
| VIOKACE                               | 2    |                       |
| VOWST                                 | 5    | SP                    |
| <i>women's gentle laxative(bisac)</i> | 6    | ACA; OTC              |

| Drug Name  | Tier | Requirements / Limits                      |
|--|------|--|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 2    |  |
| <b>ULCER THERAPY</b>   |      |  |
| <i>amoxicil-clarithromy-lansopraz</i>  | 1    | QL   |
| <i>bismuth subcit k-metronidz-tcn</i>  | 1    |  |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>   | 1    |  |
| CYTOTEC  | 3    |  |
| <i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>   | 1    | ST; PPI: Coverage Limitation May Apply; QL |
| <i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>   | 1    | ST; PPI: Coverage Limitation May Apply     |

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| Drug Name  | Tier | Requirements / Limits                      |
|--|------|--|
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>       | 1    | PPI: Coverage Limitation May Apply; QL     |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>       | 1    | PPI: Coverage Limitation May Apply         |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | 1    | ST; PPI: Coverage Limitation May Apply; QL |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>        | 1    | ST; PPI: Coverage Limitation May Apply     |
| <i>famotidine oral suspension for reconstitution</i>                           | 1    |  |
| <i>famotidine oral tablet 40 mg</i>  | 1    |  |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>                 | 1    | PPI: Coverage Limitation May Apply; QL     |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>                 | 1    | PPI: Coverage Limitation May Apply         |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>                  | 1    | ST; PPI: Coverage Limitation May Apply; QL |
| <i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>                  | 1    | ST; PPI: Coverage Limitation May Apply     |
| <i>misoprostol</i>   | 1    |  |
| <i>nizatidine oral capsule</i>   | 1    |  |

| Drug Name   | Tier | Requirements / Limits                      |
|---|------|--|
| OMECLAMOX-PAK   | 3    | QL   |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i> | 1    | PPI: Coverage Limitation May Apply; QL     |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>        | 1    | PPI: Coverage Limitation May Apply         |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>    | 1    | ST; PPI: Coverage Limitation May Apply; QL |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>    | 1    | ST; PPI: Coverage Limitation May Apply     |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>        | 1    | ST; PPI: Coverage Limitation May Apply; QL |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>        | 1    | ST; PPI: Coverage Limitation May Apply     |
| <i>pantoprazole oral granules dr for susp in packet</i>             | 1    | ST; PPI: Coverage Limitation May Apply     |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>      | 1    | PPI: Coverage Limitation May Apply; QL     |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>      | 1    | PPI: Coverage Limitation May Apply         |
| PEPCID ORAL TABLET 40 MG  | 3    |  |

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| Drug Name   | Tier | Requirements / Limits              |
|---|------|------------------------------------|
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i> | 1    | PPI: Coverage Limitation May Apply |
| <i>sucralfate</i>                                       | 1    |                                    |
| TALICIA   | 2    | QL                                 |
| VOQUEZNA  | 3    | ST                                 |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### ANTIVIRALS

|                                     |   |        |
|-------------------------------------|---|--------|
| <i>ribavirin oral capsule</i>       | 4 | PA; SP |
| <i>ribavirin oral tablet 200 mg</i> | 4 | PA; SP |

### BIOTECHNOLOGY DRUGS

|                              |   |            |
|------------------------------|---|------------|
| ARCALYST                     | 5 | ST; SP; QL |
| FULPHILA                     | 4 | PA; SP; QL |
| LEUKINE INJECTION RECON SOLN | 4 | PA; SP     |
| NIVESTYM                     | 4 | PA; SP     |
| PROCRIT                      | 4 | PA; SP     |
| RETACRIT                     | 4 | PA; SP     |
| ZIEXTENZO                    | 4 | PA; SP; QL |

### GROWTH HORMONES

|                      |   |   |
|----------------------|---|---|
| EGRIFTA SV           | 4 | PA; SP; GH: Coverage Limitation May Apply |
| GENOTROPIN           | 4 | PA; SP; GH: Coverage Limitation May Apply |
| GENOTROPIN MINIQUICK | 4 | PA; SP; GH: Coverage Limitation May Apply |

| Drug Name   | Tier | Requirements / Limits                     |
|---|------|---|
| NGENLA  | 4    | PA; SP; GH: Coverage Limitation May Apply |
| OMNITROPE   | 4    | PA; SP; GH: Coverage Limitation May Apply |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 4    | PA; SP; GH: Coverage Limitation May Apply |

### INTERFERONS

|           |   |        |
|-----------|---|--------|
| ACTIMMUNE | 4 | PA; SP |
| ALFERON N | 2 |        |
| PEGASYS   | 4 | SP; QL |

### MULTIPLE SCLEROSIS AGENTS

|                                       |   |                |
|---------------------------------------|---|----------------|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 4 | PA; SP; QL     |
| AVONEX INTRAMUSCULAR SYRINGE KIT      | 4 | PA; SP; QL     |
| BAFIERTAM                             | 4 | PA; SP; QL     |
| BETASERON SUBCUTANEOUS KIT            | 4 | PA; SP; QL     |
| COPAXONE SUBCUTANEOUS SYRINGE         | 5 | PA; SP; QL     |
| <i>dimethyl fumarate</i>              | 4 | PA; SP; QL     |
| <i>fingolimod</i>                     | 4 | PA; SP; QL     |
| <i>glatiramer</i>                     | 4 | PA; SP; QL     |
| <i>glatopa</i>                        | 4 | PA; SP; QL     |
| KESIMPTA PEN                          | 4 | PA; SP; QL     |
| MAVENCLAD (10 TABLET PACK)            | 5 | PA; SP; LA; QL |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                         | Tier | Requirements / Limits |
|-----------------------------------|------|-----------------------|
| MAVENCLAD (4 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAVENCLAD (5 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAVENCLAD (6 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAVENCLAD (7 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAVENCLAD (8 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAVENCLAD (9 TABLET PACK)         | 5    | PA; SP; LA; QL        |
| MAYZENT ORAL TABLET 0.25 MG, 2 MG | 4    | PA; SP; QL            |
| MAYZENT ORAL TABLET 1 MG          | 4    | PA; SP                |
| MAYZENT STARTER(FOR 1MG MAINT)    | 4    | PA; SP                |
| MAYZENT STARTER(FOR 2MG MAINT)    | 4    | PA; SP                |
| PLEGRIDY                          | 4    | PA; SP; QL            |
| PONVORY                           | 4    | PA; SP; QL            |
| PONVORY 14-DAY STARTER PACK       | 4    | PA; SP; QL            |
| REBIF (WITH ALBUMIN)              | 4    | PA; SP; QL            |
| REBIF REBIDOSE                    | 4    | PA; SP; QL            |
| REBIF TITRATION PACK              | 4    | PA; SP; QL            |
| <i>teriflunomide</i>              | 4    | PA; SP; QL            |
| VUMERITY                          | 4    | PA; SP; QL            |

### VACCINES & MISCELLANEOUS IMMUNOLOGICALS

| Drug Name                       | Tier | Requirements / Limits |
|---------------------------------|------|-----------------------|
| ABRYSVO                         | 6    | ACA                   |
| ACAM2000 (NATIONAL STOCKPILE)   | 2    |                       |
| ACTHIB (PF)                     | 6    | ACA                   |
| ADACEL(TDAP ADOLESN/ADULT )(PF) | 6    | ACA                   |
| AFLURIA QD 2023-24(3YR UP)(PF)  | 6    | ACA                   |
| AFLURIA QUAD 2023-2024(6MO UP)  | 6    | ACA                   |
| AREXVY (PF)                     | 6    | ACA                   |
| BCG VACCINE, LIVE (PF)          | 6    | ACA                   |
| BEXSERO                         | 6    | ACA                   |
| BIOTHRAX                        | 6    | ACA                   |
| BOOSTRIX TDAP                   | 6    | ACA                   |
| COMIRNATY 2023-24 (12Y UP)(PF)  | 6    | ACA                   |
| DAPTACEL (DTAP PEDIATRIC) (PF)  | 6    | ACA                   |
| DENGVAXIA (PF)                  | 6    | ACA                   |
| ENGERIX-B (PF)                  | 6    | ACA                   |
| ENGERIX-B PEDIATRIC (PF)        | 6    | ACA                   |
| FLUAD QUAD 2023-24(65Y UP)(PF)  | 6    | ACA                   |
| FLUARIX QUAD 2023-2024 (PF)     | 6    | ACA                   |
| FLUBLOK QUAD 2023-2024 (PF)     | 6    | ACA                   |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                                  | Tier | Requirements / Limits |
|--|------|-----------------------|
| FLUCELVAX QUAD 2023-2024                   | 6    | ACA                   |
| FLUCELVAX QUAD 2023-2024 (PF)              | 6    | ACA                   |
| FLULAVAL QUAD 2023-2024 (PF)               | 6    | ACA                   |
| FLUMIST QUAD 2023-2024                     | 6    | ACA                   |
| FLUZONE HIGHDOSE QUAD 23-24 PF             | 6    | ACA                   |
| FLUZONE QUAD 2023-2024                     | 6    | ACA                   |
| FLUZONE QUAD 2023-2024 (PF)                | 6    | ACA                   |
| GARDASIL 9 (PF)                            | 6    | ACA                   |
| GRASTEK                                    | 2    | PA                    |
| HAVRIX (PF)                                | 6    | ACA                   |
| HEPLISAV-B (PF)                            | 6    | ACA                   |
| HIBERIX (PF)                               | 6    | ACA                   |
| IMOVAX RABIES VACCINE (PF)                 | 6    | ACA                   |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 6    | ACA                   |
| IPOL                                       | 6    | ACA                   |
| IXCHIQ                                     | 3    |                       |
| IXIARO (PF)                                | 6    | ACA                   |
| JYNNEOS (PF)                               | 2    |                       |
| KINRIX (PF) INTRAMUSCULAR SYRINGE          | 6    | ACA                   |
| MENQUADFI (PF)                             | 6    | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)                | 6    | ACA                   |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| M-M-R II (PF)   | 6    | ACA                   |
| MODERNA COVID 23-24(6M-11Y)PF                                 | 6    | ACA                   |
| NOVAVAX COVID 2023-24(PF)(EUA)                                | 6    | ACA                   |
| ODACTRA   | 2    | PA                    |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY                 | 4    | PA; SP                |
| PEDIARIX (PF)   | 6    | ACA                   |
| PEDVAX HIB (PF)   | 6    | ACA                   |
| PENBRAYA (PF)   | 6    | ACA                   |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML | 6    | ACA                   |
| PFIZER COVID 2023-24(5Y-11Y)PF                                | 6    | ACA                   |
| PFIZER COVID 2023-24(6MO-4Y)PF                                | 6    | ACA                   |
| PNEUMOVAX-23  | 6    | ACA                   |
| PREHEVBRIO (PF)   | 6    | ACA                   |
| PREVNAR 13 (PF)   | 2    |                       |
| PREVNAR 20 (PF)   | 6    | ACA                   |
| PRIORIX (PF)  | 6    | ACA                   |
| PROQUAD (PF)  | 6    | ACA                   |
| QUADRACEL (PF)  | 6    | ACA                   |
| RABAVERT (PF)   | 6    | ACA                   |
| RAGWITEK  | 2    | PA                    |
| RECOMBIVAX HB (PF)  | 6    | ACA                   |
| ROTARIX ORAL SUSPENSION                                       | 6    | ACA                   |

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| Drug Name                      | Tier | Requirements / Limits |
|--------------------------------|------|-----------------------|
| ROTATEQ VACCINE                | 6    | ACA                   |
| SHINGRIX (PF)                  | 6    | ACA                   |
| SPIKEVAX 2023-2024(12Y UP)(PF) | 6    | ACA                   |
| STAMARIL (PF)                  | 6    | ACA                   |
| TDVAX                          | 6    | ACA                   |
| TENIVAC (PF)                   | 6    | ACA                   |
| TICOVAC                        | 6    | ACA                   |
| TRUMENBA                       | 6    | ACA                   |
| TWINRIX (PF)                   | 6    | ACA                   |
| TYPHIM VI                      | 6    | ACA                   |
| VAQTA (PF)                     | 6    | ACA                   |
| VARIVAX (PF)                   | 6    | ACA                   |
| VAXCHORA VACCINE               | 6    | ACA                   |
| VAXELIS (PF)                   | 6    | ACA                   |
| VAXNEUVANCE (PF)               | 6    | ACA                   |
| VIVOTIF                        | 6    | ACA                   |
| YF-VAX (PF)                    | 6    | ACA                   |

## IMMUNOLOGY

### INTERLEUKINS

*imiquimod* 1

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

*allopurinol oral tablet 100 mg, 300 mg* 1

*colchicine oral capsule* 1 ST

*colchicine oral tablet* 1

| Drug Name                    | Tier | Requirements / Limits |
|------------------------------|------|-----------------------|
| <i>febuxostat</i>            | 1    | ST                    |
| GLOPERBA                     | 3    |                       |
| MITIGARE                     | 2    | ST                    |
| <i>probenecid</i>            | 1    |                       |
| <i>probenecid-colchicine</i> | 1    |                       |
| ZYLOPRIM ORAL TABLET 100 MG  | 3    |                       |

### OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG 3 ST; QL

*alendronate oral solution* 1 QL

*alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg* 1 QL

AELVIA 3 ST; QL

BINOSTO 3 ST; QL

EVISTA 3

FORTEO 4 PA; SP; QL

FOSAMAX ORAL TABLET 70 MG 3 ST; QL

FOSAMAX PLUS D 3 ST; QL

*ibandronate oral* 1 QL

*raloxifene* 6 ACA

*risedronate oral tablet 150 mg, 35 mg, 5 mg* 1 QL

*risedronate oral tablet, delayed release (dr/ec)* 1 QL

*teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)* 4 PA; SP; QL

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| TERIPARATIDE<br>SUBCUTANEOUS<br>PEN INJECTOR 20<br>MCG/DOSE<br>(620MCG/2.48ML) | 5    | PA; SP; QL            |
| TYMLOS   | 4    | PA; SP; QL            |
| <b>OTHER RHEUMATOLOGICALS</b>  |      |                       |
| ACTEMRA<br>ACTPEN  | 4    | PA; SP; QL            |
| ACTEMRA<br>SUBCUTANEOUS  | 4    | PA; SP; QL            |
| ADALIMUMAB-<br>ADAZ  | 4    | PA; SP; QL            |
| ADALIMUMAB-<br>ADBM  | 4    | PA; SP; QL            |
| ADALIMUMAB-<br>ADBM(CF) PEN<br>CROHNS  | 4    | PA; SP; QL            |
| ADALIMUMAB-<br>ADBM(CF) PEN<br>PS-UV   | 4    | PA; SP; QL            |
| ARAVA  | 3    | QL                    |
| BENLYSTA<br>SUBCUTANEOUS   | 4    | PA; SP; QL            |
| CYLTEZO(CF)  | 4    | PA; SP; QL            |
| CYLTEZO(CF)<br>PEN   | 4    | PA; SP; QL            |
| CYLTEZO(CF)<br>PEN CROHN'S-UC-<br>HS   | 4    | PA; SP; QL            |
| CYLTEZO(CF)<br>PEN PSORIASIS-<br>UV  | 4    | PA; SP; QL            |
| DEPEN<br>TITRATABS   | 2    | PA                    |
| ENBREL MINI  | 4    | PA; SP; QL            |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| ENBREL<br>SUBCUTANEOUS<br>SOLUTION                                 | 4    | PA; SP; QL            |
| ENBREL<br>SUBCUTANEOUS<br>SYRINGE                                  | 4    | PA; SP; QL            |
| ENBREL<br>SURECLICK  | 4    | PA; SP; QL            |
| HUMIRA PEN   | 4    | PA; SP; QL            |
| HUMIRA PEN<br>CROHNS-UC-HS<br>START                                | 4    | PA; SP; QL            |
| HUMIRA<br>SUBCUTANEOUS<br>SYRINGE KIT 40<br>MG/0.8 ML              | 4    | PA; SP; QL            |
| HUMIRA(CF)   | 4    | PA; SP; QL            |
| HUMIRA(CF) PEDI<br>CROHNS<br>STARTER                               | 4    | PA; SP; QL            |
| HUMIRA(CF) PEN<br>CROHNS-UC-HS                                     | 4    | PA; SP; QL            |
| HUMIRA(CF) PEN<br>PEDIATRIC UC                                     | 4    | PA; SP                |
| HUMIRA(CF) PEN<br>PSOR-UV-ADOL<br>HS                               | 4    | PA; SP; QL            |
| HUMIRA(CF) PEN<br>SUBCUTANEOUS<br>PEN INJECTOR<br>KIT 40 MG/0.4 ML | 4    | PA; SP; QL            |
| HYRIMOZ PEN<br>CROHN'S-UC<br>STARTER                               | 4    | PA; SP; QL            |
| HYRIMOZ PEN<br>PSORIASIS<br>STARTER                                | 4    | PA; SP; QL            |
| HYRIMOZ(CF)  | 4    | PA; SP; QL            |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| HYRIMOZ(CF)<br>PEDI CROHN<br>STARTER<br>SUBCUTANEOUS<br>SYRINGE 80<br>MG/0.8 ML                  | 4    | PA; SP; QL            |
| HYRIMOZ(CF)<br>PEDI CROHN<br>STARTER<br>SUBCUTANEOUS<br>SYRINGE 80<br>MG/0.8 ML- 40<br>MG/0.4 ML | 4    | PA; SP                |
| HYRIMOZ(CF)<br>PEN<br>SUBCUTANEOUS<br>PEN INJECTOR 40<br>MG/0.4 ML                               | 4    | PA; SP; QL            |
| HYRIMOZ(CF)<br>PEN<br>SUBCUTANEOUS<br>PEN INJECTOR 80<br>MG/0.8 ML                               | 4    | PA; SP                |
| <i>leflunomide</i>   | 1    | QL                    |
| OTEZLA   | 4    | PA; SP; QL            |
| OTEZLA<br>STARTER ORAL<br>TABLETS,DOSE<br>PACK 10 MG (4)-<br>20 MG (4)-30 MG<br>(47)             | 4    | PA; SP; QL            |
| <i>penicillamine oral<br/>capsule</i>  | 1    | ST                    |
| <i>penicillamine oral<br/>tablet</i>   | 1    | PA                    |
| RASUVO (PF)  | 2    | ST                    |
| RIDAURA  | 2    |                       |
| RINVOQ   | 4    | PA; SP; QL            |
| SAVELLA  | 2    | ST; QL                |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| SIMPONI<br>SUBCUTANEOUS<br>PEN INJECTOR<br>100 MG/ML     | 4    | PA; SP; QL            |
| SIMPONI<br>SUBCUTANEOUS<br>SYRINGE 100<br>MG/ML          | 4    | PA; SP; QL            |
| XELJANZ  | 4    | PA; SP; QL            |
| XELJANZ XR   | 4    | PA; SP; QL            |
| <b>OBSTETRICS &amp;<br/>GYNECOLOGY</b>                   |      |                       |
| <b>DIAPHRAGMS AND OTHER NON-<br/>ORAL CONTRACEPTIVES</b> |      |                       |
| CAYA<br>CONTOURED  | 6    | ACA                   |
| DUREX AVANTI<br>BARE REAL FEEL                           | 6    | ACA; OTC              |
| FC2 FEMALE<br>CONDOM                                     | 6    | ACA; OTC              |
| FEMCAP<br>VAGINAL DEVICE<br>22 MM                        | 6    | ACA                   |
| KYLEENA  | 4    | SP                    |
| LILETTA  | 5    | SP                    |
| MIRENA   | 6    | SP; ACA               |
| PARAGARD T<br>380A                                       | 6    | SP; ACA               |
| SKYLA  | 4    | SP                    |
| TRUSTEX<br>LUBRICATED<br>CONDOMS                         | 6    | ACA; OTC              |
| TRUSTEX-RIA<br>NON-LUB<br>CONDOMS                        | 6    | ACA; OTC              |
| WIDE-SEAL<br>DIAPHRAGM                                   | 6    | ACA                   |

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| Drug Name                                       | Tier | Requirements / Limits                   |
|---|------|---|
| <b>ESTROGENS &amp; PROGESTINS</b>               |      |   |
| ACTIVELLA                                       | 3    |   |
| <i>amabelz</i>                                  | 1    |   |
| ANGELIQ   | 3    |   |
| <i>camila</i>                                   | 6    | ACA                                     |
| CLIMARA   | 3    | QL                                      |
| COMBIPATCH                                      | 2    |   |
| <i>covaryx</i>                                  | 1    |   |
| <i>covaryx h.s.</i>                             | 1    |   |
| CRINONE VAGINAL GEL 8 %                         | 4    | INF: Coverage Limitations May Apply; SP |
| <i>deblitane</i>                                | 6    | ACA                                     |
| DELESTROGEN                                     | 3    |   |
| DEPO-ESTRADIOL                                  | 2    |   |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 6    | ACA; QL                                 |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE              | 6    | ACA; QL                                 |
| DEPO-SUBQ PROVERA 104                           | 3    | QL                                      |
| <i>dotti</i>                                    | 1    | QL                                      |
| DUA VEE   | 2    |   |
| <i>eemt</i>                                     | 1    |   |
| <i>eemt hs</i>                                  | 1    |   |
| ENDOMETRIN                                      | 5    | INF: Coverage Limitations May Apply; SP |
| <i>errin</i>                                    | 6    | ACA                                     |
| ESTRACE ORAL                                    | 3    |   |
| <i>estradiol oral</i>                           | 1    |   |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>estradiol transdermal</i>   | 1    | QL                    |
| <i>estradiol vaginal</i>   | 1    |                       |
| <i>estradiol valerate</i>  | 1    |                       |
| <i>estradiol-norethindrone acet</i>  | 1    |                       |
| <i>estrogens-methyltestosterone</i>  | 1    |                       |
| <i>fyavolv</i>   | 1    |                       |
| <i>heather</i>   | 6    | ACA                   |
| <i>incassia</i>  | 6    | ACA                   |
| <i>jencycla</i>  | 6    | ACA                   |
| <i>jinteli</i>   | 1    |                       |
| <i>lyleq</i>   | 6    | ACA                   |
| <i>lyllana</i>   | 1    | QL                    |
| <i>lyza</i>  | 6    | ACA                   |
| <i>medroxyprogesterone intramuscular</i>                                     | 6    | ACA; QL               |
| <i>medroxyprogesterone oral</i>  | 1    |                       |
| MENOSTAR   | 3    | QL                    |
| <i>mimvey</i>  | 1    |                       |
| <i>nora-be</i>   | 6    | ACA                   |
| <i>norethindrone (contraceptive)</i>   | 6    | ACA                   |
| <i>norethindrone acetate</i>   | 1    |                       |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1    |                       |
| PREMARIN VAGINAL   | 2    |                       |
| <i>progesterone</i>  | 4    | SP                    |
| <i>progesterone micronized</i>   | 1    |                       |

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| Drug Name                               | Tier | Requirements / Limits |
|---|------|-----------------------|
| PROMETRIUM                              | 3    |                       |
| PROVERA                                 | 3    |                       |
| <i>sharobel</i>                         | 6    | ACA                   |
| <i>tulana</i>                           | 6    | ACA                   |
| <i>yuvafem</i>                          | 1    |                       |
| <b>MISCELLANEOUS OB/GYN</b>             |      |                       |
| ANNOVERA                                | 6    | ST; ACA; QL           |
| CERVIDIL                                | 3    |                       |
| CLEOCIN VAGINAL                         | 3    |                       |
| <i>clindamycin phosphate vaginal</i>    | 1    |                       |
| CLINDESSE                               | 3    |                       |
| <i>eluryng</i>                          | 6    | ACA                   |
| <i>enilloring</i>                       | 6    | ACA                   |
| <i>etonogestrel-ethinyl estradiol</i>   | 6    | ACA                   |
| <i>fem ph</i>                           | 1    |                       |
| GYNAZOLE-1                              | 3    |                       |
| <i>haloette</i>                         | 6    | ACA                   |
| <i>metronidazole vaginal</i>            | 1    |                       |
| <i>miconazole-3 vaginal suppository</i> | 1    |                       |
| MYFEMBREE                               | 2    | PA                    |
| NEXPLANON                               | 6    | SP; ACA               |
| <i>norelgestromin-ethin.estradiol</i>   | 6    | ACA                   |
| NUVESSA                                 | 3    |                       |
| ORIAHNN                                 | 2    | PA                    |
| OSPHENA                                 | 3    | SG                    |
| PREPIDIL                                | 3    |                       |
| RELAGARD                                | 3    |                       |
| <i>terconazole</i>                      | 1    |                       |

| Drug Name                                       | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>tranexamic acid oral</i>                     | 1    |                       |
| TRIMO-SAN JELLY                                 | 2    |                       |
| <i>vandazole</i>                                | 1    |                       |
| VCF CONTRACEPTIVE FILM                          | 2    | OTC                   |
| VCF CONTRACEPTIVE GEL                           | 6    | ACA; OTC              |
| VEOZAH  | 3    |                       |
| XACIATO   | 2    |                       |
| <i>xulane</i>                                   | 6    | ACA                   |
| <i>zafemy</i>                                   | 6    | ACA                   |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |      |                       |
| <i>afirmelle</i>                                | 6    | ACA                   |
| <i>after pill</i>                               | 6    | ACA; OTC; QL          |
| AFTERA  | 6    | ACA; OTC; QL          |
| <i>altavera (28)</i>                            | 6    | ACA                   |
| <i>alyacen 1/35 (28)</i>                        | 6    | ACA                   |
| <i>alyacen 7/7/7 (28)</i>                       | 6    | ACA                   |
| <i>amethia</i>                                  | 6    | ACA                   |
| <i>amethyst (28)</i>                            | 6    | ACA                   |
| <i>apri</i>                                     | 6    | ACA                   |
| <i>aranelle (28)</i>                            | 6    | ACA                   |
| <i>ashlyna</i>                                  | 6    | ACA                   |
| <i>aubra</i>                                    | 6    | ACA                   |
| <i>aubra eq</i>                                 | 6    | ACA                   |
| <i>aurovela 1.5/30 (21)</i>                     | 6    | ACA                   |
| <i>aurovela 1/20 (21)</i>                       | 6    | ACA                   |
| <i>aurovela 24 fe</i>                           | 6    | ACA                   |

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| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| <i>aurovela fe 1.5/30 (28)</i>        | 6    | ACA                   |
| <i>aurovela fe 1-20 (28)</i>          | 6    | ACA                   |
| <i>aviane</i>                         | 6    | ACA                   |
| <i>ayuna</i>                          | 6    | ACA                   |
| <i>azurette (28)</i>                  | 6    | ACA                   |
| <i>balziva (28)</i>                   | 6    | ACA                   |
| BEYAZ                                 | 6    | ST; ACA               |
| <i>blisovi 24 fe</i>                  | 6    | ACA                   |
| <i>blisovi fe 1.5/30 (28)</i>         | 6    | ACA                   |
| <i>blisovi fe 1/20 (28)</i>           | 6    | ACA                   |
| <i>briellyn</i>                       | 6    | ACA                   |
| <i>camrese</i>                        | 6    | ACA                   |
| <i>camrese lo</i>                     | 6    | ACA                   |
| <i>caziant (28)</i>                   | 6    | ACA                   |
| <i>charlotte 24 fe</i>                | 6    | ACA                   |
| <i>chateal (28)</i>                   | 6    | ACA                   |
| <i>chateal eq (28)</i>                | 6    | ACA                   |
| <i>cryselle (28)</i>                  | 6    | ACA                   |
| <i>curae</i>                          | 6    | ACA; OTC; QL          |
| <i>cyred</i>                          | 6    | ACA                   |
| <i>cyred eq</i>                       | 6    | ACA                   |
| <i>dasetta 1/35 (28)</i>              | 6    | ACA                   |
| <i>dasetta 7/7/7 (28)</i>             | 6    | ACA                   |
| <i>daysee</i>                         | 6    | ACA                   |
| <i>desog-e.estradiol/e.estradiol</i>  | 6    | ACA                   |
| <i>dolishale</i>                      | 6    | ACA                   |
| <i>drospirenone-e.estradiol-lm.fa</i> | 6    | ACA                   |

| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| <i>drospirenone-ethinyl estradiol</i> | 6    | ACA                   |
| <i>econtra ez</i>                     | 6    | ACA; OTC; QL          |
| <i>econtra one-step</i>               | 6    | ACA; OTC; QL          |
| <i>elinest</i>                        | 6    | ACA                   |
| ELLA                                  | 6    | ACA; QL               |
| <i>enpresse</i>                       | 6    | ACA                   |
| <i>enskyce</i>                        | 6    | ACA                   |
| <i>estarylla</i>                      | 6    | ACA                   |
| <i>ethynodiol diac-eth estradiol</i>  | 6    | ACA                   |
| <i>falmina (28)</i>                   | 6    | ACA                   |
| <i>finzala</i>                        | 6    | ACA                   |
| <i>gemmily</i>                        | 6    | ACA                   |
| <i>hailey</i>                         | 6    | ACA                   |
| <i>hailey 24 fe</i>                   | 6    | ACA                   |
| <i>hailey fe 1.5/30 (28)</i>          | 6    | ACA                   |
| <i>hailey fe 1/20 (28)</i>            | 6    | ACA                   |
| <i>her style</i>                      | 6    | ACA; OTC; QL          |
| <i>iclevia</i>                        | 6    | ACA                   |
| <i>isibloom</i>                       | 6    | ACA                   |
| <i>jaimiess</i>                       | 6    | ACA                   |
| <i>jasmiel (28)</i>                   | 6    | ACA                   |
| <i>jolessa</i>                        | 6    | ACA                   |
| <i>joyeaux</i>                        | 6    | ACA                   |
| <i>juleber</i>                        | 6    | ACA                   |
| <i>junel 1.5/30 (21)</i>              | 6    | ACA                   |
| <i>junel 1/20 (21)</i>                | 6    | ACA                   |
| <i>junel fe 1.5/30 (28)</i>           | 6    | ACA                   |
| <i>junel fe 1/20 (28)</i>             | 6    | ACA                   |
| <i>junel fe 24</i>                    | 6    | ACA                   |

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| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| <i>kaitlib fe</i>                     | 6    | ACA                   |
| <i>kalliga</i>                        | 6    | ACA                   |
| <i>kariva (28)</i>                    | 6    | ACA                   |
| <i>kelnor 1/35 (28)</i>               | 6    | ACA                   |
| <i>kelnor 1-50 (28)</i>               | 6    | ACA                   |
| <i>kurvelo (28)</i>                   | 6    | ACA                   |
| <i>l norgest/e.estradiol-e.estrad</i> | 6    | ACA                   |
| <i>larin 1.5/30 (21)</i>              | 6    | ACA                   |
| <i>larin 1/20 (21)</i>                | 6    | ACA                   |
| <i>larin 24 fe</i>                    | 6    | ACA                   |
| <i>larin fe 1.5/30 (28)</i>           | 6    | ACA                   |
| <i>larin fe 1/20 (28)</i>             | 6    | ACA                   |
| <i>layolis fe</i>                     | 6    | ACA                   |
| <i>leena 28</i>                       | 6    | ACA                   |
| <i>lessina</i>                        | 6    | ACA                   |
| <i>levonest (28)</i>                  | 6    | ACA                   |
| <i>levonorgest-eth.estradiol-iron</i> | 6    | ACA                   |
| <i>levonorgestrel</i>                 | 6    | ACA; OTC; QL          |
| <i>levonorgestrel-ethinyl estrad</i>  | 6    | ACA                   |
| <i>levonorg-eth estrad triphasic</i>  | 6    | ACA                   |
| <i>levora-28</i>                      | 6    | ACA                   |
| <i>lojaimiess</i>                     | 6    | ACA                   |
| <i>loryna (28)</i>                    | 6    | ACA                   |
| <i>low-ogestrel (28)</i>              | 6    | ACA                   |
| <i>lo-zumandimine (28)</i>            | 6    | ACA                   |
| <i>lutra (28)</i>                     | 6    | ACA                   |
| <i>marlissa (28)</i>                  | 6    | ACA                   |
| <i>merzee</i>                         | 6    | ACA                   |
| <i>mibelas 24 fe</i>                  | 6    | ACA                   |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>microgestin 1.5/30 (21)</i>   | 6    | ACA                   |
| <i>microgestin 1/20 (21)</i>   | 6    | ACA                   |
| <i>microgestin 24 fe</i>   | 6    | ACA                   |
| <i>microgestin fe 1.5/30 (28)</i>  | 6    | ACA                   |
| <i>microgestin fe 1/20 (28)</i>  | 6    | ACA                   |
| <i>mili</i>  | 6    | ACA                   |
| <i>mono-linyah</i>   | 6    | ACA                   |
| <i>my choice</i>   | 6    | ACA; OTC; QL          |
| <i>my way</i>  | 6    | ACA; OTC; QL          |
| <i>necon 0.5/35 (28)</i>   | 6    | ACA                   |
| <i>new day</i>   | 6    | ACA; OTC; QL          |
| <i>nikki (28)</i>  | 6    | ACA                   |
| <i>noreth-ethinyl estradiol-iron</i>   | 6    | ACA                   |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 6    | ACA                   |
| <i>norethindrone-e.estradiol-iron</i>  | 6    | ACA                   |
| <i>norgestimate-ethinyl estradiol</i>  | 6    | ACA                   |
| <i>nortrel 0.5/35 (28)</i>   | 6    | ACA                   |
| <i>nortrel 1/35 (21)</i>   | 6    | ACA                   |
| <i>nortrel 1/35 (28)</i>   | 6    | ACA                   |
| <i>nortrel 7/7/7 (28)</i>  | 6    | ACA                   |
| <i>nylia 1/35 (28)</i>   | 6    | ACA                   |
| <i>nylia 7/7/7 (28)</i>  | 6    | ACA                   |
| <i>nymyo</i>   | 6    | ACA                   |

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| Drug Name                  | Tier | Requirements / Limits |
|----------------------------|------|-----------------------|
| <i>ocella</i>              | 6    | ACA                   |
| <i>opcicon one-step</i>    | 6    | ACA; OTC; QL          |
| <i>option-2</i>            | 6    | ACA; OTC; QL          |
| <i>philith</i>             | 6    | ACA                   |
| <i>pimtrea (28)</i>        | 6    | ACA                   |
| PLAN B ONE-STEP            | 6    | ACA; OTC; QL          |
| <i>portia 28</i>           | 6    | ACA                   |
| <i>reclipsen (28)</i>      | 6    | ACA                   |
| <i>rivelsa</i>             | 6    | ACA                   |
| <i>setlakin</i>            | 6    | ACA                   |
| <i>simliya (28)</i>        | 6    | ACA                   |
| <i>simpesse</i>            | 6    | ACA                   |
| <i>sprintec (28)</i>       | 6    | ACA                   |
| <i>sronyx</i>              | 6    | ACA                   |
| <i>syeda</i>               | 6    | ACA                   |
| TAKE ACTION                | 6    | ACA; OTC; QL          |
| <i>tarina 24 fe</i>        | 6    | ACA                   |
| <i>tarina fe 1/20 (28)</i> | 6    | ACA                   |
| <i>tilia fe</i>            | 6    | ACA                   |
| <i>tri-estarylla</i>       | 6    | ACA                   |
| <i>tri-legest fe</i>       | 6    | ACA                   |
| <i>tri-linyah</i>          | 6    | ACA                   |
| <i>tri-lo-estarylla</i>    | 6    | ACA                   |
| <i>tri-lo-marzia</i>       | 6    | ACA                   |
| <i>tri-lo-mili</i>         | 6    | ACA                   |
| <i>tri-lo-sprintec</i>     | 6    | ACA                   |
| <i>tri-mili</i>            | 6    | ACA                   |
| <i>tri-nymyo</i>           | 6    | ACA                   |
| <i>tri-sprintec (28)</i>   | 6    | ACA                   |

| Drug Name                                 | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>trivora (28)</i>                       | 6    | ACA                   |
| <i>tri-vylibra</i>                        | 6    | ACA                   |
| <i>tri-vylibra lo</i>                     | 6    | ACA                   |
| <i>turqoz (28)</i>                        | 6    | ACA                   |
| <i>tydemy</i>                             | 6    | ACA                   |
| <i>velivet triphasic regimen (28)</i>     | 6    | ACA                   |
| <i>vestura (28)</i>                       | 6    | ACA                   |
| <i>vienva</i>                             | 6    | ACA                   |
| <i>viorele (28)</i>                       | 6    | ACA                   |
| <i>volnea (28)</i>                        | 6    | ACA                   |
| <i>vyfemla (28)</i>                       | 6    | ACA                   |
| <i>vylibra</i>                            | 6    | ACA                   |
| <i>wera (28)</i>                          | 6    | ACA                   |
| <i>wymzya fe</i>                          | 6    | ACA                   |
| YAZ (28)                                  | 6    | ST; ACA               |
| <i>zarah</i>                              | 6    | ACA                   |
| <i>zovia 1-35 (28)</i>                    | 6    | ACA                   |
| <i>zumandimine (28)</i>                   | 6    | ACA                   |
| <b>OXYTOCICS</b>                          |      |                       |
| <i>methylergonovine oral</i>              | 1    | ST; QL                |
| <b>OPHTHALMOLOGY</b>                      |      |                       |
| <b>ANTIBIOTICS</b>                        |      |                       |
| AZASITE                                   | 2    |                       |
| <i>bacitracin ophthalmic (eye)</i>        | 1    |                       |
| <i>bacitracin-polymyxin b</i>             | 1    |                       |
| BETADINE OPHTHALMIC PREP                  | 3    |                       |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <i>erythromycin ophthalmic (eye)</i>             | 1    |                       |
| <i>gatifloxacin</i>                              | 1    |                       |
| <i>gentamicin ophthalmic (eye) drops</i>         | 1    |                       |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i> | 1    |                       |
| MOXIFLOXACIN (PF)-BSS                            | 3    |                       |
| <i>moxifloxacin ophthalmic (eye)</i>             | 1    |                       |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF)                   | 3    |                       |
| NATACYN  | 2    |                       |
| <i>neomycin-bacitracin-polymyxin</i>             | 1    |                       |
| <i>neomycin-polymyxin-gramicidin</i>             | 1    |                       |
| <i>neo-polycin</i>                               | 1    |                       |
| OCUFLOX  | 3    |                       |
| <i>ofloxacin ophthalmic (eye)</i>                | 1    |                       |
| <i>polycin</i>                                   | 1    |                       |
| <i>polymyxin b sulf-trimethoprim</i>             | 1    |                       |
| <i>tobramycin ophthalmic (eye)</i>               | 1    |                       |
| TOBRAMYCIN-VANCOMYCIN                            | 3    |                       |
| TOBREX OPTHALMIC (EYE) OINTMENT                  | 3    |                       |
| VIGAMOX  | 3    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <b>ANTIVIRALS</b>                                |      |                       |
| <i>trifluridine</i>                              | 1    |                       |
| ZIRGAN   | 3    |                       |
| <b>BETA-BLOCKERS</b>                             |      |                       |
| <i>betaxolol ophthalmic (eye)</i>                | 1    |                       |
| BETOPTIC S                                       | 3    |                       |
| <i>carteolol</i>                                 | 1    |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>  | 1    |                       |
| <i>timolol maleate (pf)</i>                      | 1    |                       |
| <i>timolol maleate ophthalmic (eye)</i>          | 1    |                       |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>          |      |                       |
| PHOSPHOLINE IODIDE                               | 4    | SP                    |
| <b>CYCLOPLEGIC MYDRIATICS</b>                    |      |                       |
| <i>atropine ophthalmic (eye) drops 1 %</i>       | 1    |                       |
| <i>atropine ophthalmic (eye) ointment</i>        | 1    |                       |
| CYCLOGYL   | 3    |                       |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> | 1    |                       |
| <i>cyclophen-tropic-phenyleph-watr</i>           | 1    |                       |
| <i>homatropaire</i>                              | 1    |                       |
| MYDRIACYL  | 3    |                       |
| PHENYLEPH-TROPICAMIDE IN WATER                   | 3    |                       |
| <i>tropicamide</i>                               | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| <b>DIRECT ACTING MIOTICS</b>   |      |                       |
| MIOCHOL-E  | 3    |                       |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                    | 1    |                       |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>   |      |                       |
| AKTEN (PF)   | 3    |                       |
| ALCAINE  | 3    |                       |
| ALOCRIAL   | 3    | ST; SG                |
| <i>altacaine</i>   | 1    |                       |
| ALTAFLUOR BENOX  | 3    |                       |
| <i>azelastine ophthalmic (eye)</i>   | 1    |                       |
| <i>bepotastine besilate</i>  | 1    |                       |
| BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML | 3    |                       |
| CEQUA  | 3    | PA; QL                |
| <i>cromolyn ophthalmic (eye)</i>   | 1    |                       |
| CYCLOSPORINE IN KLARITY  | 3    |                       |
| <i>cyclosporine ophthalmic (eye)</i>   | 1    | PA; QL                |
| CYSTARAN   | 4    | PA; SP                |
| DEXAMET-MOXIFL-KETORO-NACL(PF)   | 3    |                       |
| <i>epinastine</i>  | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| FLUORESCEIN-BENOXINATE   | 3    |                       |
| <i>fluorescein-proparacaine</i>                                  | 1    |                       |
| IHEEZO (PF)  | 3    |                       |
| KLARITY-A (AZITHRO-CHONDR)(PF)                                   | 3    |                       |
| KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % | 3    |                       |
| LACRISERT  | 3    | PA; QL                |
| LASTACAFT ONCE DAILY RELIEF                                      | 3    | ST; SG; OTC           |
| MYDRIATIC4(TROP-PROP-PE-KTRLC)                                   | 3    |                       |
| OMIDRIA  | 3    |                       |
| OXERVATE   | 4    | PA; SP                |
| PHOTREXA CROSS-LINKING KIT                                       | 3    |                       |
| PHOTREXA VISCOUS   | 3    |                       |
| PREDNISOL ACE-GATIFLOX-BROMFEN                                   | 3    |                       |
| PREDNISOLN SP-GATIFLOX-BROMFEN                                   | 3    |                       |
| PREDNISOLN SP-MOXIFLOX-BROMFEN                                   | 3    |                       |

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| Drug Name                                     | Tier | Requirements / Limits                      |
|---|------|--|
| PREDNISOLONE ACETATE-BROMFENAC                | 3    |  |
| PREDNISOLONE ACETATE-NEPAFENAC                | 3    |  |
| PREDNISOLONE-MOXIFLO-NEPAFENAC                | 3    |  |
| PREDNISOLONE-MOXIFLOX-BROMFEN                 | 3    |  |
| <i>proparacaine</i>                           | 1    |  |
| RESTASIS                                      | 3    | PA; QL                                     |
| RESTASIS MULTIDOSE                            | 2    | PA; QL                                     |
| <i>tetracaine hcl</i>                         | 1    |  |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE)          | 3    |  |
| TYRVAYA                                       | 3    | PA   |
| VEVYE   | 3    | PA   |
| XDEMZY  | 4    | SP; QL                                     |
| XIIDRA  | 2    | PA; QL                                     |
| ZERVIAE                                       | 3    | ST; SG; NSA: Coverage Limitation May Apply |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |      |  |
| ACULAR  | 3    | ST   |
| ACULAR LS                                     | 3    | ST   |
| <i>bromfenac</i>                              | 1    |  |
| <i>diclofenac sodium ophthalmic (eye)</i>     | 1    |  |
| <i>flurbiprofen sodium</i>                    | 1    |  |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| ILEVRO   | 3    |                       |
| <i>ketorolac ophthalmic (eye)</i>                            | 1    |                       |
| PROLENSA   | 3    |                       |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                               |      |                       |
| <i>acetazolamide</i>   | 1    |                       |
| <i>methazolamide</i>   | 1    |                       |
| <b>OTHER GLAUCOMA DRUGS</b>                                  |      |                       |
| <i>bimatoprost ophthalmic (eye)</i>                          | 1    |                       |
| BRIMONIDINE-DORZOLAMIDE (PF)                                 | 3    |                       |
| <i>brimonidine-timolol</i>                                   | 1    |                       |
| <i>brinzolamide</i>  | 1    |                       |
| COMBIGAN   | 3    | ST                    |
| <i>dorzolamide</i>   | 1    |                       |
| DORZOLAMIDE (PF)   | 3    |                       |
| <i>dorzolamide-timolol</i>                                   | 1    |                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 1    |                       |
| DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS              | 3    |                       |
| <i>latanoprost</i>   | 1    |                       |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                        | 3    | ST                    |
| <i>miostat</i>   | 1    |                       |
| SIMBRINZA  | 3    |                       |
| <i>tafluprost (pf)</i>                                       | 1    | ST                    |

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| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| TIMOLOL-BRIMONIDI-DORZOLAM(PF)                         | 3    |                       |
| <i>travoprost</i>                                      | 1    |                       |
| VYZULTA  | 3    | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                 |      |                       |
| DEXAMETH-MOXIFLOX(PF)-NACL,ISO                         | 3    |                       |
| MAXITROL   | 3    |                       |
| <i>neomycin-bacitracin-poly-hc</i>                     | 1    |                       |
| <i>neomycin-polymyxin b-dexameth</i>                   | 1    |                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>          | 1    |                       |
| <i>neo-polycin hc</i>                                  | 1    |                       |
| PREDNISOLONE SOD PH-MOXIFLOX                           | 3    |                       |
| PREDNISOLONE-MOXIFLOXACIN HCL                          | 3    |                       |
| TOBRADEX OPTHALMIC (EYE) OINTMENT                      | 3    |                       |
| <i>tobramycin-dexamethasone</i>                        | 1    |                       |
| <b>STERIODS</b>  |      |                       |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 1    |                       |
| DEXTENZA   | 3    |                       |
| DEXYCU (PF)  | 3    |                       |
| <i>difluprednate</i>                                   | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| EYSUVIS   | 3    | PA; QL                |
| <i>fluorometholone</i>                                | 1    |                       |
| FML LIQUIFILM   | 3    | ST                    |
| INVELTYS  | 3    | ST                    |
| LOTEMAX OPTHALMIC (EYE) DROPS,GEL                     | 3    | ST                    |
| LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION              | 3    |                       |
| LOTEMAX OPTHALMIC (EYE) OINTMENT                      | 3    | ST                    |
| LOTEMAX SM  | 3    | ST                    |
| <i>loteprednol etabonate</i>                          | 1    |                       |
| PRED FORTE  | 3    |                       |
| <i>prednisolone acetate</i>                           | 1    |                       |
| PREDNISOLONE ACETATE (PF)                             | 3    |                       |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 1    |                       |
| <b>STERIOD-SULFONAMIDE COMBINATIONS</b>               |      |                       |
| <i>sulfacetamide-prednisolone</i>                     | 1    |                       |
| <b>SULFONAMIDES</b>                                   |      |                       |
| <i>sulfacetamide sodium ophthalmic (eye)</i>          | 1    |                       |
| <b>SYMPATHOMIMETICS</b>                               |      |                       |
| ALPHAGAN P  | 3    | ST                    |
| <i>apraclonidine</i>                                  | 1    |                       |

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| Drug Name  | Tier | Requirements / Limits                  |
|--|------|--|
| <i>brimonidine ophthalmic (eye)</i>                | 1    |  |
| IOPIDINE OPTHALMIC (EYE) DROPPERETTE               | 3    | ST                                     |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>               |      |  |
| CYCLOMYDRIL  | 3    |  |
| <i>phenylephrine hcl ophthalmic (eye)</i>          | 1    |  |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>      |      |  |
| <b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b> |      |  |
| AUVI-Q   | 2    | QL                                     |
| <i>carbinoxamine maleate oral liquid</i>           | 1    |  |
| <i>carbinoxamine maleate oral tablet 4 mg</i>      | 1    |  |
| <i>cetirizine oral solution 1 mg/ml</i>            | 1    | NSA: Coverage Limitation May Apply     |
| CLARINEX ORAL TABLET                               | 3    | NSA: Coverage Limitation May Apply; QL |
| <i>clemastine</i>                                  | 1    |  |
| <i>cyproheptadine</i>                              | 1    |  |
| <i>desloratadine</i>                               | 1    | NSA: Coverage Limitation May Apply; QL |

| Drug Name  | Tier | Requirements / Limits                  |
|--|------|--|
| <i>dexchlorpheniramine maleate oral solution</i>                         | 1    |  |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1    | QL                                     |
| EPIPEN   | 2    | ST; QL                                 |
| EPIPEN JR  | 2    | ST; QL                                 |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                          | 1    |  |
| <i>hydroxyzine hcl oral tablet</i>                                       | 1    |  |
| <i>hydroxyzine pamoate</i>   | 1    |  |
| KARBINAL ER  | 3    | ST                                     |
| <i>levocetirizine oral solution</i>                                      | 1    | NSA: Coverage Limitation May Apply     |
| <i>levocetirizine oral tablet</i>  | 1    | NSA: Coverage Limitation May Apply; QL |
| <i>promethazine oral</i>   | 1    |  |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                    | 1    |  |
| <i>promethegan</i>   | 1    |  |
| QUZYTIR  | 3    | NSA: Coverage Limitation May Apply     |
| RYCLORA  | 3    |  |
| RYVENT   | 3    | ST                                     |
| SYMJEPI  | 2    | QL                                     |

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| Drug Name   | Tier | Requirements / Limits                  |
|---|------|--|
| VISTARIL ORAL CAPSULE 25 MG                             | 3    |  |
| <b>COUGH &amp; COLD THERAPY</b>                         |      |  |
| <i>benzonatate</i>                                      | 1    |  |
| BROMFED DM  | 3    |  |
| <i>brompheniramine-pseudoeph-dm</i>                     | 1    |  |
| CLARINEX-D 12 HOUR                                      | 3    | NSA: Coverage Limitation May Apply; QL |
| <i>codeine-guaifenesin</i>                              | 1    |  |
| CODITUSSIN AC   | 3    |  |
| CODITUSSIN DAC  | 3    |  |
| <i>g tussin ac</i>                                      | 1    |  |
| HISTEX-AC   | 3    |  |
| HYCODAN (WITH HOMATROPINE)                              | 3    |  |
| <i>hydrocodone-chlorpheniramine</i>                     | 1    |  |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | 1    |  |
| <i>hydrocodone-homatropine oral tablet</i>              | 1    |  |
| <i>hydromet</i>   | 1    |  |
| MAR-COF CG  | 3    |  |
| <i>maxi-tuss ac</i>                                     | 1    |  |
| MAXI-TUSS CD  | 3    |  |
| NINJACOF-XG   | 3    |  |
| POLY-TUSSIN AC  | 3    |  |
| <i>promethazine vc</i>                                  | 1    |  |
| <i>promethazine vc-codeine</i>                          | 1    |  |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>promethazine-codeine</i>                                   | 1    |                       |
| <i>promethazine-dm</i>  | 1    |                       |
| RESPA-AR  | 3    |                       |
| TUXARIN ER  | 3    |                       |
| <b>PULMONARY AGENTS</b>                                       |      |                       |
| ACCOLATE  | 3    |                       |
| <i>acetylcysteine</i>   | 1    |                       |
| ADEMPAS   | 4    | PA; SP; LA; QL        |
| ADRENALIN NASAL   | 3    |                       |
| ADVAIR DISKUS   | 3    | QL                    |
| ADVAIR HFA  | 2    | QL                    |
| AIRDUO DIGIHALER  | 3    | QL                    |
| AIRSUPRA  | 2    | ST                    |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>       | 1    | QL                    |
| <i>albuterol sulfate inhalation solution for nebulization</i> | 1    |                       |
| <i>albuterol sulfate oral</i>                                 | 1    |                       |
| <i>alyq</i>   | 4    | PA; SP; QL            |
| <i>ambrisentan</i>  | 4    | PA; SP; LA; QL        |
| ANORO ELLIPTA   | 2    | QL                    |
| <i>arformoterol</i>   | 1    | QL                    |
| ARNUITY ELLIPTA   | 2    | QL                    |
| ASMANEX HFA   | 2    | QL                    |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2    | QL                    |
| ATROVENT HFA  | 3    | QL                    |
| <i>azelastine-fluticasone</i>   | 1    | ST; QL                |
| <i>bosentan</i>   | 4    | PA; SP; QL            |
| BREO ELLIPTA  | 2    | QL                    |
| <i>brey-na</i>  | 1    | QL                    |
| BREZTRI AEROSPHERE  | 2    | QL                    |
| BRONCHITOL  | 5    | PA; SP                |
| BROVANA   | 3    | QL                    |
| <i>budesonide inhalation</i>  | 1    | QL                    |
| <i>budesonide-formoterol</i>  | 1    | QL                    |
| CINRYZE   | 4    | PA; SP; QL            |
| COMBIVENT RESPIMAT  | 2    | QL                    |
| <i>cromolyn inhalation</i>  | 1    |                       |
| DULERA  | 2    | QL                    |
| DYMISTA   | 3    | ST; QL                |
| ELIXOPHYLLIN  | 3    |                       |
| <i>epinephrine hcl</i>  | 1    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| FASENRA PEN  | 4    | PA; SP; QL            |
| <i>flunisolide</i>   | 1    | ST; QL                |
| <i>fluticasone propionate nasal</i>                                  | 1    | QL                    |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 1    | QL                    |
| <i>formoterol fumarate</i>   | 1    | QL                    |
| HAEGARDA   | 5    | PA; SP; LA; QL        |
| HYPER-SAL  | 3    |                       |
| <i>icatibant</i>   | 4    | PA; SP; QL            |
| <i>ipratropium bromide inhalation</i>                                | 1    |                       |
| <i>ipratropium-albuterol</i>   | 1    | QL                    |
| KALYDECO   | 4    | PA; SP; QL            |
| <i>levalbuterol hcl soln</i>   | 1    |                       |
| <i>mometasone nasal</i>  | 1    | ST; QL                |
| <i>montelukast</i>   | 1    |                       |
| <i>nebusal inhalation solution for nebulization 3 %</i>              | 1    |                       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                     | 3    |                       |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                                    | 4    | PA; SP; LA; QL        |
| NUCALA SUBCUTANEOUS SYRINGE  | 4    | PA; SP; LA; QL        |
| OFEV   | 4    | PA; SP; QL            |

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| Drug Name                                     | Tier | Requirements / Limits |
|---|------|-----------------------|
| OPSUMIT                                       | 4    | PA; SP; LA; QL        |
| ORKAMBI                                       | 4    | PA; SP; QL            |
| ORLADEYO                                      | 5    | PA; SP; LA; QL        |
| <i>pirfenidone oral capsule</i>               | 4    | PA; SP; QL            |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | 4    | PA; SP; QL            |
| <i>pulmosal</i>                               | 1    |                       |
| PULMOZYME                                     | 4    | PA; SP                |
| QVAR<br>REDIHALER                             | 2    | QL                    |
| REVATIO ORAL                                  | 5    | PA; SP; QL            |
| <i>roflumilast oral tablet 250 mcg</i>        | 1    | PA; QL                |
| <i>roflumilast oral tablet 500 mcg</i>        | 1    | PA                    |
| RYALTRIS                                      | 3    | ST; QL                |
| <i>sajazir</i>                                | 4    | PA; SP; QL            |
| <i>sildenafil (pulm.hypertension) oral</i>    | 4    | PA; SP; QL            |
| <i>sodium chloride inhalation</i>             | 1    |                       |
| SPIRIVA<br>RESPIMAT                           | 2    | QL                    |
| SPIRIVA WITH<br>HANDIHALER                    | 2    | QL                    |
| STIOLTO<br>RESPIMAT                           | 2    | QL                    |
| STRIVERDI<br>RESPIMAT                         | 2    | QL                    |
| SYMBICORT                                     | 3    | QL                    |
| SYMDEKO                                       | 4    | PA; SP; QL            |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>tadalafil (pulm.hypertension)</i>  | 4    | PA; SP; QL            |
| TAKHZYRO  | 4    | PA; SP; LA; QL        |
| <i>terbutaline oral</i>   | 1    |                       |
| TEZSPIRE<br>SUBCUTANEOUS<br>PEN INJECTOR  | 4    | PA; SP; QL            |
| THEO-24   | 3    |                       |
| <i>theophylline oral elixir</i>   | 1    |                       |
| <i>theophylline oral solution</i>   | 1    |                       |
| <i>theophylline oral tablet extended release 12 hr</i>  | 1    |                       |
| <i>theophylline oral tablet extended release 24 hr</i>  | 1    |                       |
| <i>tiotropium bromide</i>   | 1    |                       |
| TRACLEER ORAL<br>TABLET   | 5    | PA; SP; LA; QL        |
| TRACLEER ORAL<br>TABLET FOR<br>SUSPENSION   | 4    | PA; SP; LA; QL        |
| TRELEGY<br>ELLIPTA  | 2    | QL                    |
| TRIKAFTA  | 4    | PA; SP; QL            |
| TYVASO DPI<br>INHALATION<br>CARTRIDGE<br>WITH INHALER 16<br>MCG, 16 MCG<br>(112)- 32 MCG (84),<br>16(112)-32(112) -<br>48(28) MCG, 32<br>MCG, 48 MCG, 64<br>MCG | 4    | PA; SP                |
| <i>wixela inhub</i>   | 1    | QL                    |

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| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| XHANCE  | 3    | ST; QL                |
| XOLAIR<br>SUBCUTANEOUS<br>RECON SOLN                            | 4    | PA; SP; LA;<br>QL     |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 150<br>MG/ML, 75 MG/0.5<br>ML | 4    | PA; SP; LA;<br>QL     |
| XOLAIR<br>SUBCUTANEOUS<br>SYRINGE 300<br>MG/2 ML                | 4    | PA; SP; LA            |
| YUPELRI   | 2    | QL                    |
| <i>zafirlukast</i>  | 1    |                       |
| <i>zileuton</i>   | 1    | ST                    |
| ZYFLO   | 3    | ST                    |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|  |   |        |
|--|---|--------|
| <i>darifenacin</i>   | 1 |        |
| <i>fesoterodine</i>  | 1 |        |
| <i>flavoxate</i>   | 1 |        |
| GELNIQUE<br>TRANSDERMAL<br>GEL IN PACKET                             | 2 | ST; QL |
| GEMTESA  | 3 | PA     |
| MYRBETRIQ  | 2 | PA     |
| <i>oxybutynin chloride<br/>oral syrup</i>                            | 1 |        |
| <i>oxybutynin chloride<br/>oral tablet 5 mg</i>                      | 1 |        |
| <i>oxybutynin chloride<br/>oral tablet extended<br/>release 24hr</i> | 1 |        |
| OXYTROL  | 3 | ST; QL |
| <i>solifenacin</i>   | 1 |        |

| Drug Name   | Tier | Requirements / Limits                                 |
|---|------|---|
| <i>tolterodine</i>                                    | 1    |   |
| <i>trospium</i>                                       | 1    |   |
| <b>BENIGN PROSTATIC<br/>HYPERPLASIA (BPH) THERAPY</b> |      |   |
| <i>alfuzosin</i>                                      | 1    |   |
| <i>dutasteride</i>                                    | 1    | ST  |
| <i>dutasteride-<br/>tamsulosin</i>                    | 1    | ST  |
| <i>finasteride oral<br/>tablet 5 mg</i>               | 1    |   |
| FLOMAX  | 3    | ST  |
| JALYN   | 3    | ST  |
| PROSCAR   | 3    | ST  |
| <i>silodosin</i>                                      | 1    |   |
| <i>tadalafil oral tablet<br/>2.5 mg, 5 mg</i>         | 1    | PA; ED:<br>Coverage<br>Limitation<br>May Apply;<br>QL |
| <i>tamsulosin</i>                                     | 1    |   |

### CHOLINERGIC STIMULANTS

|   |   |        |
|---|---|--------|
| <i>bethanechol chloride</i>                                   | 1 |        |
| <b>MISCELLANEOUS UROLOGICALS</b>                              |   |        |
| CYSTAGON  | 4 | SP; LA |
| ELMIRON   | 2 |        |
| K-PHOS NO 2   | 3 |        |
| K-PHOS<br>ORIGINAL  | 2 |        |
| <i>methen-sod phos-<br/>meth blue-hyos</i>                    | 1 |        |
| ORACIT  | 3 |        |
| <i>potassium citrate<br/>oral tablet extended<br/>release</i> | 1 |        |
| RENACIDIN   | 2 |        |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| URELLE  | 3    |                       |
| <i>uretron d-s</i>                                | 1    |                       |
| URIBEL  | 3    |                       |
| URIBEL TABS                                       | 3    |                       |
| <i>urimar-t oral tablet</i>                       | 1    |                       |
| <i>uro-458</i>                                    | 1    |                       |
| UROCIT-K 10                                       | 3    |                       |
| UROCIT-K 15                                       | 3    |                       |
| UROCIT-K 5  | 3    |                       |
| <i>urogesic-blue</i>                              | 1    |                       |
| <i>uro-mp</i>                                     | 1    |                       |
| UROQID-ACID NO.2                                  | 3    |                       |
| <i>uro-sp</i>                                     | 1    |                       |
| <i>uryl</i>                                       | 1    |                       |
| <b>URINARY ANESTHETICS</b>                        |      |                       |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> | 1    |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>    |      |                       |
| <b>ELECTROLYTES</b>                               |      |                       |
| <i>calcium acetate(phosphat bind)</i>             | 1    | QL                    |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ  | 3    |                       |
| <i>effer-k oral tablet, effervescent 25 meq</i>   | 1    |                       |
| GALZIN  | 3    |                       |
| <i>klor-con</i>                                   | 1    |                       |
| <i>klor-con 10</i>                                | 1    |                       |
| <i>klor-con 8</i>                                 | 1    |                       |

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>klor-con m10</i>   | 1    |                       |
| <i>klor-con m15</i>   | 1    |                       |
| <i>klor-con m20</i>   | 1    |                       |
| <i>klor-con/ef</i>  | 1    |                       |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ                     | 3    |                       |
| <i>lugols oral</i>  | 1    |                       |
| <i>potassium chloride oral</i>                                | 1    |                       |
| <i>strong iodine oral</i>                                     | 1    |                       |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b> |      |                       |
| DOJOLVI   | 5    | PA; SP; LA            |
| <b>VITAMINS &amp; HEMATINICS</b>                              |      |                       |
| ACCRUFER  | 3    |                       |
| <i>b complex 1 (with folic acid)</i>                          | 6    | ACA; OTC              |
| <i>b complex-vitamin c-folic acid oral tablet</i>             | 6    | ACA; OTC              |
| <i>balanced b-100 oral tablet</i>                             | 6    | ACA; OTC              |
| <i>bal-care dha</i>   | 1    |                       |
| BAL-CARE DHA ESSENTIAL  | 3    |                       |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>    | 6    | ACA; OTC              |
| <i>classic prenatal</i>                                       | 6    | ACA; OTC              |
| <i>c-nate dha</i>   | 1    |                       |
| <i>complete natal dha</i>                                     | 1    |                       |
| CONCEPT DHA   | 3    |                       |
| CONCEPT OB  | 3    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name   | Tier | Requirements / Limits |
|---|------|-----------------------|
| <i>cyanocobalamin (vitamin b-12) injection</i>                          | 1    |                       |
| <i>cyanocobalamin (vitamin b-12) nasal</i>                              | 1    | ST; QL                |
| <i>dialyvite 800 oral tablet</i>  | 6    | ACA; OTC              |
| <i>dodex</i>  | 1    |                       |
| DRISDOL   | 3    |                       |
| DUET DHA WITH OMEGA-3   | 3    |                       |
| <i>elite-ob</i>   | 1    |                       |
| ENBRACE HR  | 3    |                       |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 1    |                       |
| <i>ferocon</i>  | 6    | ACA; OTC              |
| FLORIVA (FLUORIDE-VITAMIN D3)   | 3    | OTC                   |
| <i>fluoride (sodium) oral drops</i>                                     | 6    | ACA; OTC              |
| <i>fluoride (sodium) oral tablet, chewable</i>                          | 6    | ACA; OTC              |
| <i>folic acid oral tablet 1 mg</i>                                      | 1    |                       |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                          | 6    | ACA; OTC              |
| <i>folitab</i>  | 6    | ACA; OTC              |
| <i>folivane-ob</i>  | 1    |                       |
| <i>foltabs 800</i>  | 6    | ACA; OTC              |
| <i>full spectrum b-vitamin c</i>  | 6    | ACA; OTC              |
| <i>hydroxocobalamin</i>   | 1    |                       |
| <i>kobee</i>  | 6    | ACA; OTC              |

| Drug Name                           | Tier | Requirements / Limits |
|-------------------------------------|------|-----------------------|
| KOSHER PRENATAL PLUS IRON           | 3    |                       |
| <i>ludent fluoride</i>              | 6    | ACA; OTC              |
| MARNATAL-F                          | 3    |                       |
| MECOBALAMIN (VITAMIN B12) INJECTION | 3    |                       |
| <i>m-natal plus</i>                 | 1    |                       |
| <i>multi-vitamin with fluoride</i>  | 6    | ACA; OTC              |
| <i>mvc-fluoride</i>                 | 6    | ACA; OTC              |
| <i>mynatal</i>                      | 1    |                       |
| <i>mynatal plus</i>                 | 1    |                       |
| <i>mynatal-z</i>                    | 1    |                       |
| NASCOBAL                            | 2    | ST; QL                |
| NATACHEW (FE BIS-GLYCINATE)         | 3    |                       |
| NEEVODHA (WITH ALGAL OIL)           | 3    |                       |
| NEONATAL COMPLETE                   | 3    |                       |
| NEONATAL FE                         | 3    |                       |
| NEONATAL PLUS VITAMIN               | 3    |                       |
| NEONATAL-DHA                        | 3    |                       |
| <i>nephronex-sl</i>                 | 6    | ACA; OTC              |
| NESTABS                             | 3    |                       |
| NESTABS ABC                         | 3    |                       |
| NESTABS DHA                         | 3    |                       |
| NESTABS ONE                         | 3    |                       |
| <i>newgen</i>                       | 1    |                       |
| OB COMPLETE                         | 3    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

| Drug Name                                       | Tier | Requirements / Limits |
|---|------|-----------------------|
| OB COMPLETE ONE                                 | 3    |                       |
| OB COMPLETE PETITE                              | 3    |                       |
| OB COMPLETE PREMIER                             | 3    |                       |
| OB COMPLETE WITH DHA                            | 3    |                       |
| <i>one daily prenatal</i>                       | 6    | ACA; OTC              |
| <i>pnv-dha</i>                                  | 1    |                       |
| <i>pnv-omega</i>                                | 1    |                       |
| <i>pnv-select</i>                               | 1    |                       |
| <i>pr natal 400</i>                             | 1    |                       |
| <i>pr natal 400 ec</i>                          | 1    |                       |
| <i>pr natal 430</i>                             | 1    |                       |
| <i>pr natal 430 ec</i>                          | 1    |                       |
| <i>prenal chew</i>                              | 1    |                       |
| <i>prenal pearl</i>                             | 1    |                       |
| <i>prenal true</i>                              | 1    |                       |
| PRENATA   | 3    |                       |
| <i>prenatabs fa</i>                             | 1    |                       |
| <i>prenatabs rx</i>                             | 1    |                       |
| <i>prenatal complete</i>                        | 6    | ACA; OTC              |
| <i>prenatal multi-dha (algal oil)</i>           | 6    | ACA; OTC              |
| <i>prenatal multivitamins</i>                   | 6    | ACA; OTC              |
| <i>prenatal one daily</i>                       | 6    | ACA; OTC              |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i> | 6    | ACA; OTC              |
| <i>prenatal plus</i>                            | 1    |                       |
| <i>prenatal plus (calcium carb)</i>             | 1    |                       |
| PRENATAL PLUS DHA                               | 3    |                       |

| Drug Name  | Tier | Requirements / Limits |
|--|------|-----------------------|
| PRENATAL PLUS VITAMIN-MINERAL                          | 3    |                       |
| <i>prenatal vit no.179-iron-folic</i>                  | 6    | ACA; OTC              |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 6    | ACA; OTC              |
| <i>prenatal vitamin with minerals</i>                  | 6    | ACA; OTC              |
| <i>prenatal-u</i>                                      | 1    |                       |
| PRENATE AM   | 3    |                       |
| PRENATE CHEWABLE                                       | 3    |                       |
| PRENATE DHA (FERR ASP GLYCIN)                          | 3    |                       |
| PRENATE ELITE (IRON ASP GLYC)                          | 3    |                       |
| PRENATE ENHANCE  | 3    |                       |
| PRENATE ESSENTIAL(IRON-ASP-GL)                         | 3    |                       |
| PRENATE MINI (FERR ASP GLYCIN)                         | 3    |                       |
| PRENATE PIXIE  | 3    |                       |
| PRENATE RESTORE  | 3    |                       |
| PRENATE STAR   | 3    |                       |
| PRIMACARE  | 3    |                       |
| PROVIDA OB   | 3    |                       |
| <i>rena-vite</i>                                       | 6    | ACA; OTC              |
| R-NATAL OB   | 3    |                       |
| SELECT-OB  | 3    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



| Drug Name                             | Tier | Requirements / Limits |
|---------------------------------------|------|-----------------------|
| SELECT-OB (FOLIC ACID)                | 3    |                       |
| SELECT-OB + DHA                       | 3    |                       |
| <i>se-natal 19 chewable</i>           | 1    |                       |
| <i>se-natal-19</i>                    | 1    |                       |
| <i>stress formula with iron</i>       | 6    | ACA; OTC              |
| <i>stress formula with iron(sulf)</i> | 6    | ACA; OTC              |
| <i>super b maxi complex</i>           | 6    | ACA; OTC              |
| <i>super quint</i>                    | 6    | ACA; OTC              |
| <i>taron-c dha</i>                    | 1    |                       |
| THRIVITE RX                           | 3    |                       |
| TRICARE                               | 3    |                       |
| <i>tricon</i>                         | 6    | ACA; OTC              |
| TRIFERIC                              | 3    |                       |
| <i>trinatal rx 1</i>                  | 1    |                       |
| <i>trinate</i>                        | 1    |                       |
| TRISTART DHA                          | 3    |                       |
| <i>tri-vitamin with fluoride</i>      | 6    | ACA; OTC              |
| VITAFOL FE PLUS                       | 3    |                       |
| VITAFOL GUMMIES                       | 3    |                       |

| Drug Name                                       | Tier | Requirements / Limits |
|---|------|-----------------------|
| VITAFOL ULTRA                                   | 3    |                       |
| VITAFOL-OB                                      | 3    |                       |
| VITAFOL-OB+DHA                                  | 3    |                       |
| VITAFOL-ONE                                     | 3    |                       |
| VITAMEDMD ONE RX                                | 3    |                       |
| VITAMEDMD REDICHEW RX                           | 3    |                       |
| <i>vitamin b complex-folic acid oral tablet</i> | 6    | ACA; OTC              |
| <i>vitamins a,c,d and fluoride</i>              | 6    | ACA; OTC              |
| VITATRUE  | 3    |                       |
| <i>wescap-c dha</i>                             | 1    |                       |
| <i>wescap-pn dha</i>                            | 1    |                       |
| <i>wesnatal dha complete</i>                    | 1    |                       |
| <i>wesnate dha</i>                              | 1    |                       |
| <i>westab plus</i>                              | 1    |                       |
| <i>westgel dha</i>                              | 1    |                       |
| <i>zatean-pn dha</i>                            | 1    |                       |
| <i>zatean-pn plus</i>                           | 1    |                       |
| <i>zingiber</i>                                 | 1    |                       |

April 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

|                                       |     |                                     |            |                                       |        |
|---------------------------------------|-----|-------------------------------------|------------|---------------------------------------|--------|
| DEPO-PROVERA .....                    | 72  | <i>dialyvite 800</i> .....          | 87         | DOPTELET (15 TAB PACK)                |        |
| DEPO-SUBQ PROVERA                     | 104 | <i>diazepam</i> .....               | 20, 30     | .....                                 | 37     |
| .....                                 | 72  | <i>diazepam intensol</i> .....      | 30         | <i>dorzolamide</i> .....              | 79     |
| DEPO-TESTOSTERONE....                 | 57  | <i>diazoxide</i> .....              | 54         | DORZOLAMIDE (PF).....                 | 79     |
| <i>dermacinrx lidocan</i> .....       | 44  | DIBENZYLINe .....                   | 35         | <i>dorzolamide-timolol</i> .....      | 79     |
| DERMA-SMOOTHIE/FS                     |     | <i>dichlorphenamide</i> .....       | 23         | <i>dorzolamide-timolol (pf)</i> ..... | 79     |
| BODY OIL.....                         | 47  | DICLEGIS.....                       | 61         | DORZOLAMIDE-TIMOLOL                   |        |
| DERMA-SMOOTHIE/FS                     |     | <i>diclofenac potassium</i> .....   | 27         | (PF).....                             | 79     |
| SCALP OIL.....                        | 47  | <i>diclofenac sodium</i> .....      | 27, 41, 79 | <i>dotti</i> .....                    | 72     |
| DERMOTIC OIL .....                    | 52  | <i>diclofenac-misoprostol</i> ..... | 27         | DOVATO .....                          | 9      |
| DESCOVY .....                         | 9   | <i>dicloxacillin</i> .....          | 14         | <i>doxazosin</i> .....                | 35     |
| <i>desipramine</i> .....              | 29  | <i>dicyclomine</i> .....            | 60         | <i>doxepin</i> .....                  | 30, 41 |
| <i>desloratadine</i> .....            | 81  | <i>didanosine</i> .....             | 9          | <i>doxercalciferol</i> .....          | 57     |
| <i>desmopressin</i> .....             | 57  | <i>diethylpropion</i> .....         | 49         | <i>doxycycline hyclate</i> .....      | 14     |
| DESMOPRESSIN.....                     | 57  | DIFFERIN .....                      | 43         | <i>doxycycline monohydrate</i> .....  | 14     |
| <i>desog-e.estradiol/e.estradiol</i>  | 74  | DIFICID .....                       | 12         | <i>doxylamine-pyridoxine (vit b6)</i> |        |
| <i>desonide</i> .....                 | 47  | <i>diflorasone</i> .....            | 47         | .....                                 | 62     |
| <i>desoximetasone</i> .....           | 47  | DIFLUCAN.....                       | 9          | DRISDOL.....                          | 87     |
| DESOXYN.....                          | 29  | <i>diflunisal</i> .....             | 27         | <i>dronabinol</i> .....               | 62     |
| DESVENLAFAXINE .....                  | 29  | <i>difluprednate</i> .....          | 80         | <i>droperidol</i> .....               | 62     |
| <i>desvenlafaxine succinate</i> ..... | 29  | <i>digox</i> .....                  | 37         | <i>drospirenone-e.estradiol-lm.fa</i> |        |
| <i>dexabliss</i> .....                | 53  | <i>digoxin</i> .....                | 37         | .....                                 | 74     |
| <i>dexamethasone</i> .....            | 53  | <i>dihydroergotamine</i> .....      | 22         | <i>drospirenone-ethinyl estradiol</i> |        |
| <i>dexamethasone intensol</i> .....   | 53  | DILANTIN.....                       | 20         | .....                                 | 74     |
| <i>dexamethasone sodium</i>           |     | DILANTIN EXTENDED....               | 20         | DROXIA.....                           | 16     |
| <i>phosphate</i> .....                | 80  | DILANTIN INFATABS .....             | 20         | <i>droxidopa</i> .....                | 50     |
| DEXAMETH-                             |     | DILANTIN-125.....                   | 20         | DSUVIA .....                          | 25     |
| MOXIFLOX(PF)-                         |     | DILAUDID .....                      | 25         | DUAVEE.....                           | 72     |
| NACL,ISO .....                        | 80  | <i>diltiazem</i> .....              | 35         | DUET DHA WITH OMEGA-3                 |        |
| DEXAMET-MOXIFL-                       |     | <i>dilt-xr</i> .....                | 35         | .....                                 | 87     |
| KETORO-NACL(PF) .....                 | 78  | <i>dimethyl fumarate</i> .....      | 66         | DUETACT .....                         | 59     |
| <i>dexchlorpheniramine maleate</i>    |     | DIPENTUM .....                      | 61         | DUEXIS .....                          | 27     |
| .....                                 | 81  | <i>diphenoxylate-atropine</i> ..... | 60         | <i>dulcolax (magnesium</i>            |        |
| DEXCOM G6 RECEIVER..                  | 55  | DIPROLENE                           |            | <i>hydroxide)</i> .....               | 62     |
| DEXCOM G6 SENSOR .....                | 55  | (AUGMENTED).....                    | 47         | DULERA.....                           | 83     |
| DEXCOM G6                             |     | <i>dipyridamole</i> .....           | 37         | <i>duloxetine</i> .....               | 30     |
| TRANSMITTER.....                      | 55  | DISALCID .....                      | 27         | DUOBRII .....                         | 47     |
| DEXCOM G7 RECEIVER..                  | 55  | <i>diskets</i> .....                | 25         | DUPIXENT PEN.....                     | 41     |
| DEXCOM G7 SENSOR .....                | 55  | <i>disopyramide phosphate</i> ..... | 33         | DUPIXENT SYRINGE.....                 | 41     |
| DEXEDRINE SPANSULE..                  | 29  | <i>disulfiram</i> .....             | 50         | DUREX AVANTI BARE                     |        |
| <i>dexlansoprazole</i> .....          | 64  | DIURIL .....                        | 35         | REAL FEEL .....                       | 71     |
| <i>dexmethylphenidate</i> .....       | 29  | <i>divalproex</i> .....             | 20         | <i>dutasteride</i> .....              | 85     |
| DEXTENZA.....                         | 80  | <i>dodex</i> .....                  | 87         | <i>dutasteride-tamsulosin</i> .....   | 85     |
| <i>dextroamphetamine sulfate</i> ..   | 29  | <i>dofetilide</i> .....             | 33         | DYMISTA.....                          | 83     |
| <i>dextroamphetamine-</i>             |     | DOJOLVI .....                       | 86         | DYRENIUM.....                         | 35     |
| <i>amphetamine</i> .....              | 29  | <i>dolishale</i> .....              | 74         | <b>E</b>                              |        |
| DEXYCU (PF) .....                     | 80  | <i>donepezil</i> .....              | 23         | <i>e.e.s. 400</i> .....               | 12     |
| DIACOMIT.....                         | 20  | DONNATAL.....                       | 60         | E.E.S. GRANULES.....                  | 12     |

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| EASIVENT HOLDING                       | <i>enalapril maleate</i> .....           | 35 | <i>ery pads</i> .....                 | 43     |
| CHAMBER.....                           | <i>enalapril-hydrochlorothiazide</i>     | 35 | <i>erygel</i> .....                   | 43     |
| EC-NAPROSYN.....                       | .....                                    | 35 | ERYPED 200.....                       | 12     |
| <i>econazole</i> .....                 | ENBRACE HR.....                          | 87 | ERYPED 400.....                       | 12     |
| <i>econtra ez</i> .....                | ENBREL .....                             | 70 | <i>ery-tab</i> .....                  | 12     |
| <i>econtra one-step</i> .....          | ENBREL MINI .....                        | 70 | ERY-TAB.....                          | 12     |
| <i>ecotrin low strength</i> .....      | ENBREL SURECLICK .....                   | 70 | <i>erythrocin (as stearate)</i> ..... | 12     |
| EDECIN .....                           | ENDARI.....                              | 50 | <i>erythromycin</i> .....             | 12, 77 |
| EDLUAR.....                            | <i>endocet</i> .....                     | 25 | <i>erythromycin ethylsuccinate</i> .  | 12     |
| <i>ed-spaz</i> .....                   | ENDOMETRIN.....                          | 72 | <i>erythromycin with ethanol</i> ...  | 43     |
| EDURANT.....                           | ENGERIX-B (PF) .....                     | 67 | <i>erythromycin-benzoyl peroxide</i>  | 43     |
| <i>eemt</i> .....                      | ENGERIX-B PEDIATRIC                      |    | .....                                 | 43     |
| <i>eemt hs</i> .....                   | (PF).....                                | 67 | <i>escitalopram oxalate</i> .....     | 30     |
| <i>efavirenz</i> .....                 | <i>enilloring</i> .....                  | 73 | ESGIC.....                            | 25     |
| <i>efavirenz-emtricitabin-tenofov</i>  | <i>enoxaparin</i> .....                  | 37 | <i>esomeprazole magnesium</i> ....    | 65     |
| .....                                  | <i>enpresse</i> .....                    | 74 | <i>estarylla</i> .....                | 74     |
| <i>efavirenz-lamivu-tenofov disop</i>  | <i>enskyce</i> .....                     | 74 | <i>estazolam</i> .....                | 30     |
| .....                                  | ENSPRYNG.....                            | 16 | ESTRACE .....                         | 72     |
| <i>effer-k</i> .....                   | ENSTILAR.....                            | 40 | <i>estradiol</i> .....                | 72     |
| EFFER-K.....                           | <i>entacapone</i> .....                  | 22 | <i>estradiol valerate</i> .....       | 72     |
| EFFIENT.....                           | <i>entecavir</i> .....                   | 10 | <i>estradiol-norethindrone acet</i>   | 72     |
| EFUDEX.....                            | ENTEREG.....                             | 62 | <i>estrogens-methyltestosterone</i>   | 72     |
| EGRIFTA SV .....                       | ENTRESTO.....                            | 40 | <i>eszopiclone</i> .....              | 30     |
| ELEPSIA XR .....                       | <i>enulose</i> .....                     | 62 | <i>ethacrynic acid</i> .....          | 35     |
| <i>eletriptan</i> .....                | EPCLUSA .....                            | 10 | <i>ethambutol</i> .....               | 13     |
| ELIGARD .....                          | EPIDIOLEX .....                          | 20 | <i>ethosuximide</i> .....             | 20     |
| ELIGARD (3 MONTH).....                 | EPIDUO FORTE.....                        | 43 | <i>ethynodiol diac-eth estradiol</i>  | 74     |
| ELIGARD (4 MONTH).....                 | EPIFOAM .....                            | 40 | <i>etodolac</i> .....                 | 27     |
| ELIGARD (6 MONTH).....                 | <i>epinastine</i> .....                  | 78 | <i>etonogestrel-ethinyl estradiol</i> | 73     |
| ELIMITE.....                           | <i>epinephrine</i> .....                 | 81 | .....                                 | 73     |
| <i>elimest</i> .....                   | <i>epinephrine hcl</i> .....             | 83 | <i>etoposide</i> .....                | 16     |
| ELIQUIS .....                          | EPIPEN .....                             | 81 | <i>etravirine</i> .....               | 10     |
| ELIQUIS DVT-PE TREAT                   | EPIPEN JR .....                          | 81 | EUCRISA .....                         | 41     |
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| <i>elite-ob</i> .....                  | EPIVIR .....                             | 10 | EURAX .....                           | 48     |
| ELIXOPHYLLIN.....                      | <i>eplerenone</i> .....                  | 35 | <i>euthyrox</i> .....                 | 60     |
| ELLA.....                              | <i>eprosartan</i> .....                  | 35 | EVEKEO ODT .....                      | 30     |
| ELMIRON.....                           | EPSOLAY .....                            | 43 | <i>everolimus (antineoplastic)</i> .. | 16     |
| <i>eluryng</i> .....                   | EQUETRO .....                            | 20 | <i>everolimus</i>                     |        |
| EMCYT.....                             | <i>ergocalciferol (vitamin d2)</i> ...87 |    | <i>(immunosuppressive)</i> .....      | 16     |
| EMGALITY PEN .....                     | <i>ergoloid</i> .....                    | 30 | EVERSENSE E3 SENSOR-                  |        |
| EMGALITY SYRINGE.....                  | ERGOMAR.....                             | 22 | HOLDER.....                           | 55     |
| EMPAVELI.....                          | <i>ergotamine-caffeine</i> .....         | 23 | EVISTA .....                          | 69     |
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| <i>emtricitabine-tenofovir (tdf)</i> . | <i>erlotinib</i> .....                   | 16 | EVOXAC .....                          | 50     |
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| EMVERM .....                           | <i>errin</i> .....                       | 72 | EXELDERM .....                        | 45     |

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| EXKIVITY.....                             | 16 | FINACEA.....                          | 43 | FLUORIDEX DAILY                       |        |
| EXSERVAN.....                             | 50 | <i>finasteride</i> .....              | 85 | DEFENSE.....                          | 52     |
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| EYSUVIS.....                              | 80 | <i>finzala</i> .....                  | 74 | RELIEF.....                           | 52     |
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| <i>ezetimibe-simvastatin</i> .....        | 39 | FIORICET WITH CODEINE                 |    | FLUORIMAX 5000                        |        |
| <b>F</b>                                  |    | .....                                 | 25 | SENSITIVE.....                        | 52     |
| FABHALTA.....                             | 50 | FIRDAPSE .....                        | 23 | <i>fluorometholone</i> .....          | 80     |
| FACTIVE.....                              | 14 | FIRMAGON KIT W                        |    | FLUOROPLEX .....                      | 41     |
| <i>falmina (28)</i> .....                 | 74 | DILUENT SYRINGE .....                 | 16 | <i>fluorouracil</i> .....             | 41     |
| <i>famciclovir</i> .....                  | 10 | <i>flac otic oil</i> .....            | 52 | <i>fluoxetine</i> .....               | 30     |
| <i>famotidine</i> .....                   | 65 | FLAGYL .....                          | 13 | <i>fluphenazine decanoate</i> .....   | 30     |
| FANAPT .....                              | 30 | <i>flavoxate</i> .....                | 85 | <i>fluphenazine hcl</i> .....         | 30     |
| FARESTON .....                            | 16 | <i>flecainide</i> .....               | 33 | <i>flurandrenolide</i> .....          | 47     |
| FARXIGA .....                             | 59 | FLECTOR .....                         | 27 | <i>flurazepam</i> .....               | 30     |
| FASENRA PEN .....                         | 83 | FLEXICHAMBER.....                     | 54 | <i>flurbiprofen</i> .....             | 27     |
| FC2 FEMALE CONDOM ...                     | 71 | FLOLIPID .....                        | 39 | <i>flurbiprofen sodium</i> .....      | 79     |
| <i>febuxostat</i> .....                   | 69 | FLOMAX .....                          | 85 | <i>fluticasone propionate</i> ...     | 47, 83 |
| <i>felbamate</i> .....                    | 20 | FLORIVA (FLUORIDE-                    |    | <i>fluticasone propion-salmeterol</i> |        |
| FELBATOL .....                            | 20 | VITAMIN D3) .....                     | 87 | .....                                 | 83     |
| FELDENE .....                             | 27 | FLUAD QUAD 2023-24(65Y                |    | <i>fluvastatin</i> .....              | 39     |
| <i>felodipine</i> .....                   | 35 | UP)(PF) .....                         | 67 | <i>fluvoxamine</i> .....              | 30     |
| <i>fem ph</i> .....                       | 73 | FLUARIX QUAD 2023-2024                |    | FLUZONE HIGHDOSE                      |        |
| FEMARA .....                              | 16 | (PF).....                             | 67 | QUAD 23-24 PF .....                   | 68     |
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| <i>fenofibrate</i> .....                  | 39 | (PF).....                             | 67 | .....                                 | 68     |
| <i>fenofibrate micronized</i> .....       | 39 | FLUCELVAX QUAD 2023-                  |    | FLUZONE QUAD 2023-2024                |        |
| <i>fenofibrate nanocrystallized</i> ..... | 39 | 2024 .....                            | 68 | (PF).....                             | 68     |
| <i>fenofibric acid</i> .....              | 39 | FLUCELVAX QUAD 2023-                  |    | FML LIQUIFILM .....                   | 80     |
| <i>fenofibric acid (choline)</i> .....    | 39 | 2024 (PF).....                        | 68 | <i>folic acid</i> .....               | 87     |
| FENOGLIDE .....                           | 39 | <i>fluconazole</i> .....              | 9  | <i>folitab</i> .....                  | 87     |
| <i>fenopropfen</i> .....                  | 27 | <i>flucytosine</i> .....              | 9  | <i>folivane-ob</i> .....              | 87     |
| FENSOLVI .....                            | 16 | <i>fludrocortisone</i> .....          | 53 | <i>foltabs 800</i> .....              | 87     |
| <i>fentanyl</i> .....                     | 25 | FLULAVAL QUAD 2023-                   |    | <i>fondaparinux</i> .....             | 37     |
| <i>fentanyl citrate</i> .....             | 25 | 2024 (PF).....                        | 68 | <i>formoterol fumarate</i> .....      | 83     |
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| FETZIMA .....                             | 30 | <i>fluocinolone acetonide oil</i> ... | 52 | <i>fosfomycin tromethamine</i> .....  | 15     |
| FEXMID .....                              | 24 | <i>fluocinolone and shower cap</i>    | 47 | <i>fosinopril</i> .....               | 35     |
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| FROVA .....                            | 23     | <i>glatopa</i> .....                           | 66     | <i>haloperidol decanoate</i> .....             | 30 |
| <i>frovatriptan</i> .....              | 23     | GLEOSTINE .....                                | 17     | <i>haloperidol lactate</i> .....               | 30 |
| <i>full spectrum b-vitamin c</i> ..... | 87     | <i>glimepiride</i> .....                       | 59     | HARVONI.....                                   | 10 |
| FULPHILA .....                         | 66     | <i>glipizide</i> .....                         | 59     | HAVRIX (PF) .....                              | 68 |
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| PREPIDIL .....                        | 73 | <i>promethazine-codeine</i> .....    | 82 | <b>R</b>                             |        |
| PRESTALIA .....                       | 36 | <i>promethazine-dm</i> .....         | 82 | RABAVERT (PF) .....                  | 68     |
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| SORBITOL .....                           | 50     | <i>subvenite starter (green) kit</i> .21 |        | SYNALAR CREAM KIT ...                 | 48     |
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