

*This formulary details coverage for medications filled through the pharmacy benefit portion of your plan. For medications administered by a health care professional, please refer to your medical benefit for coverage details or call Member Services for assistance at (855) 624-6463 M-F 8:00 am – 6:00 pm.*

**\*\*To Search for your medication press Ctrl + F and type in your medication in the search box. If the search does not automatically advance, select the previous or next arrows.**

## **List of Abbreviations**

**ACA (Affordable Care Act):** preventive medications that have no cost-share when ACA conditions are met and when the medication is filled as a prescription at a participating pharmacy.

**CISP:** This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. Enhanced coverage is limited to \$0 cost-share for Tier 1 medications, and reduced cost shares on select Tier 2 and Tier 3 medications according to your plan design without having to meet deductibles first. Reduced cost-share is only available through Express Scripts Home Delivery (mail). For non-CISP eligible plans, please refer to the numeric listing in the Drug Tier column.

**CISP-1:** This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. The CISP-1 designation indicates the cost-share for the medication/item is \$0 through Express Scripts Home Delivery (mail).

**CSE-9:** This designation is only applicable to Members enrolled in a Cornerstone plan. Certain generic medications will be substituted with the brand name equivalent at the generic cost-share. The inclusion of the brand name product in this program is subject to change without notice.

**H.S.A.:** This designation is only applicable for employer-sponsored group plans that are Health Savings Account compatible. For drugs with this designation, the Deductible is waived and the Member pays the applicable drug Tier cost-share.

**INS:** This designation indicates the cost-share for this medication will be no more than \$35 for up to a 30-day supply.

**MSP (Mandatory Specialty Pharmacy):** These drugs must be obtained directly through our exclusive mandatory pharmacy, Accredo (mail order), or the drug is not covered. We may require that you try certain drugs to treat your medical condition before you are provided coverage. These drugs are limited to a 30-day supply.

**OTC:** This drug is an over-the-counter product that is covered with a prescription from the prescriber and when filled at an in-network pharmacy.

**PA (Prior Approval):** The Plan requires you or your Provider to get Prior Approval for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

**QL (Quantity Limit):** A quantity limit (QL) defines how much of a particular drug you may get during a specific time period (days supply limit) or the maximum days supply you may get at once (quantity per days supply limit).

**SP (Specialty Pharmacy):** This means the out-of-pocket cost is at the 'specialty' cost-share. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then, this drug must be obtained directly through the exclusive specialty pharmacy, Accredo (mail), or you pay 100% of the retail cost. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

**ST (Step Therapy):** In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period 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, the Plan may cover Drug B. \*Note: The Prior Approval process may be used to facilitate this process.

**Effective July 1, 2022**

**If you need assistance or have questions, please call Member Services at (855) 624-6463.**

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <b>ANTI - INFECTIVES</b>                              |           |                       |
| <b>ANTIFUNGAL AGENTS</b>                              |           |                       |
| ANCOBON ORAL CAPSULE                                  | 4         |                       |
| <i>clotrimazole mucous membrane troche</i>            | 2         |                       |
| CRESEMBA ORAL CAPSULE                                 | 3         | PA                    |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION           | 4         |                       |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG            | 4         |                       |
| DIFLUCAN ORAL TABLET 150 MG                           | 4         | QL                    |
| <i>fluconazole oral suspension for reconstitution</i> | 2         |                       |
| <i>fluconazole oral tablet 100 mg, 200 mg</i>         | 2         |                       |
| <i>fluconazole oral tablet 150 mg</i>                 | 1         | QL                    |
| <i>fluconazole oral tablet 50 mg</i>                  | 1         |                       |
| <i>flucytosine oral capsule</i>                       | 2         |                       |
| <i>griseofulvin microsize oral suspension</i>         | 2         |                       |
| <i>griseofulvin microsize oral tablet</i>             | 2         |                       |
| <i>griseofulvin ultramicrosize oral tablet</i>        | 2         |                       |
| <i>itraconazole oral capsule</i>                      | 2         | QL                    |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>itraconazole oral solution</i>                        | 2         |                       |
| <i>ketoconazole oral tablet</i>                          | 2         |                       |
| NOXAFIL ORAL SUSPENSION                                  | 3         | PA                    |
| <i>nystatin oral suspension</i>                          | 1         |                       |
| <i>nystatin oral tablet</i>                              | 2         |                       |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET                | 4         |                       |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 2         | PA                    |
| SPORANOX ORAL SOLUTION                                   | 4         |                       |
| SPORANOX PULSEPAK ORAL CAPSULE                           | 4         | QL                    |
| <i>terbinafine hcl oral tablet</i>                       | 2         |                       |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION                 | 4         | PA                    |
| VFEND ORAL TABLET                                        | 4         | PA                    |
| <i>voriconazole oral suspension for reconstitution</i>   | 2         | PA                    |
| <i>voriconazole oral tablet</i>                          | 2         | PA                    |
| <b>ANTIVIRALS</b>                                        |           |                       |
| <i>abacavir oral solution</i>                            | 5         | MSP                   |
| <i>abacavir oral tablet</i>                              | 5         | MSP                   |
| <i>abacavir-lamivudine oral tablet</i>                   | 5         | MSP                   |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>acyclovir oral capsule</i>                      | 1         |                       |
| <i>acyclovir oral suspension 200 mg/5 ml</i>       | 2         |                       |
| <i>acyclovir oral tablet 400 mg</i>                | 1         |                       |
| <i>acyclovir oral tablet 800 mg</i>                | 2         |                       |
| <i>adefovir oral tablet</i>                        | 2         |                       |
| <i>amantadine hcl oral capsule</i>                 | 2         |                       |
| <i>amantadine hcl oral solution</i>                | 1         |                       |
| <i>amantadine hcl oral tablet</i>                  | 1         |                       |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | 5         | PA                    |
| APTIVUS ORAL CAPSULE                               | 5         | MSP                   |
| <i>atazanavir oral capsule</i>                     | 5         | MSP                   |
| BARACLUDE ORAL SOLUTION                            | 3         |                       |
| BIKTARVY ORAL TABLET                               | 5         | MSP                   |
| CIMDUO ORAL TABLET                                 | 5         | MSP                   |
| COMBIVIR ORAL TABLET                               | 5         | MSP                   |
| DESCOVY ORAL TABLET 120-15 MG                      | 5         | MSP                   |
| DESCOVY ORAL TABLET 200-25 MG                      | 5         |                       |

| Drug Name                                                                           | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>                | 5         | MSP                   |
| DOVATO ORAL TABLET                                                                  | 5         | MSP                   |
| EDURANT ORAL TABLET                                                                 | 5         | MSP                   |
| <i>efavirenz oral capsule</i>                                                       | 5         | MSP                   |
| <i>efavirenz oral tablet</i>                                                        | 5         | MSP                   |
| <i>efavirenz-emtricitabin-tenofovir oral tablet</i>                                 | 5         | MSP                   |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>               | 5         | MSP                   |
| <i>emtricitabine oral capsule</i>                                                   | 5         | MSP                   |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 5         | MSP                   |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 5         |                       |
| EMTRIVA ORAL CAPSULE                                                                | 5         | MSP                   |
| EMTRIVA ORAL SOLUTION                                                               | 5         | MSP                   |
| <i>entecavir oral tablet</i>                                                        | 2         |                       |
| EPCLUSA ORAL PELLETS IN PACKET                                                      | 5         | PA; MSP; QL           |
| EPCLUSA ORAL TABLET                                                                 | 5         | PA; MSP; QL           |
| EPIVIR HBV ORAL SOLUTION                                                            | 3         |                       |
| EPIVIR HBV ORAL TABLET                                                              | 4         |                       |

| Drug Name                        | Drug Tier | Requirements / Limits |
|----------------------------------|-----------|-----------------------|
| EPIVIR ORAL SOLUTION             | 5         | MSP                   |
| EPIVIR ORAL TABLET               | 5         | MSP                   |
| EPZICOM ORAL TABLET              | 5         | MSP                   |
| <i>etravirine oral tablet</i>    | 5         | MSP                   |
| EVOTAZ ORAL TABLET               | 5         | MSP                   |
| <i>famciclovir oral tablet</i>   | 2         | QL                    |
| FLUMADINE ORAL TABLET            | 4         |                       |
| <i>fosamprenavir oral tablet</i> | 5         | MSP                   |
| FUZEON SUBCUTANEOUS RECON SOLN   | 5         | MSP                   |
| GENVOYA ORAL TABLET              | 5         | MSP                   |
| HARVONI ORAL PELLETS IN PACKET   | 5         | PA; MSP; QL           |
| HARVONI ORAL TABLET              | 5         | PA; MSP; QL           |
| HEPSERA ORAL TABLET              | 4         |                       |
| INTELENCE ORAL TABLET            | 5         | MSP                   |
| INVIRASE ORAL TABLET             | 5         | MSP                   |
| ISENTRESS HD ORAL TABLET         | 5         | MSP                   |
| ISENTRESS ORAL POWDER IN PACKET  | 5         | MSP                   |
| ISENTRESS ORAL TABLET            | 5         | MSP                   |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| ISENTRESS ORAL TABLET,CHEWABLE                       | 5         | MSP                   |
| JULUCA ORAL TABLET                                   | 5         | MSP                   |
| KALETRA ORAL SOLUTION                                | 5         | MSP                   |
| KALETRA ORAL TABLET                                  | 5         | MSP                   |
| <i>lamivudine oral solution</i>                      | 5         | MSP                   |
| <i>lamivudine oral tablet 100 mg</i>                 | 2         |                       |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>         | 5         | MSP                   |
| <i>lamivudine-zidovudine oral tablet</i>             | 5         | MSP                   |
| LEXIVA ORAL SUSPENSION                               | 5         | MSP                   |
| LEXIVA ORAL TABLET                                   | 5         | MSP                   |
| LIVTENCITY ORAL TABLET                               | 4         | PA; QL                |
| <i>lopinavir-ritonavir oral solution</i>             | 5         | MSP                   |
| <i>lopinavir-ritonavir oral tablet</i>               | 5         | MSP                   |
| <i>maraviroc oral tablet</i>                         | 5         | MSP                   |
| MOLNUPIRAVIR ORAL CAPSULE                            | 3         | QL                    |
| <i>nevirapine oral suspension</i>                    | 5         | MSP                   |
| <i>nevirapine oral tablet</i>                        | 5         | MSP                   |
| <i>nevirapine oral tablet extended release 24 hr</i> | 5         | MSP                   |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| NORVIR ORAL POWDER IN PACKET                          | 5         | MSP                   |
| NORVIR ORAL SOLUTION                                  | 5         | MSP                   |
| NORVIR ORAL TABLET                                    | 5         | MSP                   |
| ODEFSEY ORAL TABLET                                   | 5         | MSP                   |
| <i>oseltamivir oral capsule</i>                       | 2         | QL                    |
| <i>oseltamivir oral suspension for reconstitution</i> | 2         | QL                    |
| PAXLOVID (EUA) ORAL TABLET 150-100 MG                 | 3         |                       |
| PAXLOVID (EUA) ORAL TABLET 300 MG (150 MG X 2)-100 MG | 3         | QL                    |
| PREVYMIS ORAL TABLET                                  | 3         | QL                    |
| PREZISTA ORAL SUSPENSION                              | 5         | MSP                   |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG    | 5         | MSP                   |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE      | 4         | QL                    |
| RETROVIR ORAL CAPSULE                                 | 5         | MSP                   |
| RETROVIR ORAL SYRUP                                   | 5         | MSP                   |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG                   | 5         | MSP                   |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| REYATAZ ORAL POWDER IN PACKET                     | 5         | MSP                   |
| <i>ribavirin inhalation recon soln</i>            | 2         |                       |
| <i>rimantadine oral tablet</i>                    | 2         |                       |
| <i>ritonavir oral tablet</i>                      | 5         | MSP                   |
| SELZENTRY ORAL SOLUTION                           | 5         | MSP                   |
| SELZENTRY ORAL TABLET                             | 5         | MSP                   |
| <i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i> | 5         | MSP                   |
| SUSTIVA ORAL CAPSULE                              | 5         | MSP                   |
| SUSTIVA ORAL TABLET                               | 5         | MSP                   |
| SYMFI LO ORAL TABLET                              | 5         | MSP                   |
| SYMFI ORAL TABLET                                 | 5         | MSP                   |
| SYMTUZA ORAL TABLET                               | 5         | MSP                   |
| SYNAGIS INTRAMUSCULAR SOLUTION                    | 5         | PA; MSP               |
| TAMIFLU ORAL CAPSULE                              | 4         | QL                    |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION        | 4         | QL                    |
| TEMIXYS ORAL TABLET                               | 5         | MSP                   |
| <i>tenofovir disoproxil fumarate oral tablet</i>  | 5         | MSP                   |
| TIVICAY ORAL TABLET                               | 5         | MSP                   |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| TIVICAY PD ORAL TABLET FOR SUSPENSION | 5         | MSP                   |
| TRIUMEQ ORAL TABLET                   | 5         | MSP                   |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION | 5         | MSP                   |
| TRIZIVIR ORAL TABLET                  | 5         | MSP                   |
| TYBOST ORAL TABLET                    | 5         | MSP                   |
| <i>valacyclovir oral tablet</i>       | 2         | QL                    |
| VALCYTE ORAL RECON SOLN               | 4         |                       |
| VALCYTE ORAL TABLET                   | 4         |                       |
| <i>valganciclovir oral recon soln</i> | 2         |                       |
| <i>valganciclovir oral tablet</i>     | 2         |                       |
| VEMLIDY ORAL TABLET                   | 3         |                       |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK    | 5         | PA; MSP; QL           |
| VIRACEPT ORAL TABLET                  | 5         | MSP                   |
| VIRAZOLE INHALATION RECON SOLN        | 4         |                       |
| VIREAD ORAL POWDER                    | 5         | MSP                   |
| VIREAD ORAL TABLET                    | 5         | MSP                   |
| VOSEVI ORAL TABLET                    | 5         | PA; SP; QL            |

| Drug Name                                                                                | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------|-----------|-----------------------|
| XOFLUZA ORAL TABLET                                                                      | 4         | QL                    |
| ZEPATIER ORAL TABLET                                                                     | 5         | PA; SP; QL            |
| ZIAGEN ORAL SOLUTION                                                                     | 5         | MSP                   |
| ZIAGEN ORAL TABLET                                                                       | 5         | MSP                   |
| <i>zidovudine oral capsule</i>                                                           | 5         | MSP                   |
| <i>zidovudine oral syrup</i>                                                             | 5         | MSP                   |
| <i>zidovudine oral tablet</i>                                                            | 5         | MSP                   |
| ZOVIRAX ORAL SUSPENSION                                                                  | 4         |                       |
| <b>CEPHALOSPORINS</b>                                                                    |           |                       |
| <i>cefactor oral capsule</i>                                                             | 1         |                       |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1         |                       |
| <i>cefactor 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 oral capsule</i>                                                             | 2         |                       |
| <i>cefdinir oral suspension for reconstitution</i>                                       | 1         |                       |
| <i>cefditoren pivoxil oral tablet</i>                                                    | 1         |                       |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>cefixime oral capsule</i>                          | 1         |                       |
| <i>cefixime oral suspension for reconstitution</i>    | 1         |                       |
| <i>cefpodoxime oral suspension for reconstitution</i> | 2         |                       |
| <i>cefpodoxime oral tablet</i>                        | 2         |                       |
| <i>cefprozil oral suspension for reconstitution</i>   | 1         |                       |
| <i>cefprozil oral tablet</i>                          | 1         |                       |
| <i>cefuroxime axetil oral tablet</i>                  | 2         |                       |
| <i>cephalexin oral capsule</i>                        | 1         |                       |
| <i>cephalexin oral suspension for reconstitution</i>  | 1         |                       |
| <i>cephalexin oral tablet</i>                         | 1         |                       |
| SPECTRACEF ORAL TABLET 400 MG                         | 4         |                       |
| SUPRAX ORAL CAPSULE                                   | 4         |                       |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION             | 4         |                       |
| SUPRAX ORAL TABLET,CHEWABLE                           | 4         |                       |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>           |           |                       |
| <i>azithromycin oral packet</i>                       | 1         |                       |

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| <i>azithromycin oral suspension for reconstitution</i>            | 2         |                       |
| <i>azithromycin oral tablet</i>                                   | 1         |                       |
| <i>clarithromycin oral suspension for reconstitution</i>          | 1         |                       |
| <i>clarithromycin oral tablet</i>                                 | 1         |                       |
| <i>clarithromycin oral tablet extended release 24 hr</i>          | 1         |                       |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION                        | 4         | QL                    |
| DIFICID ORAL TABLET                                               | 4         | QL                    |
| <i>e.e.s. 400 oral tablet</i>                                     | 2         |                       |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION                | 4         |                       |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION                     | 4         |                       |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION                     | 4         |                       |
| <i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i> | 2         |                       |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG                    | 4         |                       |
| <i>erythrocine (as stearate) oral tablet 250 mg</i>                   | 2         |                       |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 2         |                       |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 2         |                       |
| <i>erythromycin oral capsule, delayed release(dr/ec)</i>              | 2         |                       |
| <i>erythromycin oral tablet</i>                                       | 2         |                       |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>              | 2         |                       |
| ZITHROMAX ORAL PACKET                                                 | 4         |                       |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION                          | 4         |                       |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                                  | 4         |                       |
| ZITHROMAX TRI-PAK ORAL TABLET                                         | 4         |                       |
| ZITHROMAX Z-PAK ORAL TABLET                                           | 4         |                       |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                                   |           |                       |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)     | 4         | QL                    |
| <i>albendazole oral tablet</i>                  | 2         | QL                    |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION       | 3         | QL                    |
| ARAKODA ORAL TABLET                             | 4         | QL                    |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION | 5         | PA                    |
| <i>atovaquone oral suspension</i>               | 2         |                       |
| <i>atovaquone-proguanil oral tablet</i>         | 2         | QL                    |
| BENZNIDAZOLE ORAL TABLET                        | 3         | QL                    |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION    | 5         | PA; MSP; QL           |
| BILTRICIDE ORAL TABLET                          | 4         |                       |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION    | 5         | PA; MSP; QL           |
| <i>chloroquine phosphate oral tablet</i>        | 2         |                       |
| CLEOCIN HCL ORAL CAPSULE                        | 4         |                       |
| CLEOCIN PEDIATRIC ORAL RECON SOLN               | 4         |                       |
| <i>clindamycin hcl oral capsule</i>             | 1         |                       |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>clindamycin pediatric oral recon soln</i>          | 1         |                       |
| COARTEM ORAL TABLET                                   | 3         | QL                    |
| CYCLOSERINE ORAL CAPSULE                              | 4         |                       |
| <i>dapsone oral tablet</i>                            | 2         |                       |
| DARAPRIM ORAL TABLET                                  | 5         | PA                    |
| EMVERM ORAL TABLET,CHEWABLE                           | 3         | QL                    |
| <i>ethambutol oral tablet</i>                         | 2         |                       |
| FLAGYL ORAL CAPSULE                                   | 4         |                       |
| HUMATIN ORAL CAPSULE                                  | 5         | MSP                   |
| HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG | 4         |                       |
| <i>hydroxychloroquine oral tablet 200 mg</i>          | 2         |                       |
| <i>imipenem-cilastatin intravenous recon soln</i>     | 2         | ST                    |
| IMPAVIDO ORAL CAPSULE                                 | 3         | PA; QL                |
| <i>isoniazid oral solution</i>                        | 2         |                       |
| <i>isoniazid oral tablet</i>                          | 2         |                       |
| <i>ivermectin oral tablet</i>                         | 1         | PA; QL                |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION      | 5         | PA; MSP; QL           |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| KRINTAFEL ORAL TABLET                               | 4         | QL                    |
| <i>linezolid oral suspension for reconstitution</i> | 2         | PA                    |
| <i>linezolid oral tablet</i>                        | 2         | PA                    |
| MALARONE ORAL TABLET                                | 4         | QL                    |
| MALARONE PEDIATRIC ORAL TABLET                      | 4         | QL                    |
| <i>mefloquine oral tablet</i>                       | 2         | QL                    |
| MEPRON ORAL SUSPENSION                              | 4         |                       |
| <i>metronidazole oral capsule</i>                   | 2         |                       |
| <i>metronidazole oral tablet</i>                    | 1         |                       |
| MYAMBUTOL ORAL TABLET 400 MG                        | 4         |                       |
| MYCOBUTIN ORAL CAPSULE                              | 4         |                       |
| NEBUPENT INHALATION RECON SOLN                      | 4         | QL                    |
| <i>neomycin oral tablet</i>                         | 1         |                       |
| <i>nitazoxanide oral tablet</i>                     | 2         | QL                    |
| <i>paromomycin oral capsule</i>                     | 2         |                       |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET           | 4         |                       |
| <i>pentamidine inhalation recon soln</i>            | 2         | QL                    |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>praziquantel oral tablet</i>                                        | 2         |                       |
| PRETOMANID ORAL TABLET                                                 | 4         | PA                    |
| PRIFTIN ORAL TABLET                                                    | 3         |                       |
| <i>primaquine oral tablet</i>                                          | 2         | QL                    |
| <i>pyrazinamide oral tablet</i>                                        | 2         |                       |
| <i>pyrimethamine oral tablet</i>                                       | 5         | PA; MSP               |
| QUALAQUIN ORAL CAPSULE                                                 | 4         | QL                    |
| <i>quinine sulfate oral capsule</i>                                    | 2         | QL                    |
| <i>rifabutin oral capsule</i>                                          | 2         |                       |
| <i>rifampin oral capsule</i>                                           | 2         |                       |
| SIRTURO ORAL TABLET                                                    | 3         | PA                    |
| SIVEXTRO ORAL TABLET                                                   | 4         | PA                    |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET                            | 3         | QL                    |
| STROMEKTOL ORAL TABLET                                                 | 4         | PA; QL                |
| <i>tinidazole oral tablet</i>                                          | 2         | QL                    |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE                  | 5         | PA; MSP; QL           |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i> | 5         | PA; SP; QL            |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| <i>tobramycin inhalation solution for nebulization</i>                | 5         | PA; SP; QL            |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION        | 5         | PA; SP; QL            |
| TRECTOR ORAL TABLET                                                   | 4         |                       |
| XENLETA ORAL TABLET                                                   | 4         |                       |
| XIFAXAN ORAL TABLET                                                   | 3         | QL                    |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION                              | 4         | PA                    |
| ZYVOX ORAL TABLET                                                     | 4         | 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 oral suspension for reconstitution</i> | 1         |                       |
| <i>amoxicillin-pot clavulanate oral tablet</i>                        | 1         |                       |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | 1         |                       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable</i>              | 1         |                       |
| <i>ampicillin oral capsule 500 mg</i>                                 | 1         |                       |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML        | 3         |                       |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML         | 4         |                       |
| AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR                       | 4         |                       |
| <i>dicloxacillin oral capsule</i>                                     | 2         |                       |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR                              | 4         |                       |
| <i>penicillin v potassium oral recon soln</i>                         | 1         |                       |
| <i>penicillin v potassium oral tablet</i>                             | 1         |                       |
| <b>QUINOLONES</b>                                                     |           |                       |
| BAXDELA ORAL TABLET                                                   | 3         | QL                    |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON                | 4         |                       |
| CIPRO ORAL TABLET 250 MG, 500 MG                         | 4         |                       |
| <i>ciprofloxacin hcl oral tablet</i>                     | 1         |                       |
| <i>ciprofloxacin oral suspension, microcapsule recon</i> | 2         |                       |
| FACTIVE ORAL TABLET                                      | 4         |                       |
| <i>levofloxacin oral solution</i>                        | 1         |                       |
| <i>levofloxacin oral tablet</i>                          | 1         |                       |
| <i>moxifloxacin oral tablet</i>                          | 2         |                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>              | 2         |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>                      |           |                       |
| BACTRIM DS ORAL TABLET                                   | 4         |                       |
| BACTRIM ORAL TABLET                                      | 4         |                       |
| <i>sulfadiazine oral tablet</i>                          | 2         |                       |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>     | 1         |                       |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>         | 1         |                       |
| <i>sulfatrim oral suspension</i>                         | 1         |                       |
| <b>TETRACYCLINES</b>                                     |           |                       |
| ACTICLATE ORAL TABLET                                    | 4         | ST                    |

| Drug Name                                                                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|
| AVIDOXY DK KIT                                                                                | 4         | ST                    |
| <i>avidoxy oral tablet</i>                                                                    | 1         |                       |
| <i>coremino oral tablet extended release 24 hr</i>                                            | 2         | ST                    |
| <i>demeclocycline oral tablet</i>                                                             | 2         |                       |
| <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, 75 mg</i> | 2         | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>                         | 1         | ST                    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                     | 1         |                       |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                                            | 2         | ST                    |
| <i>doxycycline monohydrate oral capsule 75 mg</i>                                             | 2         |                       |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>                             | 1         |                       |
| <i>doxycycline monohydrate oral tablet</i>                                                    | 1         |                       |

| Drug Name                                                                      | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| LYMEPAK ORAL TABLET                                                            | 4         |                       |
| <i>minocycline oral capsule</i>                                                | 1         |                       |
| <i>minocycline oral tablet</i>                                                 | 2         |                       |
| <i>minocycline oral tablet extended release 24 hr</i>                          | 2         | ST                    |
| MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR                                | 4         | ST                    |
| <i>mondoxyne nl oral capsule 100 mg</i>                                        | 1         |                       |
| <i>mondoxyne nl oral capsule 75 mg</i>                                         | 2         |                       |
| MONODOX ORAL CAPSULE                                                           | 4         | ST                    |
| MORGIDOX 1X 50 KIT                                                             | 4         | ST                    |
| MORGIDOX 2X100 KIT                                                             | 4         | ST                    |
| <i>morgidox oral capsule 100 mg</i>                                            | 2         |                       |
| NUZYRA ORAL TABLET                                                             | 4         | QL                    |
| SEYSARA ORAL TABLET                                                            | 4         | ST                    |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 4         | ST                    |
| TARGADOX ORAL TABLET                                                           | 4         | ST                    |
| <i>tetracycline oral capsule</i>                                               | 2         |                       |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| VIBRAMYCIN (CALCIUM) ORAL SYRUP                      | 4         | ST                    |
| VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION | 4         | ST                    |
| VIBRAMYCIN ORAL CAPSULE 100 MG                       | 4         | ST                    |
| <b>URINARY TRACT AGENTS</b>                          |           |                       |
| <i>fosfomycin tromethamine oral packet</i>           | 2         |                       |
| FURADANTIN ORAL SUSPENSION                           | 4         |                       |
| HIPREX ORAL TABLET                                   | 4         |                       |
| MACROBID ORAL CAPSULE                                | 4         |                       |
| MACRODANTIN ORAL CAPSULE                             | 4         |                       |
| <i>methenamine hippurate oral tablet</i>             | 2         |                       |
| <i>methenamine mandelate oral tablet</i>             | 2         |                       |
| MONUROL ORAL PACKET                                  | 4         |                       |
| <i>nitrofurantoin macrocrystal oral capsule</i>      | 1         |                       |
| <i>nitrofurantoin monohyd/m-cryst oral capsule</i>   | 1         |                       |
| <i>nitrofurantoin oral suspension</i>                | 2         |                       |
| PRIMSOL ORAL SOLUTION                                | 4         |                       |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>trimethoprim oral tablet</i>                          | 1         |                       |
| <b>VANCOMYCIN</b>                                        |           |                       |
| VANCOCIN ORAL CAPSULE                                    | 4         | PA; QL                |
| <i>vancomycin oral capsule</i>                           | 2         | PA; QL                |
| <i>vancomycin oral recon soln</i>                        | 2         | QL                    |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>      |           |                       |
| <b>ADJUNCTIVE AGENTS</b>                                 |           |                       |
| <i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i> | 1         |                       |
| <i>leucovorin calcium oral tablet 15 mg</i>              | 2         |                       |
| MESNEX ORAL TABLET                                       | 3         |                       |
| VISTOGARD ORAL GRANULES IN PACKET                        | 5         | PA; QL                |
| XGEVA SUBCUTANEOUS SOLUTION                              | 5         | PA; MSP; QL           |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>      |           |                       |
| <i>abiraterone oral tablet</i>                           | 5         | PA; MSP; QL           |
| ALECENSA ORAL CAPSULE                                    | 5         | PA; MSP; QL           |
| ALKERAN ORAL TABLET                                      | 4         |                       |
| ALUNBRIG ORAL TABLET                                     | 5         | PA; MSP; QL           |
| ALUNBRIG ORAL TABLETS,DOSE PACK                          | 5         | PA; MSP; QL           |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>anastrozole oral tablet</i>                   | 2         |                       |
| AROMASIN ORAL TABLET                             | 4         |                       |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR  | 4         | PA                    |
| AYVAKIT ORAL TABLET                              | 5         | PA; QL                |
| AZASAN ORAL TABLET                               | 4         |                       |
| <i>azathioprine oral tablet</i>                  | 2         |                       |
| BALVERSA ORAL TABLET                             | 5         | PA                    |
| BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML | 4         | MSP                   |
| <i>bexarotene oral capsule</i>                   | 5         | PA; MSP               |
| <i>bicalutamide oral tablet</i>                  | 2         |                       |
| BOSULIF ORAL TABLET                              | 5         | PA; MSP; QL           |
| BRAFTOVI ORAL CAPSULE                            | 5         | PA; MSP; QL           |
| BRUKINSA ORAL CAPSULE                            | 5         | PA; MSP               |
| CABOMETYX ORAL TABLET                            | 5         | PA; MSP; QL           |
| CALQUENCE ORAL CAPSULE                           | 5         | PA; QL                |
| <i>capecitabine oral tablet</i>                  | 5         | PA; SP; QL            |
| CAPRELSA ORAL TABLET                             | 5         | PA; QL                |

| Drug Name                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------|-----------|-----------------------|
| CASODEX ORAL TABLET                         | 4         |                       |
| CELLCEPT ORAL CAPSULE                       | 4         |                       |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION | 4         |                       |
| CELLCEPT ORAL TABLET                        | 4         |                       |
| COMETRIQ ORAL CAPSULE                       | 5         | PA; MSP; QL           |
| COPIKTRA ORAL CAPSULE                       | 5         | PA; QL                |
| COTELLIC ORAL TABLET                        | 5         | PA; MSP; QL           |
| <i>cyclophosphamide oral capsule</i>        | 2         |                       |
| CYCLOPHOSPHAMIDE ORAL TABLET                | 4         |                       |
| <i>cyclosporine modified oral capsule</i>   | 2         |                       |
| <i>cyclosporine modified oral solution</i>  | 2         |                       |
| <i>cyclosporine oral capsule</i>            | 2         |                       |
| DAURISMO ORAL TABLET                        | 5         | PA; MSP; QL           |
| DROXIA ORAL CAPSULE                         | 3         |                       |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE      | 5         | PA; MSP               |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE      | 5         | PA; MSP               |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE                             | 5         | PA; MSP               |
| ELIGARD SUBCUTANEOUS SYRINGE                                       | 5         | PA; MSP               |
| EMCYT ORAL CAPSULE                                                 | 3         |                       |
| ENSPRYNG SUBCUTANEOUS SYRINGE                                      | 5         | PA; MSP               |
| ERIVEDGE ORAL CAPSULE                                              | 5         | PA; MSP; QL           |
| ERLEADA ORAL TABLET                                                | 5         | PA; MSP; QL           |
| <i>erlotinib oral tablet</i>                                       | 5         | PA; MSP; QL           |
| <i>etoposide oral capsule</i>                                      | 2         |                       |
| EULEXIN ORAL CAPSULE                                               | 4         |                       |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 5 mg, 7.5 mg</i> | 5         | PA; MSP; QL           |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg</i>              | 5         | PA; SP; QL            |
| <i>everolimus (antineoplastic) oral tablet for suspension</i>      | 5         | PA; MSP; QL           |
| <i>everolimus (immunosuppressive) oral tablet</i>                  | 2         |                       |
| <i>exemestane oral tablet</i>                                      | 2         |                       |
| EXKIVITY ORAL CAPSULE                                              | 5         | PA; QL                |
| FARESTON ORAL TABLET                                               | 4         |                       |

| Drug Name                       | Drug Tier | Requirements / Limits |
|---------------------------------|-----------|-----------------------|
| FARYDAK ORAL CAPSULE            | 4         | PA; MSP; QL           |
| FEMARA ORAL TABLET              | 4         |                       |
| <i>flutamide oral capsule</i>   | 1         |                       |
| GAVRETO ORAL CAPSULE            | 5         | PA; MSP; QL           |
| <i>gengraf oral capsule</i>     | 2         |                       |
| <i>gengraf oral solution</i>    | 2         |                       |
| GILOTRIF ORAL TABLET            | 5         | PA; MSP; QL           |
| GLEOSTINE ORAL CAPSULE          | 3         |                       |
| GLIADEL WAFER IMPLANT WAFER     | 4         |                       |
| HYCANTIN ORAL CAPSULE           | 5         | PA; MSP               |
| HYDREA ORAL CAPSULE             | 4         |                       |
| <i>hydroxyurea oral capsule</i> | 1         |                       |
| IBRANCE ORAL CAPSULE            | 5         | PA; MSP; QL           |
| IBRANCE ORAL TABLET             | 5         | PA; MSP; QL           |
| ICLUSIG ORAL TABLET             | 5         | PA; QL                |
| IDHIFA ORAL TABLET              | 5         | PA; MSP; QL           |
| <i>imatinib oral tablet</i>     | 5         | PA; MSP; QL           |
| IMBRUVICA ORAL CAPSULE          | 5         | PA; QL                |
| IMBRUVICA ORAL TABLET           | 5         | PA; QL                |
| IMURAN ORAL TABLET              | 4         |                       |
| INLYTA ORAL TABLET              | 5         | PA; MSP; QL           |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| IRESSA ORAL TABLET                               | 5         | PA; MSP; QL           |
| JAKAFI ORAL TABLET                               | 5         | PA; MSP; QL           |
| JELMYTO INTRA-PYELOCALYCEAL KIT                  | 5         | PA                    |
| KOSELUGO ORAL CAPSULE                            | 5         | PA                    |
| <i>lapatinib oral tablet</i>                     | 5         | PA; MSP; QL           |
| LENVIMA ORAL CAPSULE                             | 5         | PA; MSP; QL           |
| <i>letrozole oral tablet</i>                     | 1         |                       |
| LEUKERAN ORAL TABLET                             | 3         |                       |
| <i>leuprolide subcutaneous kit</i>               | 5         | PA; SP                |
| LONSURF ORAL TABLET                              | 5         | PA; MSP               |
| LORBRENA ORAL TABLET                             | 5         | PA; MSP; QL           |
| LUMAKRAS ORAL TABLET                             | 5         | PA; MSP               |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT | 5         | PA; MSP               |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT | 5         | PA; MSP               |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT | 5         | PA; MSP               |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT           | 5         | PA; MSP               |

| Drug Name                                                                         | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT                              | 5         | PA; MSP               |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT                                                | 5         | PA; MSP               |
| LYNPARZA ORAL TABLET                                                              | 5         | PA; MSP; QL           |
| LYSODREN ORAL TABLET                                                              | 5         |                       |
| MATULANE ORAL CAPSULE                                                             | 5         |                       |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 2         |                       |
| <i>megestrol oral tablet</i>                                                      | 1         |                       |
| MEKINIST ORAL TABLET                                                              | 5         | PA; MSP; QL           |
| MEKTOVI ORAL TABLET                                                               | 5         | PA; MSP; QL           |
| <i>melfhalan oral tablet</i>                                                      | 1         |                       |
| <i>mercaptopurine oral tablet</i>                                                 | 2         |                       |
| <i>methotrexate sodium (pf) injection recon soln</i>                              | 2         |                       |
| <i>methotrexate sodium (pf) injection solution</i>                                | 1         |                       |
| <i>methotrexate sodium injection solution</i>                                     | 1         |                       |
| <i>methotrexate sodium oral tablet</i>                                            | 2         |                       |
| <i>mycophenolate mofetil oral capsule</i>                                         | 2         |                       |

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| <i>mycophenolate mofetil oral suspension for reconstitution</i>  | 2         |                       |
| <i>mycophenolate mofetil oral tablet</i>                         | 2         |                       |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i> | 2         |                       |
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)                    | 4         |                       |
| MYLERAN ORAL TABLET                                              | 3         |                       |
| NEORAL ORAL CAPSULE                                              | 4         |                       |
| NEORAL ORAL SOLUTION                                             | 4         |                       |
| NERLYNX ORAL TABLET                                              | 5         | PA; MSP               |
| NEXAVAR ORAL TABLET                                              | 5         | PA; MSP; QL           |
| NILANDRON ORAL TABLET                                            | 4         | PA                    |
| <i>nilutamide oral tablet</i>                                    | 2         | PA                    |
| NINLARO ORAL CAPSULE                                             | 5         | PA; MSP; QL           |
| NUBEQA ORAL TABLET                                               | 5         | PA; MSP; QL           |
| <i>octreotide acetate injection solution</i>                     | 5         | PA; MSP               |
| <i>octreotide acetate injection syringe</i>                      | 5         | PA; MSP               |
| ODOMZO ORAL CAPSULE                                              | 5         | PA; MSP; QL           |
| ORGOVYX ORAL TABLET                                              | 5         | PA; QL                |

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| PEMAZYRE ORAL TABLET                                             | 5         | PA; QL                |
| PROGRAF ORAL CAPSULE                                             | 4         |                       |
| PROGRAF ORAL GRANULES IN PACKET                                  | 3         |                       |
| PURIXAN ORAL SUSPENSION                                          | 5         |                       |
| RAPAMUNE ORAL SOLUTION                                           | 4         |                       |
| RAPAMUNE ORAL TABLET                                             | 4         |                       |
| RETEVMO ORAL CAPSULE                                             | 5         | PA; MSP; QL           |
| REZUROCK ORAL TABLET                                             | 4         | PA; QL                |
| ROZLYTREK ORAL CAPSULE                                           | 5         | PA; MSP; QL           |
| RUBRACA ORAL TABLET                                              | 5         | PA; MSP; QL           |
| RYDAPT ORAL CAPSULE                                              | 5         | PA; MSP; QL           |
| SANDIMMUNE ORAL CAPSULE                                          | 4         |                       |
| SANDIMMUNE ORAL SOLUTION                                         | 3         |                       |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 5         | PA; MSP               |
| SIGNIFOR SUBCUTANEOUS SOLUTION                                   | 5         | PA                    |
| <i>sirolimus oral solution</i>                                   | 2         |                       |
| <i>sirolimus oral tablet</i>                                     | 2         |                       |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| SOLTAMOX ORAL SOLUTION                | 4         |                       |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE | 5         | PA; MSP               |
| SPRYCEL ORAL TABLET                   | 5         | PA; MSP; QL           |
| STIVARGA ORAL TABLET                  | 5         | PA; MSP; QL           |
| <i>sunitinib oral capsule</i>         | 5         | PA; MSP; QL           |
| SUPPRELIN LA IMPLANT KIT              | 5         | PA; MSP               |
| SUTENT ORAL CAPSULE                   | 5         | PA; MSP; QL           |
| SYNRIBO SUBCUTANEOUS RECON SOLN       | 5         | PA                    |
| TABLOID ORAL TABLET                   | 4         |                       |
| TABRECTA ORAL TABLET                  | 5         | PA; MSP               |
| <i>tacrolimus oral capsule</i>        | 2         |                       |
| TAFINLAR ORAL CAPSULE                 | 5         | PA; MSP; QL           |
| TAGRISSO ORAL TABLET                  | 5         | PA; MSP; QL           |
| TALZENNA ORAL CAPSULE 0.25 MG, 1 MG   | 5         | PA; MSP; QL           |
| TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG | 5         | PA; MSP               |
| <i>tamoxifen oral tablet 10 mg</i>    | 1         |                       |
| <i>tamoxifen oral tablet 20 mg</i>    | 2         |                       |

| Drug Name                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------|-----------|-----------------------|
| TARCEVA ORAL TABLET                            | 5         | PA; MSP; QL           |
| TARGRETIN TOPICAL GEL                          | 5         | PA; MSP               |
| TASIGNA ORAL CAPSULE                           | 5         | PA; MSP; QL           |
| TAZVERIK ORAL TABLET                           | 5         | PA; MSP               |
| TEMODAR ORAL CAPSULE 250 MG                    | 5         | PA; MSP               |
| <i>temozolomide oral capsule</i>               | 5         | PA; MSP               |
| THALOMID ORAL CAPSULE                          | 5         | PA; MSP; QL           |
| TIBSOVO ORAL TABLET                            | 5         | PA                    |
| <i>toremifene oral tablet</i>                  | 2         |                       |
| <i>tretinoin (antineoplastic) oral capsule</i> | 2         |                       |
| TREXALL ORAL TABLET                            | 4         |                       |
| TUKYSA ORAL TABLET                             | 5         | PA; QL                |
| TURALIO ORAL CAPSULE                           | 5         | PA; QL                |
| TYKERB ORAL TABLET                             | 5         | PA; MSP; QL           |
| VENCLEXTA ORAL TABLET                          | 5         | PA; QL                |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK | 5         | PA; QL                |
| VERZENIO ORAL TABLET                           | 5         | PA; MSP; QL           |
| VIJOICE ORAL TABLET                            | 5         | PA                    |

| Drug Name              | Drug Tier | Requirements / Limits |
|------------------------|-----------|-----------------------|
| VITRAKVI ORAL CAPSULE  | 5         | PA; MSP; QL           |
| VITRAKVI ORAL SOLUTION | 5         | PA; MSP; QL           |
| VIZIMPRO ORAL TABLET   | 5         | PA; MSP; QL           |
| VONJO ORAL CAPSULE     | 5         | PA; QL                |
| VOTRIENT ORAL TABLET   | 5         | PA; MSP; QL           |
| WELIREG ORAL TABLET    | 5         | PA                    |
| XALKORI ORAL CAPSULE   | 5         | PA; MSP; QL           |
| XELODA ORAL TABLET     | 5         | PA; SP; QL            |
| XERMELO ORAL TABLET    | 5         | PA; QL                |
| XOSPATA ORAL TABLET    | 5         | PA; QL                |
| XTANDI ORAL CAPSULE    | 5         | PA; MSP; QL           |
| XTANDI ORAL TABLET     | 5         | PA; MSP; QL           |
| YONSA ORAL TABLET      | 5         | PA; MSP; QL           |
| ZEJULA ORAL CAPSULE    | 5         | PA; QL                |
| ZELBORAF ORAL TABLET   | 5         | PA; MSP; QL           |
| ZOLINZA ORAL CAPSULE   | 5         | PA; MSP; QL           |
| ZORTRESS ORAL TABLET   | 4         |                       |
| ZYDELIG ORAL TABLET    | 5         | PA; MSP; QL           |
| ZYKADIA ORAL TABLET    | 5         | PA; SP; QL            |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY &amp; PSYCH</b>        |           |                       |
| <b>ANTICONVULSANTS</b>                                         |           |                       |
| BANZEL ORAL SUSPENSION                                         | 4         | PA                    |
| BANZEL ORAL TABLET                                             | 4         | PA                    |
| BRIVIACT ORAL SOLUTION                                         | 4         | ST                    |
| BRIVIACT ORAL TABLET                                           | 4         | ST                    |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>         | 2         |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i> | 2         |                       |
| <i>carbamazepine oral tablet</i>                               | 2         |                       |
| <i>carbamazepine oral tablet extended release 12 hr</i>        | 2         |                       |
| <i>carbamazepine oral tablet, chewable</i>                     | 2         |                       |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR                    | 4         |                       |
| CELONTIN ORAL CAPSULE 300 MG                                   | 3         |                       |
| <i>clobazam oral suspension</i>                                | 2         | PA                    |
| <i>clobazam oral tablet</i>                                    | 2         | PA                    |
| <i>clonazepam oral tablet</i>                                  | 1         |                       |
| <i>clonazepam oral tablet, disintegrating</i>                  | 2         |                       |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR        | 4         | ST                    |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)         | 4         | ST                    |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE | 4         | ST                    |
| DIACOMIT ORAL CAPSULE                                 | 5         | PA                    |
| DIACOMIT ORAL POWDER IN PACKET                        | 5         | PA                    |
| DIASTAT ACUDIAL RECTAL KIT                            | 4         |                       |
| DIASTAT RECTAL KIT                                    | 4         |                       |
| <i>diazepam rectal kit</i>                            | 2         |                       |
| DILANTIN EXTENDED ORAL CAPSULE                        | 4         |                       |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE               | 4         |                       |
| DILANTIN ORAL CAPSULE                                 | 3         |                       |
| DILANTIN-125 ORAL SUSPENSION                          | 4         |                       |
| <i>divalproex oral capsule, delayed rel sprinkle</i>  | 2         |                       |
| <i>divalproex oral tablet extended release 24 hr</i>  | 2         |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| <i>divalproex oral tablet, delayed release (dr/ec)</i>          | 2         |                       |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR                   | 4         | ST                    |
| EPIDIOLEX ORAL SOLUTION                                         | 5         | PA; MSP               |
| <i>epitol oral tablet</i>                                       | 1         |                       |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR                       | 4         |                       |
| <i>ethosuximide oral capsule</i>                                | 2         |                       |
| <i>ethosuximide oral solution</i>                               | 2         |                       |
| <i>felbamate oral suspension</i>                                | 2         |                       |
| <i>felbamate oral tablet</i>                                    | 2         |                       |
| FELBATOL ORAL SUSPENSION                                        | 4         |                       |
| FELBATOL ORAL TABLET                                            | 4         |                       |
| FYCOMPA ORAL SUSPENSION                                         | 3         |                       |
| FYCOMPA ORAL TABLET                                             | 3         |                       |
| <i>gabapentin oral capsule</i>                                  | 2         |                       |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 2         |                       |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                    | 2         |                       |
| GABITRIL ORAL TABLET                                            | 4         |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                      | 4         | ST                    |
| KLONOPIN ORAL TABLET                                            | 4         |                       |
| <i>lacosamide oral tablet</i>                                   | 2         |                       |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK   | 4         | ST                    |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK  | 4         | ST                    |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK | 4         | ST                    |
| <i>lamotrigine oral tablet</i>                                  | 1         |                       |
| <i>lamotrigine oral tablet disintegrating, dose pk</i>          | 2         |                       |
| <i>lamotrigine oral tablet extended release 24hr</i>            | 2         |                       |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg</i>      | 2         |                       |
| <i>lamotrigine oral tablet, chewable dispersible 5 mg</i>       | 1         |                       |
| <i>lamotrigine oral tablet,disintegrating</i>                   | 2         |                       |

| Drug Name                                                                         | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| <i>lamotrigine oral tablets,dose pack</i>                                         | 2         |                       |
| <i>levetiracetam oral solution 100 mg/ml</i>                                      | 2         |                       |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>                             | 1         |                       |
| <i>levetiracetam oral tablet</i>                                                  | 2         |                       |
| <i>levetiracetam oral tablet extended release 24 hr</i>                           | 2         |                       |
| MYSOLINE ORAL TABLET                                                              | 4         |                       |
| NAYZILAM NASAL SPRAY,NON-AEROSOL                                                  | 3         | PA; QL                |
| ONFI ORAL SUSPENSION                                                              | 4         | PA                    |
| ONFI ORAL TABLET                                                                  | 4         | PA                    |
| <i>oxcarbazepine oral suspension</i>                                              | 2         |                       |
| <i>oxcarbazepine oral tablet</i>                                                  | 2         |                       |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR                                    | 4         | ST                    |
| <i>phenobarbital oral elixir</i>                                                  | 1         |                       |
| <i>phenobarbital oral tablet 100 mg, 15 mg</i>                                    | 1         |                       |
| <i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2         |                       |
| PHENYTEK ORAL CAPSULE                                                             | 4         |                       |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>phenytoin oral suspension</i>                             | 2         |                       |
| <i>phenytoin oral tablet, chewable</i>                       | 2         |                       |
| <i>phenytoin sodium extended oral capsule</i>                | 2         |                       |
| <i>pregabalin oral capsule</i>                               | 2         |                       |
| <i>pregabalin oral solution</i>                              | 2         |                       |
| <i>pregabalin oral tablet extended release 24 hr</i>         | 2         | PA                    |
| <i>primidone oral tablet</i>                                 | 1         |                       |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR                    | 4         | ST                    |
| <i>roweepra oral tablet</i>                                  | 1         |                       |
| <i>rufinamide oral suspension</i>                            | 2         | PA                    |
| <i>rufinamide oral tablet</i>                                | 2         | PA                    |
| SABRIL ORAL POWDER IN PACKET                                 | 5         | PA; MSP               |
| SABRIL ORAL TABLET                                           | 5         | PA; MSP               |
| SPRITAM ORAL TABLET FOR SUSPENSION                           | 4         | ST                    |
| <i>subvenite oral tablet</i>                                 | 1         |                       |
| <i>subvenite starter (blue) kit oral tablets, dose pack</i>  | 2         |                       |
| <i>subvenite starter (green) kit oral tablets, dose pack</i> | 2         |                       |

| Drug Name                                                                             | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>subvenite starter (orange) kit oral tablets, dose pack</i>                         | 2         |                       |
| SYMPAZAN ORAL FILM                                                                    | 4         | PA                    |
| TEGRETOL ORAL SUSPENSION                                                              | 4         |                       |
| TEGRETOL ORAL TABLET                                                                  | 4         |                       |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR                                        | 4         |                       |
| <i>tiagabine oral tablet</i>                                                          | 2         |                       |
| <i>topiramate oral capsule, sprinkle</i>                                              | 2         |                       |
| <i>topiramate oral capsule, sprinkle, er 24hr</i>                                     | 2         | ST                    |
| <i>topiramate oral tablet</i>                                                         | 2         |                       |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR                                       | 4         | ST                    |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1         |                       |
| <i>valproic acid oral capsule</i>                                                     | 2         |                       |
| VALTOCO NASAL SPRAY, NON-AEROSOL                                                      | 4         | PA; QL                |
| <i>vigabatrin oral powder in packet</i>                                               | 5         | PA; MSP               |
| <i>vigabatrin oral tablet</i>                                                         | 5         | PA; MSP               |

| Drug Name                                                                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>vigadrone oral powder in packet</i>                                                             | 5         | PA                    |
| VIMPAT ORAL SOLUTION                                                                               | 3         |                       |
| VIMPAT ORAL TABLET                                                                                 | 4         | ST                    |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 4         | QL                    |
| XCOPRI ORAL TABLET                                                                                 | 4         | QL                    |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK                                                       | 4         | QL                    |
| ZARONTIN ORAL CAPSULE                                                                              | 4         |                       |
| ZARONTIN ORAL SOLUTION                                                                             | 4         |                       |
| <i>zonisamide oral capsule</i>                                                                     | 2         |                       |
| <b>ANTIPARKINSONISM AGENTS</b>                                                                     |           |                       |
| <i>apomorphine subcutaneous cartridge</i>                                                          | 5         | PA; SP; QL            |
| AZILECT ORAL TABLET                                                                                | 4         | ST                    |
| <i>benztropine oral tablet</i>                                                                     | 1         |                       |
| <i>bromocriptine oral capsule</i>                                                                  | 2         |                       |
| <i>bromocriptine oral tablet</i>                                                                   | 2         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <i>carbidopa oral tablet</i>                              | 2         | PA                    |
| <i>carbidopa-levodopa oral tablet</i>                     | 2         |                       |
| <i>carbidopa-levodopa oral tablet extended release</i>    | 2         |                       |
| <i>carbidopa-levodopa oral tablet,disintegrating</i>      | 2         |                       |
| <i>carbidopa-levodopa-entacapone oral tablet</i>          | 2         |                       |
| COMTAN ORAL TABLET                                        | 4         |                       |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION                   | 5         | PA; MSP               |
| <i>entacapone oral tablet</i>                             | 1         |                       |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE           | 5         | PA; QL                |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 3         | PA; QL                |
| LODOSYN ORAL TABLET                                       | 4         | PA                    |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR             | 4         |                       |
| NEUPRO TRANSDERMAL PATCH 24 HOUR                          | 4         |                       |
| NOURIANZ ORAL TABLET                                      | 5         | PA; MSP; QL           |

| Drug Name                                                                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1) | 5         | PA; QL                |
| PARLODEL ORAL CAPSULE                                                                         | 4         |                       |
| PARLODEL ORAL TABLET                                                                          | 4         |                       |
| <i>pramipexole oral tablet</i>                                                                | 2         |                       |
| <i>pramipexole oral tablet extended release 24 hr</i>                                         | 2         |                       |
| <i>rasagiline oral tablet</i>                                                                 | 2         |                       |
| <i>ropinirole oral tablet</i>                                                                 | 2         |                       |
| <i>ropinirole oral tablet extended release 24 hr</i>                                          | 2         |                       |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE                                                         | 4         |                       |
| <i>selegiline hcl oral capsule</i>                                                            | 2         |                       |
| <i>selegiline hcl oral tablet</i>                                                             | 1         |                       |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                                                      | 4         |                       |
| STALEVO 100 ORAL TABLET                                                                       | 4         |                       |
| STALEVO 125 ORAL TABLET                                                                       | 4         |                       |
| STALEVO 150 ORAL TABLET                                                                       | 4         |                       |
| STALEVO 200 ORAL TABLET                                                                       | 4         |                       |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| STALEVO 50 ORAL TABLET                            | 4         |                       |
| STALEVO 75 ORAL TABLET                            | 4         |                       |
| TASMAR ORAL TABLET 100 MG                         | 4         | PA                    |
| <i>tolcapone oral tablet</i>                      | 2         | PA                    |
| <i>trihexyphenidyl oral elixir</i>                | 1         |                       |
| <i>trihexyphenidyl oral tablet</i>                | 1         |                       |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>    |           |                       |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR   | 3         | PA; QL                |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR     | 3         | PA; QL                |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE                | 3         | PA; QL                |
| <i>almotriptan malate oral tablet</i>             | 2         | QL                    |
| AMERGE ORAL TABLET                                | 4         | ST; QL                |
| <i>dihydroergotamine injection solution</i>       | 2         |                       |
| <i>dihydroergotamine nasal spray, non-aerosol</i> | 2         | ST; QL                |
| <i>eletriptan oral tablet</i>                     | 2         | QL                    |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR            | 3         | PA; QL                |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE               | 3         | PA; QL                |
| ERGOMAR SUBLINGUAL TABLET                           | 4         |                       |
| <i>ergotamine-caffeine oral tablet</i>              | 1         |                       |
| FROVA ORAL TABLET                                   | 4         | ST; QL                |
| <i>frovatriptan oral tablet</i>                     | 2         | QL                    |
| <i>migergot rectal suppository</i>                  | 2         |                       |
| MIGRANAL NASAL SPRAY,NON-AEROSOL                    | 4         | ST; QL                |
| <i>naratriptan oral tablet</i>                      | 2         | QL                    |
| NURTEC ODT ORAL TABLET,DISINTEGRATING               | 4         | PA; QL                |
| QULIPTA ORAL TABLET                                 | 4         | PA; QL                |
| REYVOW ORAL TABLET                                  | 4         | PA; QL                |
| <i>rizatriptan oral tablet</i>                      | 2         | QL                    |
| <i>rizatriptan oral tablet,disintegrating</i>       | 2         | QL                    |
| <i>sumatriptan nasal spray,non-aerosol</i>          | 2         | QL                    |
| <i>sumatriptan succinate oral tablet</i>            | 2         | QL                    |
| <i>sumatriptan succinate subcutaneous cartridge</i> | 2         | QL                    |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| <i>sumatriptan succinate subcutaneous pen injector</i> | 2         | QL                    |
| <i>sumatriptan succinate subcutaneous solution</i>     | 2         | QL                    |
| <i>sumatriptan-naproxen oral tablet</i>                | 2         | PA; QL                |
| TOSYMRA NASAL SPRAY,NON-AEROSOL                        | 4         | ST; QL                |
| TRUDHESA NASAL SPRAY,NON-AEROSOL                       | 4         | ST; QL                |
| UBRELVY ORAL TABLET                                    | 4         | PA; QL                |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR            | 4         | ST; QL                |
| <i>zolmitriptan nasal spray,non-aerosol 5 mg</i>       | 2         | ST; CSE-9; QL         |
| <i>zolmitriptan oral tablet</i>                        | 2         | QL                    |
| <i>zolmitriptan oral tablet,disintegrating</i>         | 2         | QL                    |
| ZOMIG NASAL SPRAY,NON-AEROSOL                          | 3         | ST; QL                |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>              |           |                       |
| ARICEPT ORAL TABLET                                    | 4         | ST                    |
| AUSTEDO ORAL TABLET                                    | 5         | PA; MSP; QL           |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| <i>dalfampridine oral tablet extended release 12 hr</i> | 5         | PA; MSP; QL           |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                | 2         |                       |
| <i>donepezil oral tablet 23 mg</i>                      | 2         | ST                    |
| <i>donepezil oral tablet, disintegrating</i>            | 2         |                       |
| EVRYSDI ORAL RECON SOLN                                 | 5         | PA; MSP; QL           |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR                  | 4         | ST                    |
| FIRDAPSE ORAL TABLET                                    | 5         | PA                    |
| <i>galantamine oral capsule, ext rel. pellets 24 hr</i> | 2         |                       |
| <i>galantamine oral solution</i>                        | 2         |                       |
| <i>galantamine oral tablet</i>                          | 2         |                       |
| HORIZANT ORAL TABLET EXTENDED RELEASE                   | 4         | ST                    |
| INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK        | 5         | PA; QL                |
| INGREZZA ORAL CAPSULE                                   | 5         | PA; QL                |
| KEVEYIS ORAL TABLET                                     | 5         | PA                    |
| <i>memantine oral capsule, sprinkle, er 24hr</i>        | 2         |                       |
| <i>memantine oral solution</i>                          | 2         |                       |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>memantine oral tablet</i>                     | 2         |                       |
| MEMANTINE ORAL TABLETS, DOSE PACK                | 4         |                       |
| NAMENDA ORAL TABLET                              | 4         | ST                    |
| NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK    | 4         |                       |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK | 4         |                       |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK   | 3         | ST                    |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR         | 3         | ST                    |
| NUEDEXTA ORAL CAPSULE                            | 3         | PA                    |
| NULIBRY INTRAVENOUS RECON SOLN                   | 5         | PA                    |
| RAZADYNE ER ORAL CAPSULE, EXT REL. PELLETS 24 HR | 4         | ST                    |
| <i>rivastigmine tartrate oral capsule</i>        | 2         |                       |
| <i>rivastigmine transdermal patch 24 hour</i>    | 2         |                       |
| TEGSEDI SUBCUTANEOUS SYRINGE                     | 5         | PA; MSP               |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <i>tetrabenazine oral tablet</i>                          | 5         | PA; MSP; QL           |
| ZEPOSIA ORAL CAPSULE                                      | 5         | PA; MSP; QL           |
| ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK                | 5         | PA; MSP; QL           |
| ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK               | 5         | PA; MSP; QL           |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>       |           |                       |
| <i>baclofen oral tablet</i>                               | 1         |                       |
| <i>carisoprodol oral tablet</i>                           | 2         |                       |
| <i>carisoprodol-aspirin oral tablet</i>                   | 2         |                       |
| <i>carisoprodol-aspirin-codeine oral tablet</i>           | 2         | QL                    |
| <i>chlorzoxazone oral tablet 250 mg</i>                   | 2         | PA                    |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg</i>           | 1         | PA                    |
| <i>chlorzoxazone oral tablet 500 mg</i>                   | 2         |                       |
| <i>cyclobenzaprine oral capsule,extended release 24hr</i> | 1         | PA                    |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>            | 1         |                       |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                 | 1         | PA                    |
| DANTRIUM ORAL CAPSULE 25 MG                               | 4         |                       |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| <i>dantrolene oral capsule</i>                             | 2         |                       |
| FEXMID ORAL TABLET                                         | 4         | PA                    |
| LORZONE ORAL TABLET                                        | 4         | PA                    |
| <i>meprobamate oral tablet</i>                             | 2         |                       |
| <i>metaxalone oral tablet</i>                              | 2         |                       |
| <i>methocarbamol oral tablet</i>                           | 1         |                       |
| NORGESIC FORTE ORAL TABLET                                 | 4         | PA                    |
| <i>orphenadrine citrate oral tablet extended release</i>   | 2         |                       |
| <i>orphenadrine-asa-caffeine oral tablet</i>               | 2         | PA                    |
| <i>orphengesic forte oral tablet</i>                       | 2         | PA                    |
| <i>pyridostigmine bromide oral syrup</i>                   | 2         |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                   | 4         |                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>            | 2         |                       |
| <i>pyridostigmine bromide oral tablet extended release</i> | 2         |                       |
| SOMA ORAL TABLET                                           | 4         |                       |
| <i>tizanidine oral capsule</i>                             | 2         | PA                    |
| <i>tizanidine oral tablet</i>                              | 1         |                       |
| <i>vanadom oral tablet</i>                                 | 2         |                       |
| ZANAFLEX ORAL CAPSULE                                      | 4         |                       |

| Drug Name                                                                        | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| ZANAFLEX ORAL TABLET                                                             | 4         |                       |
| <b>NARCOTIC ANALGESICS</b>                                                       |           |                       |
| <i>acetaminophen-caff-dihydrocod oral capsule</i>                                | 2         | ST; QL                |
| <i>acetaminophen-caff-dihydrocod oral tablet</i>                                 | 2         | ST; QL                |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 2         | ST; QL                |
| <i>acetaminophen-codeine oral tablet</i>                                         | 1         | ST; QL                |
| ACTIQ BUCCAL LOZENGE ON A HANDLE                                                 | 4         | ST; QL                |
| ALLZITAL ORAL TABLET                                                             | 4         | PA                    |
| <i>ascomp with codeine oral capsule</i>                                          | 2         | ST; QL                |
| BELBUCA BUCCAL FILM                                                              | 3         | ST; QL                |
| <i>buprenorphine hcl sublingual tablet</i>                                       | 2         | QL                    |
| <i>buprenorphine transdermal patch weekly</i>                                    | 2         | ST; QL                |
| <i>butalbital compound w/codeine oral capsule</i>                                | 2         | ST; QL                |
| <i>butalbital-acetaminop-caf-cod oral capsule</i>                                | 2         | ST; QL                |
| <i>butalbital-acetaminophen oral capsule</i>                                     | 2         |                       |
| <i>butalbital-acetaminophen oral tablet</i>                                      | 2         |                       |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>butalbital-acetaminophen-caff oral capsule</i>  | 2         |                       |
| <i>butalbital-acetaminophen-caff oral tablet</i>   | 2         |                       |
| <i>butalbital-aspirin-caffeine oral capsule</i>    | 2         |                       |
| <i>butalbital-aspirin-caffeine oral tablet</i>     | 2         |                       |
| <i>codeine sulfate oral tablet</i>                 | 2         | ST; QL                |
| <i>codeine-bitalbital-asa-caff oral capsule</i>    | 2         | ST; QL                |
| DILAUDID ORAL LIQUID                               | 4         | ST; QL                |
| DILAUDID ORAL TABLET                               | 4         | ST; QL                |
| <i>diskets oral tablet,soluble</i>                 | 2         | ST; QL                |
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR             | 4         |                       |
| <i>endocet oral tablet</i>                         | 2         | ST; QL                |
| ESGIC ORAL CAPSULE                                 | 4         | PA                    |
| ESGIC ORAL TABLET                                  | 4         | PA                    |
| <i>fentanyl citrate buccal lozenge on a handle</i> | 2         | ST; QL                |
| <i>fentanyl transdermal patch 72 hour</i>          | 2         | ST; QL                |
| FIORICET ORAL CAPSULE                              | 4         | PA                    |
| FIORICET WITH CODEINE ORAL CAPSULE                 | 4         | ST; QL                |

| Drug Name                                                                             | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>                        | 2         | ST; QL                |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>                     | 2         | ST; QL                |
| <i>hydrocodone-acetaminophen oral solution</i>                                        | 2         | ST; QL                |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg</i> | 1         | ST; QL                |
| <i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>                   | 2         | ST; QL                |
| <i>hydrocodone-ibuprofen oral tablet</i>                                              | 2         | ST; QL                |
| <i>hydromorphone oral liquid</i>                                                      | 1         | ST; QL                |
| <i>hydromorphone oral tablet</i>                                                      | 1         | ST; QL                |
| <i>hydromorphone oral tablet extended release 24 hr</i>                               | 2         | ST; QL                |
| <i>hydromorphone rectal suppository</i>                                               | 1         | ST; QL                |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR                                       | 3         | ST; QL                |
| <i>levorphanol tartrate oral tablet</i>                                               | 2         | PA; QL                |
| LORTAB ELIXIR ORAL SOLUTION                                                           | 4         | ST; QL                |
| <i>meperidine oral solution</i>                                                       | 2         | ST; QL                |

| Drug Name                                                                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>meperidine oral tablet 50 mg</i>                                                                   | 2         | ST; QL                |
| <i>methadone oral concentrate</i>                                                                     | 2         | ST; QL                |
| <i>methadone oral solution</i>                                                                        | 1         | ST; QL                |
| <i>methadone oral tablet</i>                                                                          | 2         | ST; QL                |
| <i>methadone oral tablet,soluble</i>                                                                  | 2         | ST; QL                |
| <i>methadose oral concentrate</i>                                                                     | 2         | ST; QL                |
| <i>methadose oral tablet,soluble</i>                                                                  | 2         | ST; QL                |
| <i>morphine concentrate oral solution</i>                                                             | 2         | ST; QL                |
| <i>morphine oral capsule, er multiphase 24 hr</i>                                                     | 2         | ST; QL                |
| <i>morphine oral capsule,extend.relea se pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 2         | ST; QL                |
| <i>morphine oral solution</i>                                                                         | 2         | ST; QL                |
| <i>morphine oral tablet</i>                                                                           | 1         | ST; QL                |
| <i>morphine oral tablet extended release</i>                                                          | 2         | ST; QL                |
| <i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>                                                 | 1         | QL                    |
| <i>morphine rectal suppository 30 mg</i>                                                              | 2         | QL                    |
| MS CONTIN ORAL TABLET EXTENDED RELEASE                                                                | 4         | ST; QL                |
| NALOCET ORAL TABLET                                                                                   | 4         | ST; QL                |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| OXAYDO ORAL TABLET, ORAL ONLY                         | 4         | ST; QL                |
| <i>oxycodone oral capsule</i>                         | 2         | ST; QL                |
| <i>oxycodone oral concentrate</i>                     | 2         | ST; QL                |
| <i>oxycodone oral solution</i>                        | 2         | ST; QL                |
| <i>oxycodone oral tablet</i>                          | 2         | ST; QL                |
| <i>oxycodone-acetaminophen oral solution</i>          | 2         | ST; QL                |
| <i>oxycodone-acetaminophen oral tablet</i>            | 2         | ST; QL                |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR     | 3         | ST; QL                |
| <i>oxymorphone oral tablet</i>                        | 2         | ST; QL                |
| <i>oxymorphone oral tablet extended release 12 hr</i> | 2         | ST; QL                |
| <i>prolate oral tablet</i>                            | 2         | ST; QL                |
| ROXICODONE ORAL TABLET                                | 4         | ST; QL                |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE | 5         | MSP; QL               |
| <i>tencon oral tablet</i>                             | 1         |                       |
| TREZIX ORAL CAPSULE                                   | 4         | ST; QL                |
| <i>vtol lq oral solution</i>                          | 2         |                       |
| <i>zebutal oral capsule</i>                           | 2         |                       |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <b>NON-NARCOTIC ANALGESICS</b>                                     |           |                       |
| <i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>  | 1         | ACA; OTC              |
| ANAPROX DS ORAL TABLET                                             | 4         | ST                    |
| ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC                | 4         | ST                    |
| ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC                | 4         | ST                    |
| <i>aspirin oral tablet</i>                                         | 1         | ACA; OTC              |
| <i>aspirin oral tablet, chewable</i>                               | 1         | ACA; OTC              |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>  | 1         | ACA; OTC              |
| <i>aspir-trin oral tablet, delayed release (dr/ec)</i>             | 1         | ACA; OTC              |
| <i>bayer aspirin oral tablet</i>                                   | 1         | ACA; OTC              |
| <i>bayer aspirin oral tablet, delayed release (dr/ec)</i>          | 1         | ACA; OTC              |
| <i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i> | 1         | ACA; OTC              |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>              | 2         |                       |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> | 2         | QL                    |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>               | 2         | QL                    |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>                 | 2         |                       |
| <i>butorphanol injection solution</i>                                  | 1         | QL                    |
| <i>butorphanol nasal spray, non-aerosol</i>                            | 2         | QL                    |
| CAMBIA ORAL POWDER IN PACKET                                           | 4         | ST; QL                |
| <i>cataflam oral tablet</i>                                            | 2         |                       |
| <i>celecoxib oral capsule</i>                                          | 2         | ST                    |
| <i>children's aspirin oral tablet, chewable</i>                        | 1         | ACA; OTC              |
| <i>choline, magnesium salicylate oral liquid</i>                       | 1         |                       |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83                            | 4         | ST; QL                |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75                            | 4         | ST; QL                |
| DAYPRO ORAL TABLET                                                     | 4         | ST                    |
| <i>diclofenac potassium oral capsule</i>                               | 2         |                       |
| <i>diclofenac potassium oral tablet 50 mg</i>                          | 2         |                       |
| <i>diclofenac sodium oral tablet extended release 24 hr</i>            | 2         |                       |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>        | 2         |                       |
| <i>diclofenac sodium topical drops</i>                               | 1         | QL                    |
| <i>diclofenac sodium topical gel 1 %</i>                             | 2         | ST; QL                |
| <i>diclofenac sodium topical solution in metered-dose pump</i>       | 2         | QL                    |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i> | 2         |                       |
| <i>diflunisal oral tablet</i>                                        | 2         |                       |
| DISALCID ORAL TABLET                                                 | 4         |                       |
| DUEXIS ORAL TABLET                                                   | 4         | ST                    |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)                     | 4         | ST                    |
| <i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>     | 1         | ACA; OTC              |
| <i>ecotrin oral tablet, delayed release (dr/ec)</i>                  | 1         | ACA; OTC              |
| <i>etodolac oral capsule</i>                                         | 2         |                       |
| <i>etodolac oral tablet</i>                                          | 2         |                       |
| <i>etodolac oral tablet extended release 24 hr</i>                   | 2         |                       |
| FELDENE ORAL CAPSULE                                                 | 4         | ST                    |
| <i>fenoprofen oral tablet</i>                                        | 2         | ST                    |

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| FLECTOR TRANSDERMAL PATCH 12 HOUR                             | 3         | ST; QL                |
| <i>flurbiprofen oral tablet 100 mg</i>                        | 2         |                       |
| <i>ibu oral tablet</i>                                        | 1         |                       |
| <i>ibuprofen oral suspension</i>                              | 1         |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>           | 1         |                       |
| <i>ibuprofen-famotidine oral tablet</i>                       | 2         | ST; CSE-9             |
| <i>indomethacin oral capsule</i>                              | 1         |                       |
| <i>indomethacin oral capsule, extended release</i>            | 1         |                       |
| <i>ketoprofen oral capsule 25 mg</i>                          | 2         | PA                    |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                   | 2         |                       |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 1         | ST                    |
| <i>ketorolac oral tablet</i>                                  | 1         | QL                    |
| KLOXXADO NASAL SPRAY, NON-AEROSOL                             | 3         | H.S.A.; QL            |
| LICART TRANSDERMAL PATCH 24 HOUR                              | 3         | ST; QL                |
| LODINE ORAL TABLET                                            | 4         | ST                    |
| <i>lofena oral tablet</i>                                     | 2         |                       |
| <i>meclofenamate oral capsule</i>                             | 2         |                       |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| <i>mefenamic acid oral capsule</i>                   | 2         |                       |
| <i>meloxicam oral tablet 15 mg</i>                   | 2         |                       |
| <i>meloxicam oral tablet 7.5 mg</i>                  | 2         | QL                    |
| <i>meloxicam submicronized oral capsule 10 mg</i>    | 2         | ST                    |
| <i>meloxicam submicronized oral capsule 5 mg</i>     | 2         | ST; QL                |
| <i>nabumetone oral tablet</i>                        | 2         |                       |
| NALFON ORAL TABLET                                   | 4         | ST                    |
| <i>naloxone injection solution</i>                   | 2         | H.S.A.                |
| <i>naloxone injection syringe 0.4 mg/ml</i>          | 1         | H.S.A.                |
| <i>naloxone injection syringe 1 mg/ml</i>            | 2         | H.S.A.                |
| <i>naloxone nasal spray, non-aerosol</i>             | 2         | H.S.A.; QL            |
| <i>naltrexone oral tablet</i>                        | 2         |                       |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR         | 4         | ST                    |
| NAPROSYN ORAL SUSPENSION                             | 4         | ST                    |
| NAPROSYN ORAL TABLET 500 MG                          | 4         | ST                    |
| <i>naproxen oral suspension</i>                      | 2         | ST                    |
| <i>naproxen oral tablet</i>                          | 1         |                       |
| <i>naproxen oral tablet, delayed release (dr/ec)</i> | 2         |                       |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                      | 2         |                       |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> | 2         | ST                    |
| NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG                | 4         | ST                    |
| <i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>       | 2         | ST                    |
| NARCAN NASAL SPRAY,NON-AEROSOL                                         | 3         | H.S.A.; QL            |
| <i>oxaprozin oral tablet</i>                                           | 2         |                       |
| <i>pentazocine-naloxone oral tablet</i>                                | 2         | ST; QL                |
| <i>piroxicam oral capsule</i>                                          | 2         |                       |
| RELAFEN ORAL TABLET                                                    | 4         | ST                    |
| <i>salsalate oral tablet</i>                                           | 1         |                       |
| SPRIX NASAL SPRAY,NON-AEROSOL                                          | 5         | ST; QL                |
| <i>st joseph aspirin oral tablet,chewable</i>                          | 1         | ACA; OTC              |
| <i>st. joseph aspirin oral tablet,delayed release (dr/ec)</i>          | 1         | ACA; OTC              |
| <i>sulindac oral tablet</i>                                            | 1         |                       |
| <i>tolmetin oral tablet 200 mg</i>                                     | 2         |                       |

| Drug Name                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83                                            | 4         | ST; QL                |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG                             | 4         | ST; QL                |
| TRAMADOL ORAL TABLET 100 MG                                                             | 4         | ST; QL                |
| <i>tramadol oral tablet 50 mg</i>                                                       | 2         | ST; QL                |
| <i>tramadol oral tablet extended release 24 hr</i>                                      | 2         | ST; QL                |
| <i>tramadol oral tablet, er multiphase 24 hr</i>                                        | 2         | ST; QL                |
| <i>tramadol-acetaminophen oral tablet</i>                                               | 2         | ST; QL                |
| ULTRACET ORAL TABLET                                                                    | 4         | ST; QL                |
| ULTRAM ORAL TABLET                                                                      | 4         | ST; QL                |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON                                    | 5         | MSP                   |
| 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 | 3         | QL                    |

| Drug Name                                                                         | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| ZUBSOLV<br>SUBLINGUAL<br>TABLET 11.4-2.9<br>MG                                    | 3         |                       |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                                                    |           |                       |
| ABILIFY<br>MAINTENA<br>INTRAMUSCULA<br>R<br>SUSPENSION,EXT<br>ENDED REL<br>RECON  | 3         |                       |
| ABILIFY<br>MAINTENA<br>INTRAMUSCULA<br>R<br>SUSPENSION,EXT<br>ENDED REL<br>SYRING | 3         |                       |
| ABILIFY MYCITE<br>MAINTENANCE<br>KIT ORAL<br>TABLET WITH<br>SENSOR AND<br>STRIP   | 4         | QL                    |
| ABILIFY MYCITE<br>STARTER KIT<br>ORAL TABLET<br>WITH SENSOR,<br>STRIP, POD        | 4         | QL                    |
| ADDYI ORAL<br>TABLET                                                              | 4         | PA                    |
| ADHANSIA XR<br>ORAL CAPSULE,<br>ER BIPHASIC 20-<br>80                             | 4         | PA                    |
| ADZENYS XR-<br>ODT ORAL<br>TABLET,DISINTE<br>G ER BIPHASE<br>24H                  | 4         | PA                    |
| <i>alprazolam intensol<br/>oral concentrate</i>                                   | 1         |                       |

| Drug Name                                                                     | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| <i>alprazolam oral<br/>tablet 0.25 mg, 0.5<br/>mg</i>                         | 1         |                       |
| <i>alprazolam oral<br/>tablet 1 mg, 2 mg</i>                                  | 2         |                       |
| <i>alprazolam oral<br/>tablet extended<br/>release 24 hr 0.5 mg,<br/>3 mg</i> | 1         |                       |
| <i>alprazolam oral<br/>tablet extended<br/>release 24 hr 1 mg, 2<br/>mg</i>   | 2         |                       |
| <i>alprazolam oral<br/>tablet,disintegrating<br/>0.25 mg, 0.5 mg</i>          | 1         |                       |
| <i>alprazolam oral<br/>tablet,disintegrating<br/>1 mg, 2 mg</i>               | 2         |                       |
| <i>amitriptyline oral<br/>tablet 10 mg, 25 mg</i>                             | 1         |                       |
| <i>amitriptyline oral<br/>tablet 100 mg, 150<br/>mg, 50 mg, 75 mg</i>         | 2         |                       |
| <i>amitriptyline-<br/>chlordiazepoxide<br/>oral tablet</i>                    | 1         |                       |
| <i>amoxapine oral<br/>tablet</i>                                              | 2         |                       |
| <i>amphetamine sulfate<br/>oral tablet</i>                                    | 2         | PA                    |
| ANAFRANIL<br>ORAL CAPSULE                                                     | 4         |                       |
| APLENZIN ORAL<br>TABLET<br>EXTENDED<br>RELEASE 24 HR                          | 4         | ST; QL                |
| APTENSIO XR<br>ORAL CAP,ER<br>SPRINKLE,BIPHA<br>SIC 40-60                     | 4         | PA                    |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>aripiprazole oral solution</i>                                      | 2         |                       |
| <i>aripiprazole oral tablet</i>                                        | 2         | QL                    |
| <i>aripiprazole oral tablet, disintegrating</i>                        | 2         | QL                    |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING      | 3         |                       |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING             | 3         |                       |
| <i>armodafinil oral tablet</i>                                         | 2         | PA; QL                |
| <i>asenapine maleate sublingual tablet</i>                             | 2         | QL                    |
| ATIVAN ORAL TABLET                                                     | 4         |                       |
| <i>atomoxetine oral capsule</i>                                        | 2         | PA                    |
| AZSTARYS ORAL CAPSULE                                                  | 4         | ST                    |
| BELSOMRA ORAL TABLET                                                   | 4         | ST; QL                |
| <i>bupropion hcl oral tablet</i>                                       | 2         |                       |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2         | QL                    |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>               | 2         | QL                    |
| <i>buspirone oral tablet</i>                                           | 2         |                       |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| CAPLYTA ORAL CAPSULE                                                  | 4         | QL                    |
| <i>chlorthalidone hcl oral capsule</i>                                | 1         |                       |
| <i>chlorpromazine oral concentrate</i>                                | 2         |                       |
| <i>chlorpromazine oral tablet</i>                                     | 2         |                       |
| <i>citalopram oral solution</i>                                       | 2         | H.S.A.                |
| <i>citalopram oral tablet</i>                                         | 1         | H.S.A.; QL            |
| <i>clomipramine oral capsule</i>                                      | 2         |                       |
| <i>clonidine hcl oral tablet extended release 12 hr</i>               | 2         | PA                    |
| <i>clorazepate dipotassium oral tablet</i>                            | 2         |                       |
| <i>clozapine oral tablet</i>                                          | 2         |                       |
| <i>clozapine oral tablet, disintegrating</i>                          | 2         |                       |
| CLOZARIL ORAL TABLET                                                  | 4         |                       |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H               | 4         | PA                    |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR | 3         | PA                    |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 30 MG/9 HR                         | 3         | ST                    |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| DAYVIGO ORAL TABLET                                                     | 4         | ST                    |
| <i>desipramine oral tablet</i>                                          | 2         |                       |
| DESOXYN ORAL TABLET                                                     | 4         | PA                    |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR                       | 4         | ST; QL                |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr</i>      | 2         | ST; QL                |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG          | 4         | PA                    |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50</i>                | 2         | PA                    |
| <i>dexmethylphenidate oral tablet</i>                                   | 2         | PA                    |
| <i>dextroamphetamine sulfate oral capsule, extended release</i>         | 2         | PA                    |
| <i>dextroamphetamine sulfate oral solution</i>                          | 2         | PA                    |
| <i>dextroamphetamine sulfate oral tablet</i>                            | 2         | PA                    |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i> | 2         | PA                    |
| <i>dextroamphetamine-amphetamine oral tablet</i>                        | 2         | PA                    |
| <i>diazepam intensol oral concentrate</i>                               | 1         |                       |

| Drug Name                                                                 | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                         | 1         |                       |
| <i>diazepam oral tablet</i>                                               | 1         |                       |
| <i>doxepin oral capsule</i>                                               | 2         |                       |
| <i>doxepin oral concentrate</i>                                           | 2         |                       |
| <i>doxepin oral tablet</i>                                                | 2         | PA; QL                |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 2         | QL                    |
| <i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>               | 2         | ST; QL                |
| DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR                          | 3         | PA                    |
| EDLUAR SUBLINGUAL TABLET                                                  | 4         | ST; QL                |
| EMSAM TRANSDERMAL PATCH 24 HOUR                                           | 4         |                       |
| <i>ergoloid oral tablet</i>                                               | 1         |                       |
| <i>escitalopram oxalate oral solution</i>                                 | 2         | H.S.A.                |
| <i>escitalopram oxalate oral tablet</i>                                   | 1         | H.S.A.; QL            |
| <i>estazolam oral tablet</i>                                              | 1         |                       |
| <i>eszopiclone oral tablet</i>                                            | 2         | QL                    |
| EVEKEO ODT ORAL TABLET,DISINTEGRATING                                     | 4         | PA                    |
| EVEKEO ORAL TABLET                                                        | 4         | PA                    |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| FANAPT ORAL TABLET                                     | 4         | QL                    |
| FANAPT ORAL TABLETS,DOSE PACK                          | 4         | QL                    |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK            | 3         | ST; QL                |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR            | 3         | ST; QL                |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>            | 1         | H.S.A.; QL            |
| <i>fluoxetine oral capsule 20 mg</i>                   | 1         | H.S.A.                |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 2         | QL                    |
| <i>fluoxetine oral solution</i>                        | 2         | H.S.A.                |
| <i>fluoxetine oral tablet 10 mg</i>                    | 2         | ST; QL                |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>             | 2         | ST                    |
| <i>fluphenazine hcl oral concentrate</i>               | 2         |                       |
| <i>fluphenazine hcl oral elixir</i>                    | 2         |                       |
| <i>fluphenazine hcl oral tablet</i>                    | 2         |                       |
| <i>flurazepam oral capsule</i>                         | 1         |                       |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 2         | ST; QL                |
| <i>fluvoxamine oral tablet</i>                         | 2         | H.S.A.; QL            |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| GEODON ORAL CAPSULE                                  | 4         | QL                    |
| <i>guanfacine oral tablet extended release 24 hr</i> | 2         | PA                    |
| HALCION ORAL TABLET 0.25 MG                          | 4         |                       |
| <i>haloperidol lactate oral concentrate</i>          | 1         |                       |
| <i>haloperidol oral tablet</i>                       | 1         |                       |
| HETLIOZ LQ ORAL SUSPENSION                           | 5         | PA; MSP; QL           |
| HETLIOZ ORAL CAPSULE                                 | 5         | PA; MSP; QL           |
| IGALMI SUBLINGUAL FILM                               | 4         |                       |
| <i>imipramine hcl oral tablet</i>                    | 1         |                       |
| <i>imipramine pamoate oral capsule</i>               | 2         |                       |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR             | 4         | QL                    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE                | 4         |                       |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK        | 4         | PA                    |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR            | 4         | ST                    |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| KETAMINE SUBLINGUAL TROCHE                                     | 4         |                       |
| LATUDA ORAL TABLET                                             | 3         | QL                    |
| <i>lithium carbonate oral capsule</i>                          | 1         |                       |
| <i>lithium carbonate oral tablet</i>                           | 1         |                       |
| <i>lithium carbonate oral tablet extended release</i>          | 1         |                       |
| LITHOBID ORAL TABLET EXTENDED RELEASE                          | 4         |                       |
| <i>lorazepam intensol oral concentrate</i>                     | 1         |                       |
| <i>lorazepam oral concentrate</i>                              | 1         |                       |
| <i>lorazepam oral tablet</i>                                   | 1         |                       |
| <i>loxapine succinate oral capsule</i>                         | 2         |                       |
| <i>maprotiline oral tablet</i>                                 | 2         |                       |
| MARPLAN ORAL TABLET                                            | 4         |                       |
| <i>methamphetamine oral tablet</i>                             | 2         | PA                    |
| METHYLIN ORAL SOLUTION                                         | 4         | PA                    |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i> | 2         | PA                    |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>     | 2         | PA                    |

| Drug Name                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i>                               | 2         | PA                    |
| <i>methylphenidate hcl oral solution</i>                                                | 2         | PA                    |
| <i>methylphenidate hcl oral tablet</i>                                                  | 2         | PA                    |
| <i>methylphenidate hcl oral tablet extended release</i>                                 | 2         | PA                    |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | 2         | PA                    |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG                             | 4         | PA                    |
| <i>methylphenidate hcl oral tablet,chewable</i>                                         | 2         | PA                    |
| MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)                                               | 4         |                       |
| <i>midazolam oral syrup 2 mg/ml</i>                                                     | 2         |                       |
| <i>mirtazapine oral tablet</i>                                                          | 2         |                       |
| <i>mirtazapine oral tablet,disintegrating</i>                                           | 2         |                       |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE                                        | 4         |                       |
| <i>modafinil oral tablet</i>                                                            | 2         | PA; QL                |
| <i>molindone oral tablet</i>                                                            | 2         |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 50 MG | 3         | ST                    |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 25 MG, 37.5 MG | 3         | PA                    |
| NARDIL ORAL TABLET                                      | 4         |                       |
| <i>nefazodone oral tablet</i>                           | 2         |                       |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG                      | 4         |                       |
| <i>nortriptyline oral capsule</i>                       | 1         |                       |
| <i>nortriptyline oral solution</i>                      | 2         |                       |
| NUPLAZID ORAL CAPSULE                                   | 5         | PA; MSP; QL           |
| NUPLAZID ORAL TABLET                                    | 5         | PA; MSP; QL           |
| <i>olanzapine oral tablet</i>                           | 1         | QL                    |
| <i>olanzapine oral tablet, disintegrating</i>           | 2         | QL                    |
| <i>olanzapine-fluoxetine oral capsule</i>               | 2         |                       |
| <i>oxazepam oral capsule</i>                            | 2         |                       |
| <i>paliperidone oral tablet extended release 24hr</i>   | 2         | QL                    |
| PAMELOR ORAL CAPSULE                                    | 4         |                       |
| PARNATE ORAL TABLET                                     | 4         |                       |
| <i>paroxetine hcl oral suspension</i>                   | 2         | H.S.A.                |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>paroxetine hcl oral tablet</i>                        | 1         | H.S.A.; QL            |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 2         | ST; QL                |
| <i>paroxetine mesylate(menop.sym) oral capsule</i>       | 2         | ST; QL                |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR              | 4         | ST; QL                |
| PAXIL ORAL SUSPENSION                                    | 4         | ST                    |
| PAXIL ORAL TABLET                                        | 4         | ST; QL                |
| <i>perphenazine oral tablet</i>                          | 2         |                       |
| <i>perphenazine-amitriptyline oral tablet</i>            | 2         |                       |
| <i>phenelzine oral tablet</i>                            | 2         |                       |
| <i>pimozide oral tablet</i>                              | 2         |                       |
| <i>procentra oral solution</i>                           | 2         | PA                    |
| <i>protriptyline oral tablet</i>                         | 2         |                       |
| <i>quetiapine oral tablet</i>                            | 2         | QL                    |
| <i>quetiapine oral tablet extended release 24 hr</i>     | 2         | QL                    |
| QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR      | 3         | ST                    |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON     | 3         | PA                    |
| <i>ramelteon oral tablet</i>                         | 2         | QL                    |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR           | 4         | PA                    |
| REMERON ORAL TABLET 15 MG, 30 MG                     | 4         |                       |
| REMERON SOLTAB ORAL TABLET,DISINTEGRATING            | 4         |                       |
| RESTORIL ORAL CAPSULE                                | 4         |                       |
| REXULTI ORAL TABLET                                  | 4         | QL                    |
| RISPERDAL ORAL SOLUTION                              | 4         |                       |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 4         | QL                    |
| <i>risperidone oral solution</i>                     | 2         |                       |
| <i>risperidone oral tablet</i>                       | 1         | QL                    |
| <i>risperidone oral tablet,disintegrating</i>        | 2         | QL                    |
| RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50            | 4         | PA                    |
| RITALIN ORAL TABLET                                  | 4         | PA                    |
| SECUADO TRANSDERMAL PATCH 24 HOUR                    | 4         | QL                    |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>sertraline oral concentrate</i>                    | 2         | H.S.A.                |
| <i>sertraline oral tablet</i>                         | 1         | H.S.A.; QL            |
| SILENOR ORAL TABLET                                   | 4         | ST; QL                |
| SUNOSI ORAL TABLET                                    | 3         | PA; QL                |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG                 | 4         |                       |
| <i>temazepam oral capsule</i>                         | 1         |                       |
| <i>thioridazine oral tablet</i>                       | 1         |                       |
| <i>thiothixene oral capsule</i>                       | 2         |                       |
| TRANXENE T-TAB ORAL TABLET                            | 4         |                       |
| <i>tranylcypromine oral tablet</i>                    | 2         |                       |
| <i>trazodone oral tablet 100 mg, 50 mg</i>            | 1         |                       |
| <i>trazodone oral tablet 150 mg, 300 mg</i>           | 2         |                       |
| <i>triazolam oral tablet</i>                          | 1         |                       |
| <i>trifluoperazine oral tablet</i>                    | 1         |                       |
| <i>trimipramine oral capsule</i>                      | 2         |                       |
| TRINTELLIX ORAL TABLET                                | 4         | ST; QL                |
| <i>venlafaxine oral capsule,extended release 24hr</i> | 1         | QL                    |
| <i>venlafaxine oral tablet</i>                        | 2         | QL                    |
| <i>venlafaxine oral tablet extended release 24hr</i>  | 2         | PA; QL                |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| VERSACLOZ ORAL SUSPENSION                               | 4         |                       |
| VRAYLAR ORAL CAPSULE                                    | 4         | QL                    |
| VRAYLAR ORAL CAPSULE,DOSE PACK                          | 4         | QL                    |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR                      | 5         | PA; QL                |
| VYVANSE ORAL CAPSULE                                    | 3         | ST                    |
| VYVANSE ORAL TABLET,CHEWABLE                            | 3         | ST                    |
| WAKIX ORAL TABLET                                       | 5         | PA; MSP; QL           |
| XYREM ORAL SOLUTION                                     | 5         | PA; QL                |
| XYWAV ORAL SOLUTION                                     | 5         | PA; QL                |
| <i>zaleplon oral capsule</i>                            | 2         | QL                    |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                  | 2         | PA                    |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 4         | PA                    |
| <i>ziprasidone hcl oral capsule</i>                     | 2         | QL                    |
| <i>zolpidem oral tablet</i>                             | 2         | QL                    |
| <i>zolpidem oral tablet,ext release multiphase</i>      | 2         | QL                    |
| <i>zolpidem sublingual tablet</i>                       | 2         | QL                    |
| ZOLPIMIST ORAL SPRAY,NON-AEROSOL                        | 4         | ST; QL                |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| ZYPREXA ORAL TABLET                                    | 4         | QL                    |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING               | 4         | QL                    |
| <b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>       |           |                       |
| <b>ANTIARRHYTHMIC AGENTS</b>                           |           |                       |
| <i>amiodarone oral tablet</i>                          | 2         |                       |
| BETAPACE AF ORAL TABLET                                | 4         | ST                    |
| BETAPACE ORAL TABLET                                   | 4         | ST                    |
| <i>disopyramide phosphate oral capsule</i>             | 2         |                       |
| <i>dofetilide oral capsule</i>                         | 2         |                       |
| <i>flecainide oral tablet</i>                          | 2         |                       |
| <i>mexiletine oral capsule</i>                         | 2         |                       |
| MULTAQ ORAL TABLET                                     | 4         |                       |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE              | 4         |                       |
| NORPACE ORAL CAPSULE                                   | 4         |                       |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>     | 2         |                       |
| <i>propafenone oral capsule,extended release 12 hr</i> | 2         |                       |
| <i>propafenone oral tablet</i>                         | 2         |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| <i>quinidine gluconate oral tablet extended release</i> | 2         |                       |
| <i>quinidine sulfate oral tablet 200 mg</i>             | 1         |                       |
| <i>quinidine sulfate oral tablet 300 mg</i>             | 2         |                       |
| RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR         | 4         |                       |
| <i>sorine oral tablet</i>                               | 2         |                       |
| <i>sotalol af oral tablet</i>                           | 2         |                       |
| <i>sotalol oral tablet</i>                              | 2         |                       |
| SOTYLIZE ORAL SOLUTION                                  | 3         |                       |
| <b>ANTIHYPERTENSIVE THERAPY</b>                         |           |                       |
| ACCUPRIL ORAL TABLET                                    | 4         |                       |
| ACCURETIC ORAL TABLET                                   | 4         |                       |
| <i>acebutolol oral capsule</i>                          | 1         | H.S.A.                |
| ADALAT CC ORAL TABLET EXTENDED RELEASE                  | 4         | ST                    |
| ALDACTAZIDE ORAL TABLET                                 | 4         |                       |
| ALDACTONE ORAL TABLET                                   | 4         |                       |
| <i>aliskiren oral tablet</i>                            | 2         |                       |
| ALTACE ORAL CAPSULE                                     | 4         |                       |
| <i>amiloride oral tablet</i>                            | 2         |                       |
| <i>amiloride-hydrochlorothiazide oral tablet</i>        | 2         |                       |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| <i>amlodipine oral tablet</i>                     | 1         | CISP; H.S.A.          |
| <i>amlodipine-benazepril oral capsule</i>         | 2         | CISP; H.S.A.          |
| <i>amlodipine-olmesartan oral tablet</i>          | 2         | H.S.A.                |
| <i>amlodipine-valsartan oral tablet</i>           | 2         | CISP; H.S.A.          |
| <i>amlodipine-valsartan-hctiazid oral tablet</i>  | 2         | H.S.A.                |
| <i>atenolol oral tablet</i>                       | 1         | CISP; H.S.A.          |
| <i>atenolol-chlorthalidone oral tablet</i>        | 1         | CISP; H.S.A.          |
| <i>benazepril oral tablet</i>                     | 1         | CISP; H.S.A.          |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | 1         | CISP; H.S.A.          |
| <i>betaxolol oral tablet</i>                      | 2         | CISP; H.S.A.          |
| BIDIL ORAL TABLET                                 | 4         |                       |
| <i>bisoprolol fumarate oral tablet</i>            | 2         | H.S.A.                |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | 2         | CISP; H.S.A.          |
| <i>bumetanide oral tablet</i>                     | 2         |                       |
| CALAN SR ORAL TABLET EXTENDED RELEASE             | 4         | ST                    |
| <i>candesartan oral tablet</i>                    | 2         | CISP; H.S.A.          |
| <i>candesartan-hydrochlorothiazid oral tablet</i> | 2         | CISP; H.S.A.          |

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| <i>captopril oral tablet</i>                                  | 2         | CISP; H.S.A.          |
| <i>captopril-hydrochlorothiazide oral tablet</i>              | 2         | H.S.A.                |
| CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR               | 4         |                       |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR                | 4         |                       |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG                     | 4         |                       |
| CARDURA ORAL TABLET                                           | 4         | ST; QL                |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR                  | 4         | ST; QL                |
| <i>cartia xt oral capsule, extended release 24hr</i>          | 2         | CISP; H.S.A.          |
| <i>carvedilol oral tablet</i>                                 | 1         | CISP; H.S.A.          |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> | 2         |                       |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY                       | 4         | QL                    |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY                       | 4         | QL                    |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY                       | 4         | QL                    |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                | 2         | H.S.A.                |
| <i>clonidine hcl oral tablet</i>                              | 1         | CISP; H.S.A.          |

| Drug Name                                                                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>clonidine transdermal patch weekly</i>                                                        | 2         | QL                    |
| CONSENSI ORAL TABLET                                                                             | 4         | PA                    |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR                                                       | 4         | ST                    |
| CORGARD ORAL TABLET                                                                              | 4         | ST                    |
| DEMSEER ORAL CAPSULE                                                                             | 4         | PA                    |
| DIBENZYLINE ORAL CAPSULE                                                                         | 4         | PA                    |
| <i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>                                       | 2         | CISP; H.S.A.          |
| <i>diltiazem hcl oral capsule, extended release 12 hr</i>                                        | 2         | CISP; H.S.A.          |
| <i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 2         | CISP; H.S.A.          |
| <i>diltiazem hcl oral capsule, extended release 24hr</i>                                         | 2         | CISP; H.S.A.          |
| <i>diltiazem hcl oral tablet</i>                                                                 | 2         | CISP; H.S.A.          |
| <i>diltiazem hcl oral tablet extended release 24 hr</i>                                          | 2         | CISP; H.S.A.          |
| <i>dilt-xr oral capsule, ext. rel 24h degradable</i>                                             | 2         | CISP; H.S.A.          |
| DIURIL ORAL SUSPENSION                                                                           | 4         |                       |
| <i>doxazosin oral tablet</i>                                                                     | 2         | QL                    |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| DYRENIUM ORAL CAPSULE                                          | 4         |                       |
| EDECIN ORAL TABLET                                             | 4         |                       |
| <i>enalapril maleate oral solution</i>                         | 2         | H.S.A.                |
| <i>enalapril maleate oral tablet</i>                           | 2         | CISP; H.S.A.          |
| <i>enalapril-hydrochlorothiazide oral tablet</i>               | 2         | CISP; H.S.A.          |
| <i>eplerenone oral tablet</i>                                  | 2         | CISP; H.S.A.          |
| <i>eprosartan oral tablet</i>                                  | 2         | CISP; H.S.A.          |
| <i>ethacrynic acid oral tablet</i>                             | 2         |                       |
| <i>felodipine oral tablet extended release 24 hr</i>           | 2         | CISP; H.S.A.          |
| <i>fosinopril oral tablet</i>                                  | 2         | CISP; H.S.A.          |
| <i>fosinopril-hydrochlorothiazide oral tablet</i>              | 2         | H.S.A.                |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1         | CISP; H.S.A.          |
| <i>furosemide oral tablet</i>                                  | 1         | CISP; H.S.A.          |
| <i>guanfacine oral tablet</i>                                  | 1         |                       |
| <i>hydralazine oral tablet</i>                                 | 1         | CISP; H.S.A.          |
| <i>hydrochlorothiazide oral capsule</i>                        | 1         | CISP; H.S.A.          |
| <i>hydrochlorothiazide oral tablet</i>                         | 1         | CISP; H.S.A.          |
| <i>indapamide oral tablet</i>                                  | 1         | H.S.A.                |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| INSPIRA ORAL TABLET                                 | 4         |                       |
| <i>irbesartan oral tablet</i>                       | 2         | CISP; H.S.A.          |
| <i>irbesartan-hydrochlorothiazide oral tablet</i>   | 2         | CISP; H.S.A.          |
| <i>isosorbide-hydralazine oral tablet</i>           | 2         |                       |
| <i>isradipine oral capsule</i>                      | 2         | H.S.A.                |
| KERENDIA ORAL TABLET                                | 3         | PA; QL                |
| <i>labetalol oral tablet</i>                        | 2         |                       |
| LASIX ORAL TABLET                                   | 4         |                       |
| <i>lisinopril oral tablet</i>                       | 1         | CISP; H.S.A.          |
| <i>lisinopril-hydrochlorothiazide oral tablet</i>   | 1         | CISP; H.S.A.          |
| LOPRESSOR ORAL TABLET                               | 4         | ST                    |
| <i>losartan oral tablet</i>                         | 1         | CISP; H.S.A.          |
| <i>losartan-hydrochlorothiazide oral tablet</i>     | 1         | CISP; H.S.A.          |
| LOTENSIN HCT ORAL TABLET                            | 4         |                       |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG            | 4         |                       |
| <i>matzim la oral tablet extended release 24 hr</i> | 2         | H.S.A.                |
| MAXZIDE ORAL TABLET                                 | 4         |                       |
| MAXZIDE-25MG ORAL TABLET                            | 4         |                       |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <i>methyldopa oral tablet</i>                                  | 1         |                       |
| <i>methyldopa-hydrochlorothiazide oral tablet</i>              | 1         | CISP                  |
| <i>metolazone oral tablet</i>                                  | 2         | H.S.A.                |
| <i>metoprolol succinate oral tablet extended release 24 hr</i> | 2         | CISP; H.S.A.          |
| <i>metoprolol tartrate oral tablet</i>                         | 2         | H.S.A.                |
| <i>metoprolol tartrate oral tablet</i>                         | 1         | CISP; H.S.A.          |
| <i>metirosine oral capsule</i>                                 | 2         | PA                    |
| MINIPRESS ORAL CAPSULE                                         | 4         |                       |
| <i>minoxidil oral tablet</i>                                   | 2         |                       |
| <i>moexipril oral tablet</i>                                   | 2         | CISP; H.S.A.          |
| <i>nadolol oral tablet</i>                                     | 2         | H.S.A.                |
| <i>nebivolol oral tablet</i>                                   | 2         | H.S.A.                |
| <i>nicardipine oral capsule</i>                                | 2         | H.S.A.                |
| <i>nifedipine oral capsule</i>                                 | 2         | CISP; H.S.A.          |
| <i>nifedipine oral tablet extended release</i>                 | 2         | CISP; H.S.A.          |
| <i>nifedipine oral tablet extended release 24hr</i>            | 2         | CISP; H.S.A.          |
| <i>nimodipine oral capsule</i>                                 | 2         |                       |
| <i>nisoldipine oral tablet extended release 24 hr</i>          | 2         | H.S.A.                |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML                             | 4         |                       |

| Drug Name                                                                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| NYMALIZE ORAL SYRINGE                                                                                  | 4         |                       |
| <i>olmesartan oral tablet</i>                                                                          | 1         | CISP; H.S.A.          |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg</i>                                         | 1         | H.S.A.                |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 2         | H.S.A.                |
| <i>olmesartan-hydrochlorothiazide oral tablet</i>                                                      | 1         | CISP; H.S.A.          |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                                                 | 5         | PA; MSP               |
| <i>perindopril erbumine oral tablet</i>                                                                | 2         | CISP; H.S.A.          |
| <i>phenoxybenzamine oral capsule</i>                                                                   | 2         | PA                    |
| <i>pindolol oral tablet</i>                                                                            | 2         | H.S.A.                |
| <i>prazosin oral capsule</i>                                                                           | 2         |                       |
| PRESTALIA ORAL TABLET                                                                                  | 4         | ST                    |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR                                                         | 4         | ST                    |
| <i>propranolol oral capsule, extended release 24 hr</i>                                                | 2         | H.S.A.                |
| <i>propranolol oral solution</i>                                                                       | 1         | H.S.A.                |
| <i>propranolol oral tablet</i>                                                                         | 1         | CISP; H.S.A.          |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>propranolol-hydrochlorothiazid oral tablet</i>                       | 2         | CISP; H.S.A.          |
| <i>quinapril oral tablet</i>                                            | 2         | CISP; H.S.A.          |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1         | H.S.A.                |
| <i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>               | 2         | H.S.A.                |
| <i>ramipril oral capsule 1.25 mg</i>                                    | 2         | CISP; H.S.A.          |
| <i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>                        | 1         | CISP; H.S.A.          |
| <i>spironolactone oral tablet 100 mg</i>                                | 2         | CISP-1                |
| <i>spironolactone oral tablet 25 mg, 50 mg</i>                          | 1         | CISP                  |
| <i>spironolacton-hydrochlorothiaz oral tablet</i>                       | 1         |                       |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG           | 4         | ST                    |
| <i>taztia xt oral capsule,extended release 24 hr</i>                    | 2         | H.S.A.                |
| TEKTURNA HCT ORAL TABLET                                                | 3         |                       |
| <i>telmisartan oral tablet</i>                                          | 2         | CISP; H.S.A.          |
| <i>telmisartan-amlodipine oral tablet</i>                               | 2         | H.S.A.                |
| <i>telmisartan-hydrochlorothiazid oral tablet</i>                       | 2         | CISP; H.S.A.          |

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| TENORETIC 100 ORAL TABLET                                         | 4         | ST                    |
| TENORETIC 50 ORAL TABLET                                          | 4         | ST                    |
| TENORMIN ORAL TABLET                                              | 4         | ST                    |
| <i>terazosin oral capsule</i>                                     | 2         | QL                    |
| <i>tiadylt er oral capsule,extended release 24 hr</i>             | 2         | H.S.A.                |
| TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR                        | 4         |                       |
| <i>timolol maleate oral tablet</i>                                | 2         | H.S.A.                |
| <i>toremide oral tablet</i>                                       | 1         | CISP; H.S.A.          |
| <i>trandolapril oral tablet</i>                                   | 1         | CISP; H.S.A.          |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i> | 2         | H.S.A.                |
| <i>triamterene oral capsule</i>                                   | 2         |                       |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>     | 2         | CISP                  |
| <i>triamterene-hydrochlorothiazid oral tablet</i>                 | 2         | CISP                  |
| UPTRAVI ORAL TABLET                                               | 5         | PA; MSP               |
| UPTRAVI ORAL TABLETS,DOSE PACK                                    | 5         | PA; MSP               |
| <i>valsartan oral tablet</i>                                      | 2         | H.S.A.                |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>valsartan-hydrochlorothiazide oral tablet</i>      | 2         | H.S.A.                |
| VASERETIC ORAL TABLET                                 | 4         |                       |
| VASOTEC ORAL TABLET                                   | 4         |                       |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>     | 2         | H.S.A.                |
| <i>verapamil oral capsule, ext rel. pellets 24 hr</i> | 2         | H.S.A.                |
| <i>verapamil oral tablet</i>                          | 1         | CISP; H.S.A.          |
| <i>verapamil oral tablet extended release</i>         | 2         | CISP; H.S.A.          |
| VERELAN ORAL CAPSULE, EXT REL. PELLETS 24 HR          | 4         | ST                    |
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT           | 4         | ST                    |
| ZESTORETIC ORAL TABLET                                | 4         |                       |
| ZESTRIL ORAL TABLET                                   | 4         |                       |
| ZIAC ORAL TABLET                                      | 4         | ST                    |
| <b>CARDIAC GLYCOSIDES</b>                             |           |                       |
| <i>digitek oral tablet</i>                            | 2         |                       |
| <i>digox oral tablet</i>                              | 2         |                       |
| <i>digoxin oral solution</i>                          | 2         |                       |
| <i>digoxin oral tablet</i>                            | 2         |                       |

| Drug Name                                                                       | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------|
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) | 4         |                       |
| <b>COAGULATION THERAPY</b>                                                      |           |                       |
| ADVATE INTRAVENOUS RECON SOLN                                                   | 5         | PA; MSP               |
| ADYNOVATE INTRAVENOUS SOLUTION                                                  | 5         | PA; MSP               |
| AFSTYLA INTRAVENOUS RECON SOLN                                                  | 5         | PA; MSP               |
| ALPROLIX INTRAVENOUS RECON SOLN                                                 | 5         | PA; MSP               |
| AMICAR ORAL SOLUTION                                                            | 4         |                       |
| AMICAR ORAL TABLET                                                              | 4         |                       |
| <i>aminocaproic acid oral solution</i>                                          | 2         |                       |
| <i>aminocaproic acid oral tablet</i>                                            | 2         |                       |
| ARIXTRA SUBCUTANEOUS SYRINGE                                                    | 5         |                       |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>                   | 2         | H.S.A.                |
| BENEFIX INTRAVENOUS RECON SOLN                                                  | 5         | PA; MSP               |
| BRILINTA ORAL TABLET                                                            | 3         |                       |
| CABLIVI INJECTION KIT                                                           | 5         | PA                    |

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| CEPROTIN (BLUE BAR)<br>INTRAVENOUS<br>RECON SOLN                  | 5         | PA; MSP               |
| CEPROTIN (GREEN BAR)<br>INTRAVENOUS<br>RECON SOLN                 | 5         | PA; MSP               |
| <i>cilostazol oral tablet</i>                                     | 1         |                       |
| <i>clopidogrel oral tablet</i>                                    | 2         | CISP; H.S.A.          |
| COAGADEX<br>INTRAVENOUS<br>RECON SOLN                             | 5         | PA                    |
| <i>dipyridamole oral tablet</i>                                   | 2         | H.S.A.                |
| DOPTLET (15 TAB PACK) ORAL<br>TABLET                              | 5         | PA; MSP; QL           |
| EFFIENT ORAL<br>TABLET                                            | 4         |                       |
| ELIQUIS DVT-PE<br>TREAT 30D<br>START ORAL<br>TABLETS,DOSE<br>PACK | 3         | PA                    |
| ELIQUIS ORAL<br>TABLET                                            | 3         | PA                    |
| ELOCTATE<br>INTRAVENOUS<br>RECON SOLN                             | 5         | PA; MSP               |
| <i>enoxaparin<br/>subcutaneous<br/>solution</i>                   | 5         |                       |
| <i>enoxaparin<br/>subcutaneous<br/>syringe</i>                    | 5         |                       |
| ESPEROCT<br>INTRAVENOUS<br>RECON SOLN                             | 5         | PA; MSP               |

| Drug Name                                                                                                                                                                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>fondaparinux<br/>subcutaneous<br/>syringe</i>                                                                                                                                                         | 5         |                       |
| FRAGMIN<br>SUBCUTANEOUS<br>SOLUTION                                                                                                                                                                      | 5         |                       |
| FRAGMIN<br>SUBCUTANEOUS<br>SYRINGE                                                                                                                                                                       | 5         |                       |
| HEMLIBRA<br>SUBCUTANEOUS<br>SOLUTION                                                                                                                                                                     | 5         | PA; MSP               |
| <i>hep flush-10 (pf)<br/>intravenous solution</i>                                                                                                                                                        | 1         |                       |
| HEPARIN (PORCINE) IN<br>0.9% NACL<br>INTRAVENOUS<br>PARENTERAL<br>SOLUTION 2,500<br>UNIT/500 ML (5<br>UNIT/ML), 30,000<br>UNIT/1,000 ML,<br>5,000 UNIT/1,000<br>ML, 5,000<br>UNIT/500 ML (10<br>UNIT/ML) | 4         |                       |
| <i>heparin (porcine) in<br/>5 % dex intravenous<br/>parenteral solution</i>                                                                                                                              | 1         |                       |
| <i>heparin (porcine) in<br/>nacl (pf) intravenous<br/>parenteral solution</i>                                                                                                                            | 1         |                       |
| <i>heparin (porcine)<br/>injection cartridge</i>                                                                                                                                                         | 1         |                       |
| <i>heparin (porcine)<br/>injection solution<br/>1,000 unit/ml,<br/>10,000 unit/ml,<br/>20,000 unit/ml</i>                                                                                                | 1         |                       |
| <i>heparin (porcine)<br/>injection solution<br/>5,000 unit/ml</i>                                                                                                                                        | 2         |                       |

| Drug Name                                                                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                     | 1         |                       |
| <i>heparin flush(porcine)-0.9nacl intravenous kit</i>                                                        | 1         |                       |
| <i>heparin lock flush (porcine) intravenous solution</i>                                                     | 1         |                       |
| <i>heparin lockflush(porcine)(pf ) intravenous syringe 10 unit/ml</i>                                        | 1         |                       |
| <i>heparin lockflush(porcine)(pf ) intravenous syringe 100 unit/ml</i>                                       | 2         |                       |
| HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML                            | 4         |                       |
| <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                                                        | 4         |                       |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>                                         | 1         |                       |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i> | 1         |                       |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE                              | 4         |                       |
| IDELVION INTRAVENOUS RECON SOLN                                         | 5         | PA; MSP               |
| IXINITY INTRAVENOUS RECON SOLN                                          | 5         | PA; MSP               |
| <i>jantoven oral tablet</i>                                             | 1         | H.S.A.                |
| JIVI INTRAVENOUS RECON SOLN                                             | 5         | PA; MSP               |
| KOGENATE FS INTRAVENOUS RECON SOLN                                      | 5         | PA; MSP               |
| KOVALTRY INTRAVENOUS RECON SOLN                                         | 5         | PA; MSP               |
| MEPHYTON ORAL TABLET                                                    | 4         | QL                    |
| NOVOEIGHT INTRAVENOUS RECON SOLN                                        | 5         | PA; MSP               |
| <i>pentoxifylline oral tablet extended release</i>                      | 1         |                       |
| PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML                | 3         |                       |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>            | 2         |                       |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE                  | 3         |                       |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>            | 2         | QL                    |
| <i>prasugrel oral tablet</i>                                 | 2         | H.S.A.                |
| PROMACTA ORAL POWDER IN PACKET                               | 5         | PA; MSP               |
| PROMACTA ORAL TABLET                                         | 5         | PA; MSP               |
| REBINYN INTRAVENOUS RECON SOLN                               | 5         | PA; MSP               |
| RIXUBIS INTRAVENOUS RECON SOLN                               | 5         | PA; MSP               |
| SEVENFACT INTRAVENOUS RECON SOLN                             | 5         | PA; MSP               |
| TAVALISSE ORAL TABLET                                        | 5         | PA; QL                |
| TRETEN INTRAVENOUS RECON SOLN                                | 5         | PA; MSP               |
| <i>vitamin k injection solution</i>                          | 2         |                       |
| <i>vitamin k1 injection solution</i>                         | 1         |                       |
| VONVENDI INTRAVENOUS RECON SOLN                              | 5         | PA; MSP               |
| <i>warfarin oral tablet</i>                                  | 1         | H.S.A.                |
| WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT | 5         | PA; MSP               |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK    | 3         | PA                    |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION               | 3         | PA                    |
| XARELTO ORAL TABLET                                      | 3         | PA                    |
| ZONTIVITY ORAL TABLET                                    | 4         | PA                    |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                 |           |                       |
| <i>amlodipine-atorvastatin oral tablet</i>               | 2         | H.S.A.; QL            |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>             | 1         | H.S.A.; ACA; QL       |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>             | 2         | CISP; H.S.A.; QL      |
| CADUET ORAL TABLET                                       | 4         | ST; QL                |
| <i>cholestyramine (with sugar) oral powder</i>           | 2         | CISP; H.S.A.          |
| <i>cholestyramine (with sugar) oral powder in packet</i> | 2         | H.S.A.                |
| <i>cholestyramine light oral powder</i>                  | 2         | CISP; H.S.A.          |
| <i>cholestyramine light oral powder in packet</i>        | 2         | H.S.A.                |
| <i>colesevelam oral powder in packet</i>                 | 2         |                       |
| <i>colesevelam oral tablet</i>                           | 2         |                       |
| COLESTID FLAVORED ORAL PACKET                            | 4         | ST                    |

| Drug Name                                                                       | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------|
| COLESTID ORAL GRANULES                                                          | 4         | ST                    |
| COLESTID ORAL PACKET                                                            | 4         | ST                    |
| COLESTID ORAL TABLET                                                            | 4         | ST                    |
| <i>colestipol oral granules</i>                                                 | 2         | H.S.A.                |
| <i>colestipol oral packet</i>                                                   | 2         | H.S.A.                |
| <i>colestipol oral tablet</i>                                                   | 2         | H.S.A.                |
| <i>ezetimibe oral tablet</i>                                                    | 2         | ST; CISP; H.S.A.      |
| <i>ezetimibe-simvastatin oral tablet</i>                                        | 2         | H.S.A.; QL            |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2         | H.S.A.                |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG                                | 4         | ST                    |
| <i>fenofibrate nanocrystallized oral tablet</i>                                 | 2         | CISP; H.S.A.          |
| FENOFIBRATE ORAL CAPSULE                                                        | 4         | ST                    |
| <i>fenofibrate oral tablet 120 mg</i>                                           | 2         | PA; CISP; H.S.A.      |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                                    | 2         | CISP; H.S.A.          |
| <i>fenofibrate oral tablet 40 mg</i>                                            | 2         | ST; CISP; H.S.A.      |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>           | 2         | H.S.A.                |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>fenofibric acid oral tablet</i>                    | 2         | H.S.A.                |
| FENOGLIDE ORAL TABLET                                 | 4         | ST                    |
| FIBRICOR ORAL TABLET                                  | 4         | ST                    |
| FLOLIPID ORAL SUSPENSION                              | 4         | ST; QL                |
| <i>fluvastatin oral capsule</i>                       | 2         | H.S.A.; ACA; QL       |
| <i>fluvastatin oral tablet extended release 24 hr</i> | 2         | H.S.A.; ACA; QL       |
| <i>gemfibrozil oral tablet</i>                        | 2         | CISP; H.S.A.          |
| <i>icosapent ethyl oral capsule</i>                   | 2         | PA; H.S.A.            |
| JUXTAPID ORAL CAPSULE                                 | 5         | PA; MSP               |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR          | 4         | ST; QL                |
| LIPOFEN ORAL CAPSULE                                  | 3         |                       |
| LIVALO ORAL TABLET                                    | 3         | ST; QL                |
| LOPID ORAL TABLET                                     | 4         |                       |
| <i>lovastatin oral tablet</i>                         | 1         | CISP; H.S.A.; ACA; QL |
| LOVAZA ORAL CAPSULE                                   | 4         | PA                    |
| NEXLETOL ORAL TABLET                                  | 3         | PA                    |
| NEXLIZET ORAL TABLET                                  | 3         | PA                    |
| <i>niacin oral tablet 500 mg</i>                      | 2         | PA; CISP; H.S.A.      |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| <i>niacin oral tablet extended release 24 hr</i>            | 2         | CISP; H.S.A.          |
| NIACOR ORAL TABLET                                          | 4         | PA                    |
| NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR | 4         |                       |
| <i>omega-3 acid ethyl esters oral capsule</i>               | 2         | PA                    |
| <i>pravastatin oral tablet</i>                              | 1         | CISP; H.S.A.; ACA; QL |
| <i>prevalite oral powder</i>                                | 2         | CISP; H.S.A.          |
| <i>prevalite oral powder in packet</i>                      | 2         | H.S.A.                |
| QUESTRAN LIGHT ORAL POWDER                                  | 4         | ST                    |
| QUESTRAN ORAL POWDER                                        | 4         | ST                    |
| QUESTRAN ORAL POWDER IN PACKET                              | 4         | ST                    |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR           | 3         | PA; QL                |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR                 | 3         | PA; QL                |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE                        | 3         | PA; QL                |
| <i>rosuvastatin oral tablet 10 mg</i>                       | 1         | CISP; H.S.A.; ACA; QL |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>rosuvastatin oral tablet 20 mg</i>                    | 1         | CISP; H.S.A.; QL      |
| <i>rosuvastatin oral tablet 40 mg</i>                    | 2         | CISP; H.S.A.; QL      |
| <i>rosuvastatin oral tablet 5 mg</i>                     | 2         | CISP; H.S.A.; ACA; QL |
| ROSZET ORAL TABLET                                       | 4         | ST; QL                |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1         | CISP; H.S.A.; ACA; QL |
| <i>simvastatin oral tablet 80 mg</i>                     | 2         | CISP-1; H.S.A.; QL    |
| TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC)           | 4         | ST                    |
| VASCEPA ORAL CAPSULE                                     | 3         | PA                    |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG                         | 4         | ST; QL                |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>               |           |                       |
| CAMZYOS ORAL CAPSULE                                     | 5         | PA                    |
| ENTRESTO ORAL TABLET                                     | 3         | QL                    |
| <i>ranolazine oral tablet extended release 12 hr</i>     | 2         |                       |
| VECAMYL ORAL TABLET                                      | 4         | PA                    |
| VERQUVO ORAL TABLET                                      | 3         | QL                    |
| VYNDAMAX ORAL CAPSULE                                    | 5         | PA; MSP               |
| VYNDAQEL ORAL CAPSULE                                    | 5         | PA; MSP               |
| <b>NITRATES</b>                                          |           |                       |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| GONITRO<br>SUBLINGUAL<br>POWDER IN<br>PACKET                                 | 4         |                       |
| ISORDIL ORAL<br>TABLET                                                       | 4         |                       |
| ISORDIL<br>TITRADOSE<br>ORAL TABLET 5<br>MG                                  | 4         |                       |
| <i>isosorbide dinitrate<br/>oral tablet</i>                                  | 1         |                       |
| <i>isosorbide<br/>mononitrate oral<br/>tablet</i>                            | 1         |                       |
| <i>isosorbide<br/>mononitrate oral<br/>tablet extended<br/>release 24 hr</i> | 2         |                       |
| <i>nitro-bid<br/>transdermal<br/>ointment</i>                                | 2         |                       |
| NITRO-DUR<br>TRANSDERMAL<br>PATCH 24 HOUR                                    | 4         |                       |
| <i>nitroglycerin<br/>sublingual tablet</i>                                   | 1         |                       |
| <i>nitroglycerin<br/>transdermal patch<br/>24 hour</i>                       | 2         |                       |
| <i>nitroglycerin<br/>translingual<br/>spray,non-aerosol</i>                  | 2         |                       |
| NITROLINGUAL<br>TRANSLINGUAL<br>SPRAY, NON-<br>AEROSOL                       | 4         |                       |
| NITROMIST<br>TRANSLINGUAL<br>AEROSOL, SPRAY                                  | 4         |                       |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| NITROSTAT<br>SUBLINGUAL<br>TABLET                              | 4         |                       |
| <i>nitro-time oral<br/>capsule, extended<br/>release</i>       | 1         |                       |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                         |           |                       |
| <b>ANTIPSORIATIC /<br/>ANTISEBORRHEIC</b>                      |           |                       |
| <i>acitretin oral<br/>capsule</i>                              | 2         |                       |
| ANALPRAM-HC<br>TOPICAL LOTION                                  | 4         | ST                    |
| <i>calcipotriene scalp<br/>solution</i>                        | 2         | QL                    |
| <i>calcipotriene topical<br/>cream</i>                         | 2         | QL                    |
| <i>calcipotriene topical<br/>ointment</i>                      | 2         | QL                    |
| <i>calcipotriene-<br/>betamethasone<br/>topical ointment</i>   | 2         | ST; QL                |
| <i>calcipotriene-<br/>betamethasone<br/>topical suspension</i> | 2         | CSE-9; QL             |
| <i>calcitriol topical<br/>ointment</i>                         | 2         |                       |
| DOVONEX<br>TOPICAL CREAM                                       | 4         | ST; QL                |
| ENSTILAR<br>TOPICAL FOAM                                       | 3         | ST; QL                |
| EPIFOAM<br>TOPICAL FOAM                                        | 4         | ST                    |
| <i>hydrocortisone-<br/>pramoxine topical<br/>cream 2.5-1 %</i> | 2         | ST                    |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| OVACE PLUS SHAMPOO<br>TOPICAL SHAMPOO                 | 4         |                       |
| OVACE PLUS TOPICAL CLEANSER                           | 4         |                       |
| OVACE PLUS TOPICAL CREAM                              | 4         |                       |
| OVACE PLUS TOPICAL FOAM                               | 4         |                       |
| OVACE PLUS TOPICAL LOTION                             | 4         |                       |
| OVACE PLUS WASH TOPICAL CLEANSER, GEL                 | 4         |                       |
| OVACE TOPICAL CLEANSER                                | 4         |                       |
| PLEXION NS TOPICAL SHAMPOO                            | 4         |                       |
| PRAMOSONE TOPICAL CREAM                               | 4         | ST                    |
| PRAMOSONE TOPICAL LOTION                              | 4         | ST                    |
| PRAMOSONE TOPICAL OINTMENT                            | 4         | ST                    |
| <i>selenium sulfide topical lotion</i>                | 1         |                       |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i> | 1         |                       |
| SELRX TOPICAL SHAMPOO                                 | 4         |                       |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                     | 5         | PA; MSP; QL           |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                    | 5         | PA; MSP; QL           |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT                          | 5         | PA; MSP; QL           |
| STELARA SUBCUTANEOUS SOLUTION                             | 5         | PA; MSP; QL           |
| STELARA SUBCUTANEOUS SYRINGE                              | 5         | PA; MSP; QL           |
| <i>sulfacetamide sodium topical cleanser</i>              | 2         |                       |
| <i>sulfacetamide sodium topical cleanser, gel</i>         | 2         |                       |
| <i>sulfacetamide sodium topical shampoo</i>               | 1         |                       |
| TACLONEX TOPICAL OINTMENT                                 | 4         | ST; QL                |
| TACLONEX TOPICAL SUSPENSION                               | 4         | QL                    |
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR | 5         | PA; MSP; QL           |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR | 5         | PA; MSP; QL           |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR             | 5         | PA; MSP; QL           |

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| TALTZ SYRINGE<br>SUBCUTANEOUS<br>SYRINGE     | 5         | PA; MSP; QL           |
| TERSI FOAM<br>TOPICAL FOAM                   | 4         |                       |
| TREMFYA<br>SUBCUTANEOUS<br>AUTO-INJECTOR     | 5         | PA; MSP; QL           |
| TREMFYA<br>SUBCUTANEOUS<br>SYRINGE           | 5         | PA; MSP; QL           |
| VECTICAL<br>TOPICAL<br>OINTMENT              | 4         |                       |
| WYNZORA<br>TOPICAL CREAM                     | 4         | ST; QL                |
| <b>BURN THERAPY</b>                          |           |                       |
| SILVADENE<br>TOPICAL CREAM                   | 4         |                       |
| <i>silver sulfadiazine<br/>topical cream</i> | 1         |                       |
| <i>ssd topical cream</i>                     | 1         |                       |
| <b>KERATOLYTICS</b>                          |           |                       |
| INOVA 4-1<br>TOPICAL COMBO<br>PACK           | 4         | ST                    |
| INOVA 8-2<br>TOPICAL COMBO<br>PACK           | 4         | ST                    |
| <b>MISCELLANEOUS<br/>DERMATOLOGICALS</b>     |           |                       |
| ADBRY<br>SUBCUTANEOUS<br>SYRINGE             | 5         | PA; MSP; QL           |
| AMELUZ<br>TOPICAL GEL                        | 4         |                       |
| <i>ammonium lactate<br/>topical cream</i>    | 2         |                       |
| <i>ammonium lactate<br/>topical lotion</i>   | 2         |                       |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| CANTHARIDIN IN<br>ACETONE<br>TOPICAL<br>SOLUTION     | 4         |                       |
| CIBINQO ORAL<br>TABLET                               | 5         | PA; QL                |
| CONDYLOX<br>TOPICAL GEL                              | 4         | ST; QL                |
| CORTANE-B<br>TOPICAL LOTION                          | 4         |                       |
| <i>diclofenac sodium<br/>topical gel 3 %</i>         | 2         | PA; QL                |
| <i>doxepin topical<br/>cream</i>                     | 2         | ST; QL                |
| DUPIXENT PEN<br>SUBCUTANEOUS<br>PEN INJECTOR         | 5         | PA; MSP; QL           |
| DUPIXENT<br>SYRINGE<br>SUBCUTANEOUS<br>SYRINGE       | 5         | PA; MSP; QL           |
| EFUDEX TOPICAL<br>CREAM                              | 4         |                       |
| EUCRISA<br>TOPICAL<br>OINTMENT                       | 4         | ST; QL                |
| FLUOROPLEX<br>TOPICAL CREAM                          | 4         |                       |
| <i>fluorouracil topical<br/>cream 5 %</i>            | 2         |                       |
| <i>fluorouracil topical<br/>solution</i>             | 2         |                       |
| <i>iodine-sodium iodide<br/>topical tincture 2 %</i> | 2         |                       |
| IODOFLEX<br>TOPICAL PADS,<br>MEDICATED               | 4         |                       |
| IODOSORB<br>TOPICAL GEL                              | 4         |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| LEVULAN TOPICAL SOLUTION                                | 4         |                       |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel</i> | 2         |                       |
| <i>methyl salicylate oil</i>                            | 2         |                       |
| <i>methyl salicylate topical liquid</i>                 | 2         |                       |
| OPZELURA TOPICAL CREAM                                  | 4         | PA; QL                |
| PANRETIN TOPICAL GEL                                    | 4         |                       |
| <i>pimecrolimus topical cream</i>                       | 2         | ST; QL                |
| <i>podofilox topical solution</i>                       | 1         |                       |
| PROTOPIC TOPICAL OINTMENT                               | 4         | ST; QL                |
| <i>prudoxin topical cream</i>                           | 2         | ST; QL                |
| REGRANEX TOPICAL GEL                                    | 3         | QL                    |
| <i>tacrolimus topical ointment</i>                      | 2         | ST; QL                |
| TOLAK TOPICAL CREAM                                     | 4         |                       |
| VALCHLOR TOPICAL GEL                                    | 5         | PA; MSP               |
| <i>wintergreen oil oil</i>                              | 2         |                       |
| ZONALON TOPICAL CREAM                                   | 4         | ST; QL                |
| <b>THERAPY FOR ACNE</b>                                 |           |                       |
| ABSORICA ORAL CAPSULE                                   | 4         | ST                    |
| <i>acutane oral capsule</i>                             | 2         |                       |

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| ACZONE TOPICAL GEL                                                | 4         | ST                    |
| ACZONE TOPICAL GEL WITH PUMP                                      | 4         | ST                    |
| <i>adapalene topical cream</i>                                    | 2         |                       |
| <i>adapalene topical gel 0.3 %</i>                                | 2         |                       |
| <i>adapalene topical gel with pump</i>                            | 2         |                       |
| ADAPALENE TOPICAL LOTION                                          | 4         | ST                    |
| <i>adapalene topical solution</i>                                 | 2         |                       |
| <i>adapalene topical swab</i>                                     | 2         | ST                    |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> | 2         |                       |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> | 2         | CSE-9                 |
| AKLIEF TOPICAL CREAM                                              | 4         | ST                    |
| ALTRENO TOPICAL LOTION                                            | 4         | PA                    |
| <i>amnestem oral capsule</i>                                      | 2         |                       |
| AMZEEQ TOPICAL FOAM                                               | 4         | ST                    |
| ARAZLO TOPICAL LOTION                                             | 4         | PA                    |
| AVAR LS TOPICAL CLEANSER                                          | 4         | ST                    |
| AVAR LS TOPICAL FOAM                                              | 4         | ST                    |

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| AVAR LS TOPICAL PADS, MEDICATED              | 4         | ST                    |
| <i>avar topical cleanser</i>                 | 2         |                       |
| AVAR TOPICAL PADS, MEDICATED                 | 4         | ST                    |
| AVAR-E GREEN TOPICAL CREAM                   | 4         | ST                    |
| AVAR-E LS TOPICAL CREAM                      | 4         | ST                    |
| <i>avita topical cream</i>                   | 2         | PA                    |
| AVITA TOPICAL GEL                            | 4         | PA                    |
| <i>azelaic acid topical gel</i>              | 2         |                       |
| AZELEX TOPICAL CREAM                         | 4         | ST                    |
| BENZAMYCIN TOPICAL GEL                       | 4         | ST                    |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER     | 4         | ST                    |
| <i>benzepto topical towelette</i>            | 2         |                       |
| <i>benzoyl peroxide topical cleanser 7 %</i> | 1         |                       |
| <i>benzoyl peroxide topical foam 9.8 %</i>   | 2         |                       |
| <i>bp 10-1 topical cleanser</i>              | 2         | ST                    |
| <i>claravis oral capsule</i>                 | 2         |                       |
| CLEOCIN T TOPICAL LOTION                     | 4         | ST; QL                |
| CLINDACIN ETZ TOPICAL KIT                    | 4         | ST                    |
| <i>clindacin etz topical swab</i>            | 1         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <i>clindacin p topical swab</i>                           | 1         |                       |
| CLINDACIN PAC TOPICAL KIT                                 | 4         | ST                    |
| <i>clindamycin phosphate topical foam</i>                 | 2         | QL                    |
| <i>clindamycin phosphate topical gel</i>                  | 2         | QL                    |
| <i>clindamycin phosphate topical gel, once daily</i>      | 2         | QL                    |
| <i>clindamycin phosphate topical lotion</i>               | 2         | QL                    |
| <i>clindamycin phosphate topical solution</i>             | 2         | QL                    |
| <i>clindamycin phosphate topical swab</i>                 | 1         |                       |
| <i>clindamycin-benzoyl peroxide topical gel</i>           | 2         |                       |
| <i>clindamycin-benzoyl peroxide topical gel with pump</i> | 2         |                       |
| <i>clindamycin-tretinoin topical gel</i>                  | 2         | PA                    |
| <i>dapsone topical gel</i>                                | 2         |                       |
| <i>dapsone topical gel with pump</i>                      | 2         | CSE-9                 |
| DIFFERIN TOPICAL CREAM                                    | 4         | ST                    |
| DIFFERIN TOPICAL GEL WITH PUMP                            | 4         | ST                    |
| DIFFERIN TOPICAL LOTION                                   | 4         | ST                    |
| ENZOCLEAR TOPICAL FOAM                                    | 4         | ST                    |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| EPIDUO FORTE TOPICAL GEL WITH PUMP                          | 4         | ST                    |
| <i>ery pads topical swab</i>                                | 2         |                       |
| <i>erygel topical gel</i>                                   | 2         |                       |
| <i>erythromycin with ethanol topical gel</i>                | 2         |                       |
| <i>erythromycin with ethanol topical solution</i>           | 2         |                       |
| <i>erythromycin-benzoyl peroxide topical gel</i>            | 2         |                       |
| EVOCLIN TOPICAL FOAM                                        | 4         | ST; QL                |
| FINACEA TOPICAL FOAM                                        | 3         | ST                    |
| FINACEA TOPICAL GEL                                         | 4         | ST                    |
| INOVA TOPICAL COMBO PACK                                    | 4         | ST                    |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 2         |                       |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>               | 2         | CSE-9                 |
| <i>ivermectin topical cream</i>                             | 2         | CSE-9; QL             |
| METROCREAM TOPICAL CREAM                                    | 4         | ST                    |
| METROGEL TOPICAL GEL 1 %                                    | 4         | ST                    |
| <i>metronidazole topical cream</i>                          | 2         |                       |
| <i>metronidazole topical gel</i>                            | 2         |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| <i>metronidazole topical gel with pump</i>              | 2         |                       |
| <i>metronidazole topical lotion</i>                     | 2         |                       |
| MIRVASO TOPICAL GEL WITH PUMP                           | 3         | PA                    |
| <i>myorisan oral capsule</i>                            | 2         |                       |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL             | 4         | ST                    |
| <i>neuac topical gel</i>                                | 2         |                       |
| ONEXTON TOPICAL GEL WITH PUMP                           | 3         | ST                    |
| PACNEX TOPICAL CLEANSER                                 | 4         | ST                    |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED        | 4         | ST                    |
| PLEXION TOPICAL CLEANSER                                | 4         | ST                    |
| PLEXION TOPICAL CREAM                                   | 4         | ST                    |
| PLEXION TOPICAL LOTION                                  | 4         | ST                    |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER                    | 4         | ST                    |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 4         | PA                    |
| RETIN-A TOPICAL CREAM                                   | 4         | PA                    |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| RETIN-A TOPICAL GEL                                        | 4         | PA                    |
| RHOFADE TOPICAL CREAM                                      | 4         | PA                    |
| <i>rosadan topical cream</i>                               | 2         |                       |
| <i>rosadan topical gel</i>                                 | 2         |                       |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL                      | 4         | ST                    |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM                    | 4         | ST                    |
| <i>rosula cleansing cloths topical pads, medicated</i>     | 2         |                       |
| ROSULA TOPICAL CLEANSER                                    | 4         | ST                    |
| SOOLANTRA TOPICAL CREAM                                    | 4         | ST; QL                |
| <i>sss 10-5 topical cream</i>                              | 2         |                       |
| <i>sss 10-5 topical foam</i>                               | 2         |                       |
| <i>sulfacetamide sodium-sulfur topical cleanser</i>        | 2         |                       |
| <i>sulfacetamide sodium-sulfur topical cream</i>           | 2         |                       |
| <i>sulfacetamide sodium-sulfur topical lotion</i>          | 2         |                       |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i> | 2         |                       |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i> | 2         |                       |
| <i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>  | 1         |                       |
| <i>sulfacetamide-sulfur-cleansr23 topical kit</i>            | 2         |                       |
| <i>sulfacleanse 8-4 topical suspension</i>                   | 2         | ST                    |
| SUMADAN TOPICAL CLEANSER                                     | 4         | ST                    |
| SUMADAN TOPICAL KIT                                          | 4         | ST                    |
| SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM           | 4         | ST                    |
| SUMAXIN CP TOPICAL KIT                                       | 4         | ST                    |
| SUMAXIN TOPICAL CLEANSER                                     | 4         | ST                    |
| SUMAXIN TOPICAL PADS, MEDICATED                              | 4         | ST                    |
| SUMAXIN TS TOPICAL SUSPENSION                                | 4         | ST                    |
| <i>tazarotene topical cream</i>                              | 2         | PA                    |
| <i>tretinoin microspheres topical gel</i>                    | 2         | PA                    |
| <i>tretinoin microspheres topical gel with pump</i>          | 2         | PA                    |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>tretinoin topical cream</i>                               | 2         | PA                    |
| <i>tretinoin topical gel</i>                                 | 2         | PA                    |
| TWYNEO TOPICAL CREAM                                         | 4         | PA                    |
| VANOXIDE-HC TOPICAL SUSPENSION                               | 4         | ST                    |
| <i>zenatane oral capsule</i>                                 | 2         |                       |
| ZIANA TOPICAL GEL                                            | 4         | PA                    |
| <b>TOPICAL ANESTHETICS</b>                                   |           |                       |
| COCAINE NASAL SOLUTION                                       | 4         |                       |
| <i>glydo mucous membrane jelly in applicator</i>             | 1         | QL                    |
| GOPRELTO NASAL SOLUTION                                      | 4         |                       |
| <i>lidocaine hcl laryngotracheal solution</i>                | 1         |                       |
| <i>lidocaine hcl mucous membrane jelly</i>                   | 1         | QL                    |
| <i>lidocaine hcl mucous membrane jelly in applicator</i>     | 1         | QL                    |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1         |                       |
| <i>lidocaine hcl-hydrocortison ac topical cream</i>          | 2         |                       |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>        | 2         | PA                    |
| <i>lidocaine topical ointment</i>                            | 2         | QL                    |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| <i>lidocaine viscous mucous membrane solution</i> | 1         |                       |
| <i>lidocaine-prilocaine topical cream</i>         | 2         | QL                    |
| <i>lidocaine-prilocaine topical kit</i>           | 2         |                       |
| <i>lidocort topical cream</i>                     | 2         |                       |
| <i>lta pre-attached laryngotracheal solution</i>  | 1         |                       |
| NUMBRINO NASAL SOLUTION                           | 4         |                       |
| SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING      | 4         | PA                    |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED           | 3         | PA                    |
| <b>TOPICAL ANTIBACTERIALS</b>                     |           |                       |
| ALTABAX TOPICAL OINTMENT                          | 4         | ST; QL                |
| CENTANY AT TOPICAL OINTMENT KIT                   | 4         | ST; QL                |
| CENTANY TOPICAL OINTMENT                          | 4         | ST; QL                |
| <i>gentamicin topical cream</i>                   | 2         | QL                    |
| <i>gentamicin topical ointment</i>                | 2         | QL                    |
| KLARON TOPICAL SUSPENSION                         | 4         | ST                    |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>lugols topical solution</i>                        | 1         |                       |
| <i>mafenide acetate topical packet</i>                | 2         |                       |
| <i>mupirocin calcium topical cream</i>                | 2         | ST; QL                |
| <i>mupirocin topical ointment</i>                     | 2         | QL                    |
| NEO-SYNALAR KIT TOPICAL CREAM                         | 4         |                       |
| NEO-SYNALAR TOPICAL CREAM                             | 4         |                       |
| <i>strong iodine topical solution</i>                 | 1         |                       |
| <i>sulfacetamide sodium (acne) topical suspension</i> | 2         |                       |
| SULFAMYLON TOPICAL CREAM                              | 3         |                       |
| SULFAMYLON TOPICAL PACKET                             | 4         |                       |
| XEPI TOPICAL CREAM                                    | 4         | ST; QL                |
| <b>TOPICAL ANTIFUNGALS</b>                            |           |                       |
| CICLODAN KIT TOPICAL COMBO PACK                       | 4         |                       |
| CICLODAN KIT TOPICAL SOLUTION                         | 4         | ST                    |
| <i>ciclodan topical cream</i>                         | 2         | QL                    |
| <i>ciclodan topical solution</i>                      | 2         |                       |
| <i>ciclopirox topical cream</i>                       | 2         | QL                    |
| <i>ciclopirox topical gel</i>                         | 2         | QL                    |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| <i>ciclopirox topical shampoo</i>                      | 2         | QL                    |
| <i>ciclopirox topical solution</i>                     | 2         |                       |
| <i>ciclopirox topical suspension</i>                   | 2         | QL                    |
| <i>ciclopirox-ure-camph-menth-euc topical solution</i> | 2         |                       |
| <i>clotrimazole topical cream</i>                      | 2         | QL                    |
| <i>clotrimazole topical solution</i>                   | 2         | QL                    |
| <i>clotrimazole-betamethasone topical cream</i>        | 2         | QL                    |
| <i>clotrimazole-betamethasone topical lotion</i>       | 2         | QL                    |
| <i>econazole topical cream</i>                         | 2         | QL                    |
| EXELDERM TOPICAL CREAM                                 | 4         | QL                    |
| EXELDERM TOPICAL SOLUTION                              | 4         | QL                    |
| EXTINA TOPICAL FOAM                                    | 4         | QL                    |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR                | 4         | ST                    |
| <i>ketoconazole topical cream</i>                      | 2         | QL                    |
| <i>ketoconazole topical foam</i>                       | 2         | QL                    |
| <i>ketoconazole topical shampoo</i>                    | 1         | QL                    |
| <i>ketodan kit topical combo pack</i>                  | 2         |                       |
| <i>ketodan topical foam</i>                            | 2         | QL                    |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| LOPROX (AS OLAMINE) TOPICAL CREAM               | 4         | QL                    |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION          | 4         | QL                    |
| LOPROX KIT TOPICAL COMBO PACK                   | 4         | QL                    |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER | 4         | QL                    |
| LOPROX TOPICAL SHAMPOO                          | 4         | QL                    |
| LUZU TOPICAL CREAM                              | 4         | QL                    |
| MENTAX TOPICAL CREAM                            | 4         | QL                    |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT | 4         | QL                    |
| <i>naftifine topical cream</i>                  | 2         | QL                    |
| NAFTIN TOPICAL GEL                              | 4         | QL                    |
| <i>nyamyc topical powder</i>                    | 2         | QL                    |
| <i>nystatin topical cream</i>                   | 1         | QL                    |
| <i>nystatin topical ointment</i>                | 2         | QL                    |
| <i>nystatin topical powder</i>                  | 1         | QL                    |
| <i>nystatin-triamcinolone topical cream</i>     | 2         | QL                    |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>nystatin-triamcinolone topical ointment</i>     | 2         | QL                    |
| <i>nystop topical powder</i>                       | 1         | QL                    |
| <i>oxiconazole topical cream</i>                   | 2         | QL                    |
| OXISTAT TOPICAL CREAM                              | 4         | QL                    |
| OXISTAT TOPICAL LOTION                             | 4         | QL                    |
| <i>tavaborole topical solution with applicator</i> | 2         | ST                    |
| VUSION TOPICAL OINTMENT                            | 4         | QL                    |
| <b>TOPICAL ANTIVIRALS</b>                          |           |                       |
| <i>acyclovir topical cream</i>                     | 2         | PA; QL                |
| <i>acyclovir topical ointment</i>                  | 2         | PA; QL                |
| DENAVIR TOPICAL CREAM                              | 4         |                       |
| ZOVIRAX TOPICAL CREAM                              | 4         | PA; QL                |
| <b>TOPICAL CORTICOSTEROIDS</b>                     |           |                       |
| <i>ala-cort topical cream 1 %</i>                  | 2         |                       |
| ALA-SCALP TOPICAL LOTION                           | 4         | ST                    |
| <i>alclometasone topical cream</i>                 | 2         |                       |
| <i>alclometasone topical ointment</i>              | 2         |                       |
| <i>amcinonide topical cream</i>                    | 2         | ST                    |
| <i>apexicon e topical cream</i>                    | 2         | ST                    |
| <i>beser topical lotion</i>                        | 2         | ST                    |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>betamethasone dipropionate topical cream</i>    | 2         |                       |
| <i>betamethasone dipropionate topical lotion</i>   | 2         |                       |
| <i>betamethasone dipropionate topical ointment</i> | 2         |                       |
| <i>betamethasone valerate topical cream</i>        | 2         |                       |
| <i>betamethasone valerate topical foam</i>         | 2         | ST                    |
| <i>betamethasone valerate topical lotion</i>       | 2         |                       |
| <i>betamethasone valerate topical ointment</i>     | 2         |                       |
| <i>betamethasone, augmented topical cream</i>      | 2         |                       |
| <i>betamethasone, augmented topical gel</i>        | 2         |                       |
| <i>betamethasone, augmented topical lotion</i>     | 1         |                       |
| <i>betamethasone, augmented topical ointment</i>   | 2         |                       |
| BRYHALI TOPICAL LOTION                             | 4         | ST                    |
| CAPEX TOPICAL SHAMPOO                              | 4         | ST                    |
| <i>clobetasol scalp solution</i>                   | 2         | QL                    |
| <i>clobetasol topical cream</i>                    | 2         | QL                    |

| Drug Name                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------|-----------|-----------------------|
| <i>clobetasol topical foam</i>              | 2         | ST; QL                |
| <i>clobetasol topical gel</i>               | 2         | QL                    |
| <i>clobetasol topical lotion</i>            | 2         | ST; QL                |
| <i>clobetasol topical ointment</i>          | 2         | QL                    |
| <i>clobetasol topical shampoo</i>           | 2         | ST; QL                |
| <i>clobetasol topical spray,non-aerosol</i> | 2         | ST; QL                |
| <i>clobetasol-emollient topical cream</i>   | 2         | QL                    |
| <i>clobetasol-emollient topical foam</i>    | 2         | ST; QL                |
| CLOBEX TOPICAL SHAMPOO                      | 4         | ST; QL                |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL            | 4         | ST; QL                |
| <i>clocortolone pivalate topical cream</i>  | 2         |                       |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER | 4         | ST; QL                |
| <i>clodan topical shampoo</i>               | 2         | ST; QL                |
| CLODERM TOPICAL CREAM                       | 4         | ST                    |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE        | 4         | ST                    |
| CORDRAN TOPICAL CREAM                       | 4         | ST; QL                |
| CORDRAN TOPICAL LOTION                      | 4         | ST; QL                |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| CORDRAN TOPICAL OINTMENT                         | 4         | ST; QL                |
| DERMA-SMOOTH/FS BODY OIL TOPICAL OIL             | 4         | ST                    |
| DERMA-SMOOTH/FS SCALP OIL SCALP OIL              | 4         | ST                    |
| <i>desonide topical cream</i>                    | 2         |                       |
| <i>desonide topical gel</i>                      | 2         | ST                    |
| <i>desonide topical lotion</i>                   | 2         | ST                    |
| <i>desonide topical ointment</i>                 | 2         |                       |
| <i>desoximetasone topical cream</i>              | 2         | ST                    |
| <i>desoximetasone topical gel</i>                | 2         | ST                    |
| <i>desoximetasone topical ointment</i>           | 2         | ST                    |
| <i>desoximetasone topical spray, non-aerosol</i> | 2         | ST                    |
| <i>desrx topical gel</i>                         | 2         | ST                    |
| <i>diflorasone topical cream</i>                 | 2         | ST; QL                |
| <i>diflorasone topical ointment</i>              | 2         | ST; QL                |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT           | 4         | ST                    |
| <i>fluocinolone and shower cap scalp oil</i>     | 2         |                       |
| <i>fluocinolone topical cream</i>                | 2         |                       |

| Drug Name                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------|-----------|-----------------------|
| <i>fluocinolone topical oil</i>                | 2         |                       |
| <i>fluocinolone topical ointment</i>           | 2         |                       |
| <i>fluocinolone topical solution</i>           | 2         |                       |
| <i>fluocinonide topical cream 0.05 %</i>       | 2         | QL                    |
| <i>fluocinonide topical cream 0.1 %</i>        | 2         | ST; QL                |
| <i>fluocinonide topical gel</i>                | 2         | QL                    |
| <i>fluocinonide topical ointment</i>           | 2         | QL                    |
| <i>fluocinonide topical solution</i>           | 2         | QL                    |
| <i>fluocinonide-e topical cream</i>            | 2         | QL                    |
| <i>flurandrenolide topical cream</i>           | 2         | ST; QL                |
| <i>flurandrenolide topical lotion</i>          | 2         | ST; QL                |
| <i>flurandrenolide topical ointment</i>        | 2         | ST; QL                |
| <i>fluticasone propionate topical cream</i>    | 2         |                       |
| <i>fluticasone propionate topical lotion</i>   | 2         | ST                    |
| <i>fluticasone propionate topical ointment</i> | 2         |                       |
| <i>halcinonide topical cream</i>               | 2         | ST                    |
| <i>halobetasol propionate topical cream</i>    | 2         |                       |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <i>halobetasol propionate topical ointment</i>      | 2         |                       |
| HALOG TOPICAL CREAM                                 | 4         | ST                    |
| HALOG TOPICAL OINTMENT                              | 4         | ST                    |
| HALOG TOPICAL SOLUTION                              | 4         | ST                    |
| <i>hydrocortisone butyrate topical cream</i>        | 2         | QL                    |
| <i>hydrocortisone butyrate topical lotion</i>       | 2         | ST; QL                |
| <i>hydrocortisone butyrate topical ointment</i>     | 2         | ST                    |
| <i>hydrocortisone butyrate topical solution</i>     | 2         | ST; QL                |
| <i>hydrocortisone butyr-emollient topical cream</i> | 2         | QL                    |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i>      | 1         |                       |
| <i>hydrocortisone topical lotion 2.5 %</i>          | 2         |                       |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i>   | 1         |                       |
| <i>hydrocortisone valerate topical cream</i>        | 2         |                       |
| <i>hydrocortisone valerate topical ointment</i>     | 2         |                       |
| KENALOG TOPICAL AEROSOL                             | 4         | ST; QL                |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| LUXIQ TOPICAL FOAM                                          | 4         | ST                    |
| <i>mometasone topical cream</i>                             | 2         |                       |
| <i>mometasone topical ointment</i>                          | 2         |                       |
| <i>mometasone topical solution</i>                          | 2         |                       |
| <i>nolix topical cream</i>                                  | 2         | ST; QL                |
| <i>nolix topical lotion</i>                                 | 2         | ST; QL                |
| NUCORT TOPICAL LOTION                                       | 4         | ST                    |
| OLUX TOPICAL FOAM                                           | 4         | ST; QL                |
| OLUX-E TOPICAL FOAM                                         | 4         | ST; QL                |
| PANDEL TOPICAL CREAM                                        | 4         | ST                    |
| <i>prednicarbate topical cream</i>                          | 2         |                       |
| <i>prednicarbate topical ointment</i>                       | 2         |                       |
| PROCTOCORT TOPICAL CREAM                                    | 4         | ST                    |
| PSORCON TOPICAL CREAM                                       | 4         | ST; QL                |
| SCALACORT DK TOPICAL COMBO PACK                             | 4         | ST                    |
| <i>scalacort topical lotion</i>                             | 2         |                       |
| SYNALAR CREAM KIT TOPICAL CREAM                             | 4         | ST                    |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM | 4         | ST                    |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| SYNALAR TOPICAL CREAM                                                 | 4         | ST                    |
| SYNALAR TOPICAL OINTMENT                                              | 4         | ST                    |
| SYNALAR TOPICAL SOLUTION                                              | 4         | ST                    |
| SYNALAR TS TOPICAL KIT                                                | 4         | ST                    |
| TEMOVATE TOPICAL OINTMENT                                             | 4         | ST; QL                |
| TEXACORT TOPICAL SOLUTION                                             | 4         | ST                    |
| TOPICORT TOPICAL CREAM                                                | 4         | ST                    |
| TOPICORT TOPICAL GEL                                                  | 4         | ST                    |
| TOPICORT TOPICAL OINTMENT                                             | 4         | ST                    |
| <i>tovet emollient topical foam</i>                                   | 2         | 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                    |

| Drug Name                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------|-----------|-----------------------|
| <i>trianex topical ointment</i>               | 2         | ST                    |
| <i>triderm topical cream 0.1 %</i>            | 1         |                       |
| <i>triderm topical cream 0.5 %</i>            | 1         | ST                    |
| TRIDESILON TOPICAL CREAM                      | 4         | ST                    |
| <i>tritocin topical ointment</i>              | 2         | ST                    |
| <b>TOPICAL ENZYMES</b>                        |           |                       |
| SANTYL TOPICAL OINTMENT                       | 3         | QL                    |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>     |           |                       |
| <i>crotan topical lotion</i>                  | 2         |                       |
| ELIMITE TOPICAL CREAM                         | 4         |                       |
| EURAX TOPICAL CREAM                           | 4         |                       |
| EURAX TOPICAL LOTION                          | 4         |                       |
| <i>lindane topical shampoo</i>                | 2         |                       |
| <i>malathion topical lotion</i>               | 2         |                       |
| OVIDE TOPICAL LOTION                          | 4         |                       |
| <i>permethrin topical cream</i>               | 2         |                       |
| <i>spinosad topical suspension</i>            | 2         |                       |
| ULESFIA TOPICAL LOTION                        | 4         |                       |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> |           |                       |
| <b>IRRIGATING SOLUTIONS</b>                   |           |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <i>lactated ringers irrigation solution</i>               | 2         |                       |
| <i>neomycin-polymyxin b gu irrigation solution</i>        | 2         |                       |
| SORBITOL IRRIGATION SOLUTION 3 %                          | 4         |                       |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION                  | 4         |                       |
| <i>tis-u-sol pentalyte irrigation irrigation solution</i> | 2         |                       |
| <b>MISCELLANEOUS AGENTS</b>                               |           |                       |
| <i>acamprosate oral tablet, delayed release (dr/ec)</i>   | 2         |                       |
| <i>acetic acid irrigation solution</i>                    | 2         |                       |
| AGRYLIN ORAL CAPSULE                                      | 4         |                       |
| <i>anagrelide oral capsule</i>                            | 2         |                       |
| <i>aqua care sodium chloride irrigation solution</i>      | 2         |                       |
| <i>aqua care sterile water irrigation solution</i>        | 2         |                       |
| ARALAST NP INTRAVENOUS RECON SOLN                         | 5         | PA; MSP               |
| BUPHENYL ORAL POWDER                                      | 4         | PA                    |
| BUPHENYL ORAL TABLET                                      | 4         | PA                    |
| <i>caffeine citrate oral solution</i>                     | 2         |                       |

| Drug Name                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------|-----------|-----------------------|
| CARBAGLU ORAL TABLET, DISPERSIBLE              | 5         | PA; MSP               |
| <i>carglumic acid oral tablet, dispersible</i> | 5         | PA; MSP               |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION            | 4         |                       |
| CARNITOR ORAL SOLUTION                         | 4         |                       |
| CARNITOR ORAL TABLET                           | 4         |                       |
| <i>cevimeline oral capsule</i>                 | 2         |                       |
| CHEMET ORAL CAPSULE                            | 3         | PA                    |
| <i>deferasirox oral granules in packet</i>     | 5         | PA; SP                |
| <i>deferasirox oral tablet</i>                 | 5         | PA; SP                |
| <i>deferasirox oral tablet, dispersible</i>    | 5         | PA; SP                |
| <i>deferiprone oral tablet 1,000 mg</i>        | 5         | PA                    |
| <i>deferiprone oral tablet 500 mg</i>          | 5         | PA; MSP               |
| <i>disulfiram oral tablet</i>                  | 2         |                       |
| <i>droxidopa oral capsule</i>                  | 5         | PA; MSP               |
| EMPAVELI SUBCUTANEOUS SOLUTION                 | 5         | PA                    |
| ENDARI ORAL POWDER IN PACKET                   | 5         | PA; MSP               |
| EVOXAC ORAL CAPSULE                            | 4         |                       |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| EXEM<br>INTRAUTERINE<br>INFUSION FOAM<br>IN SYRINGE | 4         |                       |
| EXSERVAN ORAL<br>FILM                               | 5         | PA                    |
| FERRIPROX (2<br>TIMES A DAY)<br>ORAL TABLET         | 5         | PA                    |
| FERRIPROX ORAL<br>SOLUTION                          | 5         | PA                    |
| FERRIPROX ORAL<br>TABLET                            | 5         | PA                    |
| GLASSIA<br>INTRAVENOUS<br>SOLUTION                  | 5         | PA; MSP               |
| GLEOLAN ORAL<br>RECON SOLN                          | 4         |                       |
| INCRELEX<br>SUBCUTANEOUS<br>SOLUTION                | 5         | PA; MSP               |
| INFASURF<br>INTRATRACHEAL<br>SUSPENSION             | 4         |                       |
| <i>levocarnitine (with<br/>sugar) oral solution</i> | 2         |                       |
| <i>levocarnitine oral<br/>solution 100 mg/ml</i>    | 2         |                       |
| <i>levocarnitine oral<br/>tablet</i>                | 2         |                       |
| LITHOSTAT ORAL<br>TABLET                            | 4         |                       |
| METOPIRONE<br>ORAL CAPSULE                          | 4         |                       |
| <i>midodrine oral<br/>tablet</i>                    | 2         |                       |
| <i>nitisinone oral<br/>capsule</i>                  | 5         | PA; MSP               |
| NITYR ORAL<br>TABLET                                | 5         | PA; MSP               |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| ORFADIN ORAL<br>CAPSULE                                              | 5         | PA                    |
| ORFADIN ORAL<br>SUSPENSION                                           | 5         | PA                    |
| <i>pilocarpine hcl oral<br/>tablet 5 mg</i>                          | 2         |                       |
| PROLASTIN-C<br>INTRAVENOUS<br>RECON SOLN                             | 5         | PA                    |
| PROLASTIN-C<br>INTRAVENOUS<br>SOLUTION                               | 5         | PA                    |
| PYRUKYND<br>ORAL TABLET                                              | 5         | PA; QL                |
| PYRUKYND<br>ORAL<br>TABLETS,DOSE<br>PACK                             | 5         | PA; QL                |
| RADIOGARDASE<br>ORAL CAPSULE                                         | 4         |                       |
| RAVICTI ORAL<br>LIQUID                                               | 5         | PA; MSP               |
| RILUTEK ORAL<br>TABLET                                               | 4         | PA                    |
| <i>riluzole oral tablet</i>                                          | 2         | PA                    |
| <i>risedronate oral<br/>tablet 30 mg</i>                             | 2         | H.S.A.; QL            |
| SALAGEN<br>(PILOCARPINE)<br>ORAL TABLET 5<br>MG                      | 4         |                       |
| <i>sodium chloride 0.9<br/>% (flush) injection<br/>syringe</i>       | 2         |                       |
| <i>sodium chloride 0.9<br/>% injection solution</i>                  | 2         |                       |
| <i>sodium chloride 0.9<br/>% intravenous<br/>parenteral solution</i> | 2         |                       |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>sodium chloride 0.9 % intravenous piggyback</i>       | 2         |                       |
| <i>sodium chloride injection syringe</i>                 | 2         |                       |
| <i>sodium chloride irrigation solution</i>               | 2         |                       |
| <i>sodium phenylbutyrate oral powder</i>                 | 2         | PA                    |
| <i>sodium phenylbutyrate oral tablet</i>                 | 2         | PA                    |
| SURVANTA INTRATRACHEAL SUSPENSION                        | 4         |                       |
| SYPRINE ORAL CAPSULE                                     | 4         | PA                    |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED  | 4         |                       |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)            | 5         | PA                    |
| THIOLA ORAL TABLET                                       | 5         | PA                    |
| TIGLUTIK ORAL SUSPENSION                                 | 4         | PA                    |
| <i>tiopronin oral tablet</i>                             | 5         | PA; SP                |
| <i>trientine oral capsule</i>                            | 2         | PA                    |
| <i>water for irrigation, sterile irrigation solution</i> | 2         |                       |
| XURIDEN ORAL GRANULES IN PACKET                          | 5         | PA                    |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| ZOKINVY ORAL CAPSULE                                                    | 5         | PA; QL                |
| <b>SMOKING DETERRENTS</b>                                               |           |                       |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i> | 2         | ACA                   |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET                                | 4         | ACA                   |
| CHANTIX ORAL TABLET 1 MG                                                | 4         | ACA                   |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK                       | 4         | ACA                   |
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR                                   | 3         | OTC                   |
| NICORETTE BUCCAL GUM 2 MG                                               | 3         | OTC                   |
| <i>nicorette buccal gum 4 mg</i>                                        | 2         | ACA; OTC              |
| NICORETTE BUCCAL LOZENGE                                                | 3         | OTC                   |
| NICORETTE BUCCAL MINI LOZENGE                                           | 3         | OTC                   |
| <i>nicotine (polacrilex) buccal gum</i>                                 | 2         | ACA; OTC              |
| <i>nicotine (polacrilex) buccal lozenge</i>                             | 2         | ACA; OTC              |
| <i>nicotine (polacrilex) buccal mini lozenge</i>                        | 2         | ACA; OTC              |
| <i>nicotine transdermal patch 24 hour</i>                               | 2         | ACA; OTC              |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>nicotine transdermal patch, td daily, sequential</i>  | 2         | ACA; OTC              |
| NICOTROL INHALATION CARTRIDGE                            | 4         | ACA                   |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL                     | 4         | ACA                   |
| <i>quit 2 buccal gum</i>                                 | 2         | ACA; OTC              |
| <i>quit 2 buccal lozenge</i>                             | 2         | ACA; OTC              |
| <i>quit 4 buccal gum</i>                                 | 2         | ACA; OTC              |
| <i>quit 4 buccal lozenge</i>                             | 2         | ACA; OTC              |
| <i>stop smoking aid buccal lozenge</i>                   | 2         | ACA; OTC              |
| <i>varenicline oral tablet</i>                           | 2         | ACA                   |
| <i>varenicline oral tablets, dose pack</i>               | 2         | ACA                   |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                |           |                       |
| <b>MISCELLANEOUS AGENTS</b>                              |           |                       |
| ARESTIN DENTAL CARTRIDGE                                 | 5         |                       |
| <i>azelastine nasal aerosol, spray</i>                   | 2         | QL                    |
| <i>azelastine nasal spray, non-aerosol</i>               | 2         |                       |
| <i>chlorhexidine gluconate mucous membrane mouthwash</i> | 1         |                       |
| CLINPRO 5000 DENTAL PASTE                                | 4         |                       |
| <i>denta 5000 plus dental cream</i>                      | 1         |                       |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <i>dentagel dental gel</i>                          | 1         |                       |
| EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION         | 4         |                       |
| <i>fluoride (sodium) dental cream</i>               | 1         |                       |
| <i>fluoride (sodium) dental gel</i>                 | 1         |                       |
| <i>fluoride (sodium) dental paste</i>               | 1         |                       |
| <i>fluoride (sodium) dental solution</i>            | 1         |                       |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE                | 4         |                       |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE           | 4         |                       |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET              | 4         |                       |
| GELX MUCOUS MEMBRANE GEL                            | 4         |                       |
| <i>ipratropium bromide nasal spray, non-aerosol</i> | 1         | QL                    |
| MUGARD MUCOUS MEMBRANE SOLUTION                     | 4         |                       |
| <i>olopatadine nasal spray, non-aerosol</i>         | 2         | QL                    |
| <i>oralone dental paste</i>                         | 2         |                       |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                | 4         |                       |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>paroex oral rinse mucous membrane mouthwash</i> | 2         |                       |
| PATANASE NASAL SPRAY, NON-AEROSOL                  | 4         | QL                    |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH                  | 4         |                       |
| <i>periogard mucous membrane mouthwash</i>         | 2         |                       |
| <i>pilocarpine hcl oral tablet 7.5 mg</i>          | 2         |                       |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE           | 4         |                       |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE         | 4         |                       |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE          | 4         |                       |
| PREVIDENT 5000 PLUS DENTAL CREAM                   | 4         |                       |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE              | 4         |                       |
| PREVIDENT DENTAL GEL                               | 4         |                       |
| PREVIDENT DENTAL SOLUTION                          | 4         |                       |
| PROTHELIAL MUCOUS MEMBRANE PASTE                   | 5         | MSP                   |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG           | 4         |                       |
| <i>sf 5000 plus dental cream</i>                   | 1         |                       |
| <i>sf dental gel</i>                               | 1         |                       |
| SILATRIX MUCOUS MEMBRANE GEL                       | 4         | MSP                   |
| <i>sodium fluoride 5000 plus dental cream</i>      | 1         |                       |
| <i>sodium fluoride-pot nitrate dental paste</i>    | 2         |                       |
| <i>triamcinolone acetonide dental paste</i>        | 2         |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>             |           |                       |
| <i>acetic acid otic (ear) solution</i>             | 2         |                       |
| <i>ciprofloxacin hcl otic (ear) dropperette</i>    | 2         |                       |
| DERMOTIC OIL OTIC (EAR) DROPS                      | 4         |                       |
| <i>flac otic oil otic (ear) drops</i>              | 2         |                       |
| <i>fluocinolone acetonide oil otic (ear) drops</i> | 2         |                       |
| <i>hydrocortisone-acetic acid otic (ear) drops</i> | 2         |                       |
| <i>ofloxacin otic (ear) drops</i>                  | 2         |                       |
| OTIPRIO INTRATYMPANIC SUSPENSION                   | 4         | QL                    |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <b>OTIC STEROID / ANTIBIOTIC</b>                               |           |                       |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION                           | 4         |                       |
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION                           | 4         |                       |
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> | 2         |                       |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION                     | 4         |                       |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>       | 2         |                       |
| <i>neomycin-polymyxin-hc otic (ear) solution</i>               | 2         |                       |
| OTOVEL OTIC (EAR) SOLUTION                                     | 4         |                       |
| <b>ENDOCRINE/DIABETES</b>                                      |           |                       |
| <b>ADRENAL HORMONES</b>                                        |           |                       |
| ACTHAR INJECTION GEL                                           | 5         | PA; MSP               |
| CORTEF ORAL TABLET                                             | 4         |                       |
| <i>decadron oral tablet 0.5 mg</i>                             | 1         |                       |
| <i>dexabliss oral tablets,dose pack</i>                        | 1         | PA                    |
| <i>dexamethasone intensol oral drops</i>                       | 1         |                       |
| <i>dexamethasone oral elixir</i>                               | 1         |                       |

| Drug Name                                                                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>dexamethasone oral solution</i>                                                                                                      | 1         |                       |
| <i>dexamethasone oral tablet</i>                                                                                                        | 1         |                       |
| <i>dexamethasone oral tablets,dose pack</i>                                                                                             | 1         | PA                    |
| DXEVO ORAL TABLETS,DOSE PACK                                                                                                            | 4         | PA                    |
| <i>fludrocortisone oral tablet</i>                                                                                                      | 1         |                       |
| <i>hydrocortisone oral tablet</i>                                                                                                       | 1         |                       |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK                                                                                                     | 4         |                       |
| MEDROL ORAL TABLET                                                                                                                      | 4         |                       |
| <i>methylprednisolone oral tablet</i>                                                                                                   | 2         |                       |
| <i>methylprednisolone oral tablets,dose pack</i>                                                                                        | 2         |                       |
| <i>millipred dp oral tablets,dose pack</i>                                                                                              | 2         |                       |
| <i>millipred oral tablet</i>                                                                                                            | 2         |                       |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING                                                                                                  | 4         |                       |
| <i>prednisolone oral solution</i>                                                                                                       | 2         |                       |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 2         |                       |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i> | 1         |                       |
| <i>prednisolone sodium phosphate oral tablet, disintegrating</i>        | 2         |                       |
| <i>prednisone intensol oral concentrate</i>                             | 1         |                       |
| <i>prednisone oral solution</i>                                         | 1         |                       |
| <i>prednisone oral tablet</i>                                           | 1         |                       |
| <i>prednisone oral tablets, dose pack</i>                               | 1         |                       |
| RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC)                              | 4         | PA                    |
| TAPERDEX ORAL TABLETS, DOSE PACK                                        | 4         | PA                    |
| TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC)                           | 5         | PA; QL                |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION                                   | 4         |                       |
| XIPERE (PF) INTRAOCULAR SUSPENSION                                      | 5         | MSP                   |
| ZCORT ORAL TABLETS, DOSE PACK                                           | 4         | PA                    |
| <b>ANTITHYROID AGENTS</b>                                               |           |                       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                              | 1         |                       |
| <i>potassium iodide oral solution</i>                                   | 2         |                       |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| <i>propylthiouracil oral tablet</i>                        | 1         |                       |
| SSKI ORAL SOLUTION                                         | 4         |                       |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>     |           |                       |
| FREESTYLE INSULINX STRIP                                   | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE INSULINX TEST STRIPS STRIP                       | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE LITE STRIPS STRIP                                | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE TEST STRIP                                       | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH ULTRA TEST STRIP                                  | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH VERIO TEST STRIPS STRIP                           | 3         | CISP-1; H.S.A.; OTC   |
| PRECISION XTRA TEST STRIP                                  | 3         | OTC                   |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b> |           |                       |
| ACE AEROSOL CLOUD ENHANCER SPACER                          | 3         |                       |
| AEROCHAMBER MINI SPACER                                    | 3         | CISP-1                |
| AEROCHAMBER PLUS FLOW-VU SPACER                            | 3         | CISP-1                |
| AEROCHAMBER PLUS Z STAT SPACER                             | 3         | CISP-1                |
| AEROTRACH PLUS SPACER                                      | 3         | CISP-1                |

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| AEROVENT PLUS SPACER                         | 3         |                       |
| BD VERITOR AT-HOME COVID19 TST KIT           | 3         | OTC; QL               |
| BINAXNOW COVID-19 AG SELF TEST KIT           | 3         | OTC; QL               |
| BREATHERITE MDI SPACER SPACER                | 3         |                       |
| CARESTART COVID-19 AG HOME TST KIT           | 3         | OTC; QL               |
| CELLTRION DIATRUST COV-19 HOME KIT           | 3         | OTC; QL               |
| CLINITEST COVID-19 HOME TEST KIT             | 3         | OTC; QL               |
| COMPACT SPACE CHAMBER SPACER                 | 3         |                       |
| COVID-19 AT-HOME TEST KIT                    | 3         | OTC; QL               |
| EASIVENT HOLDING CHAMBER SPACER              | 3         | CISP-1                |
| ELLUME COVID-19 HOME TEST KIT                | 3         | OTC; QL               |
| FLEXICHAMBER SPACER                          | 3         |                       |
| FLOWFLEX COVID-19 AG HOME TEST KIT           | 3         | OTC; QL               |
| GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN | 3         |                       |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| GLUCAGON HCL INJECTION RECON SOLN                           | 4         |                       |
| IHEALTH COVID-19 AG HOME TEST KIT                           | 3         | OTC; QL               |
| INDICAID COVID-19 AG HOME TEST KIT                          | 3         | OTC; QL               |
| INSPIRACHAMBER R SPACER                                     | 3         |                       |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | 4         | CISP-1                |
| INTELISWAB COVID-19 HOME TEST KIT                           | 3         | OTC; QL               |
| LITEAIRE MDI CHAMBER SPACER                                 | 3         | CISP-1                |
| MICROCHAMBER SPACER                                         | 3         | CISP-1                |
| MICROSPACER SPACER                                          | 3         |                       |
| ON-GO COVID-19 AG AT HOME TEST KIT                          | 3         | OTC; QL               |
| OPTICHAMBER DIAMOND VHC SPACER                              | 3         | CISP-1                |
| POCKET CHAMBER SPACER                                       | 3         |                       |
| PRIMEAIRE SPACER                                            | 3         |                       |
| PROCHAMBER SPACER                                           | 3         |                       |
| QUICKVUE AT-HOME COVID-19 TEST KIT                          | 3         | OTC; QL               |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| RITEFLO AEROCHAMBER SPACER                                 | 3         | CISP-1                |
| SPACE CHAMBER SPACER                                       | 3         |                       |
| VORTEX HOLDING CHAMBER SPACER                              | 3         |                       |
| <b>GLUCOSE ELEVATING AGENTS</b>                            |           |                       |
| BAQSIMI NASAL SPRAY, NON-AEROSOL                           | 3         | QL                    |
| <i>diazoxide oral suspension</i>                           | 2         |                       |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN                      | 3         | QL                    |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN          | 3         | QL                    |
| <i>glucagon emergency kit (human) injection recon soln</i> | 2         | CISP; QL              |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR            | 3         | QL                    |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE              | 3         | QL                    |
| GVOKE SUBCUTANEOUS SOLUTION                                | 3         | QL                    |
| PROGLYCEM ORAL SUSPENSION                                  | 4         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR         | 3         | QL                    |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE                    | 3         | QL                    |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b> |           |                       |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION                   | 4         | OTC                   |
| ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION                   | 4         | OTC                   |
| ACCUTREND GLUCOSE CONTROL SOLUTION                        | 4         | OTC                   |
| ADVOCATE LOW CONTROL SOLUTION                             | 4         | OTC                   |
| ADVOCATE REDI-CODE PLUS CTRL L SOLUTION                   | 4         | OTC                   |
| AGAMATRIX CONTROL HIGH SOLUTION                           | 4         | OTC                   |
| ASSURE 4 CONTROL SOLUTION COMBO PACK                      | 4         | OTC                   |
| ASSURE DOSE NORMAL CONTROL SOLUTION                       | 4         | OTC                   |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| ASSURE PRISM CONTROL 1-2 SOLN SOLUTION               | 4         | OTC                   |
| AT HOME A1C DEVICE                                   | 4         | OTC                   |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN | 3         | OTC                   |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN       | 3         | OTC                   |
| BD INTEGRA NEEDLE NEEDLE                             | 3         | CISP-1                |
| BD MICROTAINER LANCET 30 GAUGE                       | 3         | CISP-1; H.S.A.; OTC   |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"      | 3         | CISP-1                |
| BD ULTRA FINE LANCETS                                | 3         | CISP-1; H.S.A.; OTC   |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE                 | 3         | CISP-1; H.S.A.; OTC   |
| BLOOD GLUCOSE CONTROL, NORMAL SOLUTION               | 4         | OTC                   |
| BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION              | 4         | OTC                   |
| CARESENS CONTROL A NORMAL SOLUTION                   | 4         | OTC                   |

| Drug Name                               | Drug Tier | Requirements / Limits |
|-----------------------------------------|-----------|-----------------------|
| CEQUR SIMPLICITY DEVICE                 | 4         |                       |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION  | 4         | OTC                   |
| CONTOUR CONTROL SOLUTION, NML SOLUTION  | 4         | OTC                   |
| CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION | 4         | OTC                   |
| COOL CONTROL A SOLUTION SOLUTION        | 4         | OTC                   |
| DIATRUE CONTROL SOLN NORMAL SOLUTION    | 4         | OTC                   |
| EASY PLUS II HIGH CONTROL SOLUTION      | 4         | OTC                   |
| EASY STEP HIGH CONTROL SOLN SOLUTION    | 4         | OTC                   |
| EASY TALK HIGH CONTROL SOLUTION         | 4         | OTC                   |
| EASY TALK PLUS II LOW CONTROL SOLUTION  | 4         | OTC                   |
| EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION | 4         | OTC                   |
| EASY TRAK II CTRL SOLN-NORMAL SOLUTION  | 4         | OTC                   |

| Drug Name                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------|-----------|-----------------------|
| EASY TRAK LOW CONTROL SOLUTION              | 4         | OTC                   |
| EASYGLUCO PLUS NORMAL CONTROL SOLUTION      | 4         | OTC                   |
| EASYMAX 15 LEVEL 2 SOLUTION                 | 4         | OTC                   |
| EASYMAX NORMAL CONTROL SOLUTION             | 4         | OTC                   |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION     | 4         | OTC                   |
| ELEMENT NORMAL CONTROL SOLUTION             | 4         | OTC                   |
| EMBRACE EVO LEVEL 1 SOLUTION                | 4         | OTC                   |
| EMBRACE GLUCOSE CONTROL LOW SOLUTION        | 4         | OTC                   |
| EMBRACE TALK CONTROL-LOW (L1) SOLUTION      | 4         | OTC                   |
| ENLITE SYSTEM                               | 4         |                       |
| EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE | 4         |                       |
| EVOLUTION NORMAL CONTROL SOLUTION           | 4         | OTC                   |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| FORA GTEL MULTI-FUNCTN MONITOR DEVICE | 4         | OTC                   |
| FORA KETONE CONTROL SOLN-L1 SOLUTION  | 4         | OTC                   |
| FORA NORMAL CONTROL SOLUTION          | 4         | OTC                   |
| FORA TN'G ADVANCE PRO MONITOR DEVICE  | 4         | OTC                   |
| FORACARE GDH LOW CONTROL SOLUTION     | 4         | OTC                   |
| FORTISCARE NORMAL SOLUTION            | 4         | OTC                   |
| FREESTYLE CONTROL SOLUTION            | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE FREEDOM KIT                 | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE FREEDOM LITE KIT            | 3         | CISP-1; H.S.A.; OTC   |
| FREESTYLE INSULINX                    | 3         | OTC                   |
| FREESTYLE LIBRE 14 DAY READER         | 3         |                       |
| FREESTYLE LIBRE 14 DAY SENSOR KIT     | 3         | QL                    |
| FREESTYLE LIBRE 2 READER              | 3         |                       |
| FREESTYLE LIBRE 2 SENSOR KIT          | 3         |                       |

| Drug Name                                | Drug Tier | Requirements / Limits |
|------------------------------------------|-----------|-----------------------|
| FREESTYLE LITE METER KIT                 | 3         | OTC                   |
| GE100 CONTROL SOLUTION NORMAL SOLUTION   | 4         | OTC                   |
| GENTEEL VACUUM LANCING DEVICE COMBO PACK | 4         | CISP-1; OTC           |
| GLUCOCARD 01 NORMAL CONTROL SOLUTION     | 4         | OTC                   |
| GLUCOCOM CONTROL NORMAL SOLUTION         | 4         | OTC                   |
| GLUCOSE CONTROL SOLUTION                 | 4         | OTC                   |
| GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION  | 4         | OTC                   |
| GOJJI KETONE CONTROL SOLN-L1 SOLUTION    | 4         | OTC                   |
| GOJJI MULTI-FUNCTIONAL METER KIT         | 4         | OTC                   |
| HEALTHPRO HIGH-LOW CONTROL SOLUTION      | 4         | OTC                   |
| INFINITY CONTROL SOLUTION NORM SOLUTION  | 4         | OTC                   |
| INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION  | 4         | OTC                   |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      | 4         |                       |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | 4         |                       |
| LANCETS 33 GAUGE                                       | 3         | CISP-1; OTC           |
| LANCING DEVICE                                         | 3         | CISP-1; OTC           |
| MEDISENSE COMBO PACK                                   | 3         | OTC                   |
| MEDISENSE GLUCOSE KETONE COMBO PACK                    | 3         | OTC                   |
| MYGLUCOHEALTH CONTROL SOLUTION SOLUTION                | 4         | OTC                   |
| NOVA MAX GLUCOSE CONTROL SOLUTION                      | 4         | OTC                   |
| NOVA MAX PLUS GLUC-KETON METER DEVICE                  | 4         | OTC                   |
| NOVA MAX PLUS GLUC-KETON METER KIT                     | 4         | OTC                   |
| NOVAMAX PLUS GLU-KET SOLUTION                          | 4         | OTC                   |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                  | 4         |                       |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE  | 3         |                       |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| OMNIPOD CLASSIC PDM KIT(GEN 3)                           | 3         |                       |
| OMNIPOD DASH INTRO KIT (GEN 4)<br>SUBCUTANEOUS CARTRIDGE | 3         |                       |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE      | 3         |                       |
| ON CALL EXPRESS CONTROL SOLUTION                         | 4         | OTC                   |
| ON CALL PLUS CONTROL SOLUTION                            | 4         | OTC                   |
| ON CALL VIVID CONTROL SOLUTION                           | 4         | OTC                   |
| ONETOUCH ULTRA CONTROL SOLUTION                          | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH ULTRA2 METER                                    | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH ULTRAMINI KIT                                   | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH VERIO FLEX METER                                | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH VERIO IQ METER                                  | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH VERIO METER                                     | 3         | CISP-1; H.S.A.; OTC   |
| ONETOUCH VERIO REFLECT METER                             | 3         | OTC                   |

| Drug Name                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------|-----------|-----------------------|
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 4         | CISP-1; OTC           |
| PRECISION XTRA KETONE-GLUCOSE KIT           | 3         | OTC                   |
| PRECISION XTRA MONITOR                      | 3         | OTC                   |
| PRODIGY CONTROL SOLUTION, LOW SOLUTION      | 4         | OTC                   |
| PRODIGY CONTROL SOLUTION,HIGH SOLUTION      | 4         | OTC                   |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION        | 4         | OTC                   |
| RIGHTEST CONTROL SOLUTION HIGH SOLUTION     | 4         | OTC                   |
| SMARTEST CONTROL SOLUTION                   | 4         | OTC                   |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION     | 4         | OTC                   |
| TELCARE CONTROL SOLUTION                    | 4         | OTC                   |
| TRUE METRIX LEVEL 1 SOLUTION                | 4         | OTC                   |
| TRUECONTROL LEVEL 0 SOLUTION                | 4         | OTC                   |

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| UNISTRIIP LOW CONTROL SOLUTION                                   | 4         | OTC                   |
| V-GO 20 DEVICE                                                   | 3         |                       |
| V-GO 30 DEVICE                                                   | 3         |                       |
| V-GO 40 DEVICE                                                   | 3         |                       |
| VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION                          | 4         | OTC                   |
| WAVESENSE CONTROL SOLUTION SOLUTION                              | 4         | OTC                   |
| <b>INSULIN THERAPY</b>                                           |           |                       |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN          | 4         | INS; H.S.A.           |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT | 3         | INS; H.S.A.           |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN                 | 3         | INS; H.S.A.           |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION           | 3         | INS; H.S.A.           |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN               | 3         | INS; H.S.A.           |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN     | 3         | INS; H.S.A.           |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION | 3         | INS; H.S.A.           |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE           | 3         | INS; H.S.A.           |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION            | 3         | INS; H.S.A.           |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION    | 3         | INS; H.S.A.           |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN   | 3         | INS; H.S.A.           |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN | 3         | INS; H.S.A.           |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION    | 3         | INS; H.S.A.           |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION      | 3         | INS; H.S.A.           |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION   | 3         | INS; H.S.A.           |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN | 3         | INS; H.S.A.           |
| LEVEMIR FLEXTouch U-100 INSULN SUBCUTANEOUS INSULIN PEN | 3         | INS; H.S.A.           |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION             | 3         | INS; H.S.A.           |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN  | 3         | INS; H.S.A.           |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN  | 3         | INS; H.S.A.           |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION             | 3         | INS; H.S.A.           |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION    | 3         | INS; H.S.A.           |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN | 3         | INS; H.S.A.           |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN                 | 3         | INS; H.S.A.; QL       |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN      | 3         | INS; H.S.A.           |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN | 3         | INS; H.S.A.           |
| TRESIBA FLEXTouch U-100 SUBCUTANEOUS INSULIN PEN       | 3         | INS; H.S.A.           |
| TRESIBA FLEXTouch U-200 SUBCUTANEOUS INSULIN PEN       | 3         | INS; H.S.A.           |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION            | 3         | INS; H.S.A.           |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN              | 3         | INS; H.S.A.; QL       |
| <b>MISCELLANEOUS HORMONES</b>                          |           |                       |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR                    | 3         | PA; QL                |
| <i>cabergoline oral tablet</i>                         | 2         | QL                    |
| <i>calcitonin (salmon) injection solution</i>          | 2         |                       |
| <i>calcitonin (salmon) nasal spray, non-aerosol</i>    | 2         |                       |
| <i>calcitriol intravenous solution 1 mcg/ml</i>        | 2         |                       |
| <i>calcitriol oral capsule</i>                         | 2         |                       |
| <i>calcitriol oral solution</i>                        | 2         |                       |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| CERDELGA ORAL CAPSULE                                              | 5         | PA; MSP               |
| <i>cinacalcet oral tablet</i>                                      | 2         | PA                    |
| <i>danazol oral capsule</i>                                        | 2         |                       |
| DDAVP ORAL TABLET                                                  | 4         |                       |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL                                | 4         | PA                    |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 2         |                       |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)       | 5         |                       |
| <i>desmopressin oral tablet</i>                                    | 2         |                       |
| <i>doxercalciferol oral capsule</i>                                | 2         | ST                    |
| FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP                      | 4         | PA; QL                |
| GALAFOLD ORAL CAPSULE                                              | 5         | PA; MSP; QL           |
| JATENZO ORAL CAPSULE                                               | 4         | PA; QL                |
| JYNARQUE ORAL TABLET                                               | 5         | PA; QL                |
| JYNARQUE ORAL TABLETS, SEQUENTIAL                                  | 5         | PA; QL                |
| KUVAN ORAL POWDER IN PACKET                                        | 5         | PA; MSP               |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| KUVAN ORAL TABLET, SOLUBLE                          | 5         | PA; MSP               |
| METHITEST ORAL TABLET                               | 3         |                       |
| <i>methyltestosterone oral capsule</i>              | 2         |                       |
| MIACALCIN INJECTION SOLUTION                        | 4         |                       |
| <i>miglustat oral capsule</i>                       | 5         | PA; MSP               |
| MYALEPT SUBCUTANEOUS RECON SOLN                     | 5         | PA; MSP               |
| NATESTO NASAL GEL IN METERED-DOSE PUMP              | 3         | PA; QL                |
| NATPARA SUBCUTANEOUS CARTRIDGE                      | 5         | PA; MSP               |
| NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING   | 4         | PA; QL                |
| NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING | 4         | PA; QL                |
| ORILISSA ORAL TABLET                                | 3         | ST; QL                |
| <i>oxandrolone oral tablet</i>                      | 2         |                       |
| PALYNZIQ SUBCUTANEOUS SYRINGE                       | 5         | PA; MSP; QL           |
| <i>paricalcitol intravenous solution</i>            | 2         |                       |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| <i>paricalcitol oral capsule</i>                                     | 2         | ST                    |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR                         | 4         | ST                    |
| ROCALTROL ORAL CAPSULE                                               | 4         | ST                    |
| ROCALTROL ORAL SOLUTION                                              | 4         | ST                    |
| SAMSCA ORAL TABLET                                                   | 5         | PA; MSP; QL           |
| <i>sapropterin oral powder in packet</i>                             | 5         | PA; MSP               |
| <i>sapropterin oral tablet,soluble</i>                               | 5         | PA; MSP               |
| SOMAVERT SUBCUTANEOUS RECON SOLN                                     | 5         | PA; MSP               |
| STRENSIQ SUBCUTANEOUS SOLUTION                                       | 5         | PA                    |
| SYNAREL NASAL SPRAY,NON-AEROSOL                                      | 3         | PA                    |
| TESTOPEL IMPLANT PELLETT                                             | 5         | PA                    |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 2         | PA                    |
| <i>testosterone enanthate intramuscular oil</i>                      | 2         | PA                    |
| TESTOSTERONE IMPLANT PELLETT                                         | 4         | PA                    |
| <i>testosterone transdermal gel</i>                                  | 2         | PA; QL                |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <i>testosterone transdermal gel in metered-dose pump</i>       | 2         | PA; QL                |
| <i>testosterone transdermal gel in packet</i>                  | 2         | PA; QL                |
| <i>testosterone transdermal solution in metered pump w/app</i> | 2         | PA; QL                |
| <i>tolvaptan oral tablet</i>                                   | 5         | PA; MSP; QL           |
| VOGELXO TRANSDERMAL GEL                                        | 4         | PA; QL                |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP                   | 4         | PA; QL                |
| VOGELXO TRANSDERMAL GEL IN PACKET                              | 4         | PA; QL                |
| VOXZOGO SUBCUTANEOUS RECON SOLN                                | 5         | PA; MSP               |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR                             | 4         | PA; QL                |
| ZEMPLAR INTRAVENOUS SOLUTION                                   | 4         |                       |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG                              | 4         | ST                    |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                         |           |                       |
| <i>acarbose oral tablet</i>                                    | 1         | CISP; H.S.A.          |
| ACTOPLUS MET ORAL TABLET 15-850 MG                             | 4         | ST; QL                |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| ACTOS ORAL TABLET                                  | 4         | ST; QL                |
| AMARYL ORAL TABLET                                 | 4         |                       |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR          | 3         | ST; CISP; H.S.A.; QL  |
| BYETTA SUBCUTANEOUS PEN INJECTOR                   | 3         | ST; CISP; H.S.A.; QL  |
| CYCLOSET ORAL TABLET                               | 4         |                       |
| DUETACT ORAL TABLET                                | 4         | ST; QL                |
| FARXIGA ORAL TABLET                                | 3         | ST; CISP; H.S.A.; QL  |
| <i>glimepiride oral tablet</i>                     | 1         | CISP; H.S.A.          |
| <i>glipizide oral tablet</i>                       | 1         | CISP; H.S.A.          |
| <i>glipizide oral tablet extended release 24hr</i> | 1         | CISP; H.S.A.          |
| <i>glipizide-metformin oral tablet</i>             | 1         | CISP; H.S.A.          |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR     | 4         |                       |
| <i>glyburide micronized oral tablet</i>            | 1         | CISP; H.S.A.          |
| <i>glyburide oral tablet</i>                       | 1         | CISP; H.S.A.          |
| <i>glyburide-metformin oral tablet</i>             | 1         | CISP; H.S.A.          |
| GLYNASE ORAL TABLET                                | 4         |                       |
| GLYXAMBI ORAL TABLET                               | 3         | ST; CISP; H.S.A.; QL  |

| Drug Name                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| JANUMET ORAL TABLET                                                                     | 3         | ST; CISP; H.S.A.; QL  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR                                             | 3         | ST; CISP; H.S.A.; QL  |
| JANUVIA ORAL TABLET                                                                     | 3         | ST; CISP; H.S.A.; QL  |
| JARDIANCE ORAL TABLET                                                                   | 3         | ST; CISP; H.S.A.; QL  |
| <i>metformin oral solution</i>                                                          | 2         | ST; H.S.A.            |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                   | 1         | CISP; H.S.A.          |
| <i>metformin oral tablet extended release 24 hr</i>                                     | 1         | CISP; H.S.A.; QL      |
| <i>metformin oral tablet extended release 24hr</i>                                      | 2         | PA; QL                |
| <i>metformin oral tablet,er gast.retention 24 hr</i>                                    | 2         | PA; QL                |
| <i>miglitol oral tablet</i>                                                             | 2         | H.S.A.                |
| <i>nateglinide oral tablet</i>                                                          | 2         | H.S.A.                |
| OSENI ORAL TABLET                                                                       | 4         | ST; QL                |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) | 3         | ST; CISP; H.S.A.; QL  |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)                                 | 3         | PA; CISP; H.S.A.; QL  |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| <i>pioglitazone oral tablet</i>                 | 1         | CISP; H.S.A.; QL      |
| <i>pioglitazone-glimepiride oral tablet</i>     | 2         | H.S.A.; QL            |
| <i>pioglitazone-metformin oral tablet</i>       | 2         | H.S.A.; QL            |
| PRECOSE ORAL TABLET                             | 4         |                       |
| <i>repaglinide oral tablet</i>                  | 2         | CISP; H.S.A.          |
| <i>repaglinide-metformin oral tablet</i>        | 2         | H.S.A.; QL            |
| RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON    | 4         | ST                    |
| RIOMET ORAL SOLUTION                            | 4         | ST                    |
| RYBELSUS ORAL TABLET                            | 3         | ST; QL                |
| SEGLUROMET ORAL TABLET                          | 3         | ST; CISP; H.S.A.; QL  |
| STEGLATRO ORAL TABLET                           | 3         | ST; CISP; H.S.A.; QL  |
| STEGLUJAN ORAL TABLET                           | 3         | ST; QL                |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR         | 3         | ST; QL                |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR          | 3         | ST; QL                |
| SYNJARDY ORAL TABLET                            | 3         | ST; CISP; H.S.A.; QL  |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3         | ST; CISP; H.S.A.; QL  |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3         | ST                    |
| TRULICITY SUBCUTANEOUS PEN INJECTOR             | 3         | ST; CISP; H.S.A.; QL  |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR   | 3         | ST; CISP; H.S.A.; QL  |

## THYROID HORMONES

|                                                                                                                          |   |  |
|--------------------------------------------------------------------------------------------------------------------------|---|--|
| ARMOUR THYROID ORAL TABLET                                                                                               | 3 |  |
| <i>euthyrox oral tablet</i>                                                                                              | 2 |  |
| <i>levo-t oral tablet</i>                                                                                                | 2 |  |
| <i>levothyroxine oral tablet</i>                                                                                         | 1 |  |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 |  |
| <i>liothyronine oral tablet</i>                                                                                          | 1 |  |
| <i>np thyroid oral tablet</i>                                                                                            | 1 |  |
| <i>unithroid oral tablet</i>                                                                                             | 2 |  |

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

|                                                                 |   |  |
|-----------------------------------------------------------------|---|--|
| <i>anaspaz oral tablet,disintegrating</i>                       | 1 |  |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg</i> | 1 |  |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| <i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i> | 2         |                       |
| <i>chlordiazepoxide-clidinium oral capsule</i>                  | 1         |                       |
| CUVPOSA ORAL SOLUTION                                           | 4         |                       |
| <i>dicyclomine oral capsule</i>                                 | 1         |                       |
| <i>dicyclomine oral solution</i>                                | 1         |                       |
| <i>dicyclomine oral tablet</i>                                  | 1         |                       |
| <i>diphenoxylate-atropine oral liquid</i>                       | 1         |                       |
| <i>diphenoxylate-atropine oral tablet</i>                       | 1         |                       |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML                | 4         |                       |
| DONNATAL ORAL TABLET                                            | 4         |                       |
| <i>ed-spaz oral tablet,disintegrating</i>                       | 1         |                       |
| GLYCATE ORAL TABLET                                             | 4         |                       |
| <i>glycopyrrolate oral solution</i>                             | 2         |                       |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                    | 2         |                       |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                        | 2         | PA                    |
| <i>hyoscyamine sulfate oral drops</i>                           | 1         |                       |
| <i>hyoscyamine sulfate oral elixir</i>                          | 1         |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| <i>hyoscyamine sulfate oral tablet</i>                        | 1         |                       |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | 1         |                       |
| <i>hyoscyamine sulfate oral tablet,disintegrating</i>         | 1         |                       |
| <i>hyoscyamine sulfate sublingual tablet</i>                  | 1         |                       |
| <i>hyosyne oral drops</i>                                     | 1         |                       |
| <i>hyosyne oral elixir</i>                                    | 1         |                       |
| LEVVID ORAL TABLET EXTENDED RELEASE 12 HR                     | 4         |                       |
| LEVSIN ORAL TABLET                                            | 4         |                       |
| LEVSIN/SL SUBLINGUAL TABLET                                   | 4         |                       |
| LOMOTIL ORAL TABLET                                           | 4         |                       |
| <i>loperamide oral capsule</i>                                | 2         |                       |
| <i>methscopolamine oral tablet</i>                            | 2         |                       |
| MOTOFEN ORAL TABLET                                           | 4         |                       |
| NULEV ORAL TABLET,DISINTEGRATING                              | 4         |                       |
| <i>opium tincture oral tincture</i>                           | 2         |                       |
| <i>oscimin oral tablet</i>                                    | 1         |                       |
| <i>oscimin sl sublingual tablet</i>                           | 1         |                       |

| Drug Name                                                                      | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| <i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i> | 2         |                       |
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i>                              | 2         |                       |
| <i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>                     | 2         |                       |
| <i>phenohydro oral tablet</i>                                                  | 2         |                       |
| ROBINUL FORTE ORAL TABLET                                                      | 4         |                       |
| ROBINUL ORAL TABLET                                                            | 4         |                       |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE                                | 4         |                       |
| <i>symax fastabs oral tablet,disintegrating</i>                                | 1         |                       |
| <i>symax-sl sublingual tablet</i>                                              | 1         |                       |
| <i>symax-sr oral tablet extended release 12 hr</i>                             | 1         |                       |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>                                   |           |                       |
| <i>alosetron oral tablet</i>                                                   | 2         |                       |
| <i>alvimopan oral capsule</i>                                                  | 2         |                       |
| ANA-LEX KIT RECTAL KIT                                                         | 4         |                       |
| ANALPRAM-HC RECTAL CREAM 1-1 %                                                 | 4         |                       |
| ANALPRAM-HC RECTAL CREAM 2.5-1 %                                               | 4         | ST                    |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| ANALPRAM-HC SINGLES RECTAL CREAM                        | 4         |                       |
| <i>anucort-hc rectal suppository</i>                    | 2         |                       |
| <i>aprepitant oral capsule</i>                          | 2         | QL                    |
| <i>aprepitant oral capsule,dose pack</i>                | 2         | QL                    |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR               | 4         | ST                    |
| AURYXIA ORAL TABLET                                     | 4         |                       |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)  | 4         | ST                    |
| AZULFIDINE ORAL TABLET                                  | 4         | ST                    |
| <i>balsalazide oral capsule</i>                         | 2         |                       |
| <i>betaine oral powder</i>                              | 5         |                       |
| <i>budesonide oral capsule,delayed,extended.release</i> | 2         |                       |
| <i>budesonide oral tablet,delayed and ext.release</i>   | 2         | CSE-9                 |
| BYLVAY ORAL CAPSULE                                     | 5         | PA; MSP; QL           |
| BYLVAY ORAL PELLET                                      | 5         | PA; MSP; QL           |
| <i>calcium acetate(phosphat bind) oral capsule</i>      | 1         | QL                    |
| <i>calcium acetate(phosphat bind) oral tablet</i>       | 1         | QL                    |

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| CHENODAL ORAL TABLET                         | 5         | PA                    |
| CHOLBAM ORAL CAPSULE 250 MG                  | 5         | PA                    |
| CHOLBAM ORAL CAPSULE 50 MG                   | 5         | PA; QL                |
| <i>citrate of magnesia oral solution</i>     | 1         | ACA; OTC              |
| <i>citroma oral solution</i>                 | 1         | ACA; OTC              |
| <i>clearlax oral powder</i>                  | 1         | ACA; OTC              |
| COLAZAL ORAL CAPSULE                         | 4         | ST                    |
| COMPAZINE ORAL TABLET                        | 4         |                       |
| COMPAZINE RECTAL SUPPOSITORY                 | 4         |                       |
| <i>compro rectal suppository</i>             | 2         |                       |
| <i>constulose oral solution</i>              | 1         |                       |
| CORTENEMA RECTAL ENEMA                       | 4         |                       |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)    | 3         |                       |
| <i>cromolyn oral concentrate</i>             | 2         | H.S.A.                |
| CYSTADANE ORAL POWDER                        | 5         |                       |
| DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE    | 4         | MSP                   |
| DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) | 4         | QL                    |

| Drug Name                                                                 | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| DIPENTUM ORAL CAPSULE                                                     | 4         | ST                    |
| <i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i> | 2         | CSE-9; QL             |
| <i>dronabinol oral capsule</i>                                            | 2         | PA                    |
| <i>dulcolax (magnesium hydroxide) oral suspension</i>                     | 1         | ACA; OTC              |
| ENTEREG ORAL CAPSULE                                                      | 4         |                       |
| <i>enulose oral solution</i>                                              | 1         |                       |
| GASTROCROM ORAL CONCENTRATE                                               | 4         |                       |
| GATTEX 30-VIAL SUBCUTANEOUS KIT                                           | 5         | PA; MSP               |
| <i>gavilyte-c oral recon soln</i>                                         | 1         | ACA                   |
| <i>gavilyte-g oral recon soln</i>                                         | 1         | ACA                   |
| <i>gavilyte-n oral recon soln</i>                                         | 1         | ACA                   |
| <i>generlac oral solution</i>                                             | 1         |                       |
| GOLYTELY ORAL RECON SOLN                                                  | 4         |                       |
| <i>granisetron hcl oral tablet</i>                                        | 2         | QL                    |
| <i>hemmorex-hc rectal suppository</i>                                     | 2         |                       |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>                    | 2         |                       |
| <i>hydrocortisone acetate rectal suppository 30 mg</i>                    | 1         |                       |

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| <i>hydrocortisone rectal enema</i>                               | 1         |                       |
| <i>hydrocortisone topical cream with perineal applicator</i>     | 2         |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i> | 2         |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>             | 2         | ST                    |
| KRISTALOSE ORAL PACKET                                           | 4         |                       |
| <i>lactulose oral packet</i>                                     | 1         | PA                    |
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>      | 1         |                       |
| <i>lanthanum oral tablet, chewable</i>                           | 2         | QL                    |
| <i>laxative peg 3350 oral powder</i>                             | 1         | ACA; OTC              |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i>               | 2         |                       |
| LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL                        | 4         |                       |
| <i>lidocaine hcl-hydrocortison ac rectal kit</i>                 | 2         |                       |
| <i>lidocaine-hydrocortisone-aloe rectal gel</i>                  | 2         |                       |
| <i>lidocaine-hydrocortisone-aloe rectal kit</i>                  | 2         |                       |
| LINZESS ORAL CAPSULE                                             | 3         | QL                    |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| LIVMARLI ORAL SOLUTION                                 | 5         | PA                    |
| LOKELMA ORAL POWDER IN PACKET                          | 3         | QL                    |
| <i>magnesium citrate oral solution</i>                 | 1         | ACA; OTC              |
| MARINOL ORAL CAPSULE                                   | 4         | PA                    |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>            | 1         |                       |
| <i>mesalamine oral capsule (with del rel tablets)</i>  | 2         |                       |
| <i>mesalamine oral capsule, extended release</i>       | 2         | CSE-9                 |
| <i>mesalamine oral capsule, extended release 24hr</i>  | 2         | CSE-9                 |
| <i>mesalamine oral tablet, delayed release (dr/ec)</i> | 2         |                       |
| <i>mesalamine rectal enema</i>                         | 2         |                       |
| <i>mesalamine rectal suppository</i>                   | 2         |                       |
| <i>mesalamine with cleansing wipe rectal enema kit</i> | 2         |                       |
| <i>metoclopramide hcl oral solution</i>                | 1         |                       |
| <i>metoclopramide hcl oral tablet</i>                  | 1         |                       |
| <i>metoclopramide hcl oral tablet, disintegrating</i>  | 1         |                       |
| <i>milk of magnesia concentrated oral suspension</i>   | 1         | ACA; OTC              |

| Drug Name                                                                                                                                                                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>milk of magnesia oral suspension</i>                                                                                                                                                                        | 1         | ACA; OTC              |
| MOTEGRITY ORAL TABLET                                                                                                                                                                                          | 4         | QL                    |
| MOVANTIK ORAL TABLET                                                                                                                                                                                           | 3         | QL                    |
| <i>natura-lax oral powder</i>                                                                                                                                                                                  | 1         | ACA; OTC              |
| OICALIVA ORAL TABLET                                                                                                                                                                                           | 5         | PA; MSP; QL           |
| <i>ondansetron hcl oral solution</i>                                                                                                                                                                           | 2         | QL                    |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                                                                                                                                  | 2         | QL                    |
| <i>ondansetron oral tablet, disintegrating</i>                                                                                                                                                                 | 2         | QL                    |
| <i>oral saline laxative oral liquid</i>                                                                                                                                                                        | 1         | ACA; OTC              |
| ORTIKOS ORAL CAPSULE, EXTENDED RELEASE                                                                                                                                                                         | 4         |                       |
| <i>palonosetron intravenous solution 0.25 mg/5 ml</i>                                                                                                                                                          | 2         |                       |
| 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 | 3         |                       |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1         | ACA                   |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>            | 2         | ACA                   |
| <i>peg-electrolyte soln oral recon soln</i>                            | 1         | ACA                   |
| <i>peg-prep oral kit</i>                                               | 2         | ACA                   |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE                                 | 3         |                       |
| PHOSLYRA ORAL SOLUTION                                                 | 3         | QL                    |
| <i>phosphate laxative oral liquid</i>                                  | 1         | ACA; OTC              |
| <i>powderlax oral powder</i>                                           | 1         | ACA; OTC              |
| <i>prochlorperazine maleate oral tablet</i>                            | 1         |                       |
| <i>prochlorperazine rectal suppository</i>                             | 2         |                       |
| PROCORT RECTAL CREAM                                                   | 4         |                       |
| PROCTOCORT RECTAL SUPPOSITORY                                          | 4         | ST                    |
| <i>procto-med hc topical cream with perineal applicator</i>            | 2         |                       |
| <i>procto-pak topical cream with perineal applicator</i>               | 2         |                       |
| <i>proctosol hc topical cream with perineal applicator</i>             | 2         |                       |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| <i>proctozone-hc topical cream with perineal applicator</i> | 2         |                       |
| RECTIV RECTAL OINTMENT                                      | 3         |                       |
| REGLAN ORAL TABLET                                          | 4         |                       |
| RELISTOR ORAL TABLET                                        | 3         | ST                    |
| RELISTOR SUBCUTANEOUS SOLUTION                              | 3         | ST                    |
| RELISTOR SUBCUTANEOUS SYRINGE                               | 3         | ST                    |
| REVELA ORAL POWDER IN PACKET                                | 4         | QL                    |
| REVELA ORAL TABLET                                          | 4         | QL                    |
| ROWASA RECTAL ENEMA KIT                                     | 4         |                       |
| SANCUSO TRANSDERMAL PATCH WEEKLY                            | 4         | QL                    |
| <i>scopolamine base transdermal patch 3 day</i>             | 2         |                       |
| <i>sevelamer carbonate oral powder in packet</i>            | 1         | QL                    |
| <i>sevelamer carbonate oral tablet</i>                      | 2         | QL                    |
| <i>sevelamer hcl oral tablet</i>                            | 2         | QL                    |
| SFROWASA RECTAL ENEMA                                       | 4         |                       |
| <i>sodium polystyrene sulfonate oral powder</i>             | 1         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE                | 5         | MSP                   |
| <i>sps (with sorbitol) oral suspension</i>                | 1         |                       |
| <i>sps (with sorbitol) rectal enema</i>                   | 1         |                       |
| SUCRAID ORAL SOLUTION                                     | 5         | PA                    |
| <i>sulfasalazine oral tablet</i>                          | 1         |                       |
| <i>sulfasalazine oral tablet, delayed release (dr/ec)</i> | 2         |                       |
| SYMPROIC ORAL TABLET                                      | 3         |                       |
| SYNDROS ORAL SOLUTION                                     | 4         | PA                    |
| <i>trimethobenzamide oral capsule</i>                     | 2         |                       |
| TRULANCE ORAL TABLET                                      | 3         |                       |
| UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE               | 4         |                       |
| UCERIS RECTAL FOAM                                        | 3         |                       |
| URSO 250 ORAL TABLET                                      | 4         |                       |
| URSO FORTE ORAL TABLET                                    | 4         |                       |
| <i>ursodiol oral capsule</i>                              | 2         |                       |
| <i>ursodiol oral tablet</i>                               | 2         |                       |
| VARUBI ORAL TABLET                                        | 3         | QL                    |

| Drug Name                                                                                                                                                                                                                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| VELPHORO ORAL TABLET,CHEWABLE                                                                                                                                                                                                                     | 3         | QL                    |
| VELTASSA ORAL POWDER IN PACKET                                                                                                                                                                                                                    | 3         | QL                    |
| VIBERZI ORAL TABLET                                                                                                                                                                                                                               | 3         |                       |
| VIOKACE ORAL TABLET                                                                                                                                                                                                                               | 3         |                       |
| women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)                                                                                                                                                                                | 1         | ACA; OTC              |
| ZELNORM ORAL TABLET                                                                                                                                                                                                                               | 4         |                       |
| 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 | 3         |                       |
| ZUPLENZ ORAL FILM                                                                                                                                                                                                                                 | 4         | QL                    |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                              |           |                       |
| amoxicil-clarithromy-lansopraz oral combo pack                                                                                                                                                                                                    | 2         | QL                    |
| CARAFATE ORAL SUSPENSION                                                                                                                                                                                                                          | 4         |                       |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| CARAFATE ORAL TABLET                                                    | 4         |                       |
| cimetidine hcl oral solution                                            | 2         |                       |
| cimetidine oral tablet                                                  | 2         |                       |
| CYTOTEC ORAL TABLET                                                     | 4         |                       |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG                      | 4         | ST; QL                |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG                      | 4         | ST                    |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg        | 2         | QL                    |
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg        | 2         |                       |
| esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg | 2         | ST; QL                |
| esomeprazole magnesium oral granules dr for susp in packet 40 mg        | 2         | ST                    |
| famotidine oral suspension                                              | 2         |                       |
| famotidine oral tablet 20 mg, 40 mg                                     | 1         |                       |
| lansoprazole oral capsule,delayed release(dr/ec) 15 mg                  | 2         | QL                    |

| Drug Name                                                           | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------|-----------|-----------------------|
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>      | 2         |                       |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>       | 2         | ST; QL                |
| <i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>       | 2         | ST                    |
| <i>misoprostol oral tablet</i>                                      | 1         |                       |
| <i>nizatidine oral capsule</i>                                      | 2         |                       |
| OMECLAMOX-PAK ORAL COMBO PACK                                       | 4         | QL                    |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>        | 1         | QL                    |
| <i>omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i> | 1         |                       |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>    | 2         | PA; QL                |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>    | 2         | PA                    |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>        | 2         | PA; QL                |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>        | 2         | PA                    |
| <i>pantoprazole oral granules dr for susp in packet</i>             | 2         | ST                    |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> | 1         | QL                    |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> | 1         |                       |
| PEPCID ORAL TABLET                                             | 4         |                       |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i>        | 2         |                       |
| <i>sucralfate oral suspension</i>                              | 2         | CSE-9                 |
| <i>sucralfate oral tablet</i>                                  | 2         |                       |
| TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE                  | 3         | QL                    |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                               |   |             |
|-------------------------------|---|-------------|
| FULPHILA SUBCUTANEOUS SYRINGE | 5 | PA; MSP; QL |
| LEUKINE INJECTION RECON SOLN  | 5 | PA; MSP     |
| MACRILEN ORAL RECON SOLN      | 5 | MSP; QL     |
| MOZOBIL SUBCUTANEOUS SOLUTION | 5 | MSP         |
| NIVESTYM INJECTION SOLUTION   | 5 | PA; MSP     |
| NIVESTYM SUBCUTANEOUS SYRINGE | 5 | PA; MSP     |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| PROCRIT INJECTION SOLUTION                        | 5         | PA; SP                |
| RETACRIT INJECTION SOLUTION                       | 5         | PA; SP                |
| ZARXIO INJECTION SYRINGE                          | 5         | PA; MSP               |
| ZIEXTENZO SUBCUTANEOUS SYRINGE                    | 5         | PA; MSP               |
| <b>GROWTH HORMONES</b>                            |           |                       |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN                | 5         | PA; MSP               |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE         | 5         | ST; MSP               |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE                 | 5         | ST; MSP               |
| NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR     | 5         | ST; MSP               |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5         | PA; MSP               |
| <b>INTERFERONS</b>                                |           |                       |
| AUBAGIO ORAL TABLET                               | 5         | PA; MSP; QL           |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT             | 5         | PA; MSP; QL           |
| AVONEX INTRAMUSCULAR SYRINGE KIT                  | 5         | PA; MSP; QL           |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC)                | 5         | PA; MSP; QL           |
| BETASERON SUBCUTANEOUS KIT                                     | 5         | PA; MSP; QL           |
| COPAXONE SUBCUTANEOUS SYRINGE                                  | 5         | PA; MSP; QL           |
| <i>dimethyl fumarate oral capsule, delayed release (dr/ec)</i> | 5         | PA; MSP; QL           |
| GILENYA ORAL CAPSULE 0.5 MG                                    | 5         | PA; MSP; QL           |
| <i>glatiramer subcutaneous syringe</i>                         | 5         | PA; MSP; QL           |
| <i>glatopa subcutaneous syringe</i>                            | 5         | PA; MSP; QL           |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR                         | 5         | PA; MSP; QL           |
| <i>lenalidomide oral capsule</i>                               | 5         | PA; MSP; QL           |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET                         | 5         | PA; MSP; QL           |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET                          | 5         | PA; MSP; QL           |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET                          | 5         | PA; MSP; QL           |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET                          | 5         | PA; MSP; QL           |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET                          | 5         | PA; MSP; QL           |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| MAVENCLAD (8 TABLET PACK) ORAL TABLET                 | 5         | PA; MSP; QL           |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET                 | 5         | PA; MSP; QL           |
| MAYZENT ORAL TABLET                                   | 5         | PA; MSP; QL           |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK | 5         | PA; MSP; QL           |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK | 5         | PA; MSP; QL           |
| PEGASYS SUBCUTANEOUS SOLUTION                         | 5         | MSP; QL               |
| PEGASYS SUBCUTANEOUS SYRINGE                          | 5         | MSP; QL               |
| PLEGRIDY INTRAMUSCULAR SYRINGE                        | 5         | PA; MSP; QL           |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR                    | 5         | PA; MSP; QL           |
| PLEGRIDY SUBCUTANEOUS SYRINGE                         | 5         | PA; MSP; QL           |
| POMALYST ORAL CAPSULE                                 | 5         | PA; MSP               |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK    | 5         | PA; MSP; QL           |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| PONVORY ORAL TABLET                                 | 5         | PA; MSP; QL           |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE           | 5         | PA; MSP; QL           |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR            | 5         | PA; MSP; QL           |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE           | 5         | PA; MSP; QL           |
| REVLIMID ORAL CAPSULE                               | 5         | PA; MSP; QL           |
| <i>ribavirin oral capsule</i>                       | 5         | ST; SP                |
| <i>ribavirin oral tablet 200 mg</i>                 | 5         | ST; SP                |
| VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)       | 5         | PA; MSP; QL           |
| <b>INTERLEUKINS</b>                                 |           |                       |
| ACTIMMUNE SUBCUTANEOUS SOLUTION                     | 5         | PA; MSP               |
| ALFERON N INJECTION SOLUTION                        | 3         |                       |
| ARCALYST SUBCUTANEOUS RECON SOLN                    | 5         | PA; MSP; QL           |
| ILARIS (PF) SUBCUTANEOUS SOLUTION                   | 5         | PA; MSP               |
| <i>imiquimod topical cream in metered-dose pump</i> | 2         |                       |
| <i>imiquimod topical cream in packet</i>            | 2         |                       |

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| INTRON A INJECTION RECON SOLN                                     | 5         | MSP                   |
| PROLEUKIN INTRAVENOUS RECON SOLN                                  | 5         | PA; MSP               |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>                |           |                       |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN                              | 3         | ACA                   |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION           | 3         | ACA                   |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE              | 3         | ACA                   |
| AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE              | 3         | ACA                   |
| AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE              | 3         | ACA                   |
| AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION           | 3         | ACA                   |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| BEXSERO INTRAMUSCULAR SYRINGE                             | 3         | ACA                   |
| BIOTHRAX INTRAMUSCULAR SUSPENSION                         | 3         |                       |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION                    | 3         | ACA                   |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE                       | 3         | ACA                   |
| BOTOX INJECTION RECON SOLN                                | 5         | PA                    |
| COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION       | 3         | ACA                   |
| CUVITRU SUBCUTANEOUS SOLUTION                             | 5         | PA; MSP               |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION   | 3         | ACA                   |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3         | ACA                   |
| ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION                    | 3         | ACA                   |
| ENGRIX-B (PF) INTRAMUSCULAR SYRINGE                       | 3         | ACA                   |
| ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE             | 3         | ACA                   |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE | 3         | ACA                   |
| FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE    | 3         | ACA                   |
| FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE    | 3         | ACA                   |
| FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE  | 3         | ACA                   |
| FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION    | 3         | ACA                   |
| FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE   | 3         | ACA                   |
| FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE     | 3         | ACA                   |
| FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE | 3         | ACA                   |
| FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION | 3         | ACA                   |
| FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE    | 3         | ACA                   |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION | 3         | ACA                   |
| GAMMAGARD LIQUID INJECTION SOLUTION             | 5         | PA; MSP               |
| GAMUNEX-C INJECTION SOLUTION                    | 5         | PA; MSP               |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION        | 3         | ACA                   |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE           | 3         | ACA                   |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE               | 3         | ACA                   |
| HEPAGAM B INJECTION SOLUTION                    | 3         |                       |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE           | 4         | ACA                   |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN           | 3         | ACA                   |
| HYPERHEP B INTRAMUSCULAR SOLUTION               | 3         |                       |
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE       | 3         |                       |
| HYPERRAB (PF) INTRAMUSCULAR SOLUTION            | 3         |                       |
| HYQVIA SUBCUTANEOUS SOLUTION                    | 5         | PA; MSP               |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| IMOGAM RABIES-HT (PF)<br>INTRAMUSCULAR SOLUTION            | 3         |                       |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN     | 3         |                       |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE              | 3         | ACA                   |
| IPOL INJECTION SUSPENSION                                  | 3         | ACA                   |
| IXIARO (PF)<br>INTRAMUSCULAR SYRINGE                       | 3         |                       |
| JANSSEN COVID-19 VACCINE (EUA)<br>INTRAMUSCULAR SUSPENSION | 3         | ACA                   |
| KEDRAB (PF)<br>INTRAMUSCULAR SOLUTION                      | 4         |                       |
| KINRIX (PF)<br>INTRAMUSCULAR SYRINGE                       | 4         | ACA                   |
| MENACTRA (PF)<br>INTRAMUSCULAR SOLUTION                    | 3         | ACA                   |
| MENQUADFI (PF)<br>INTRAMUSCULAR SOLUTION                   | 4         | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT           | 4         | ACA                   |
| M-M-R II (PF)<br>SUBCUTANEOUS RECON SOLN                   | 3         | ACA                   |

| Drug Name                                                                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|
| MODERNA COVID-19 BOOSTER (EUA)<br>INTRAMUSCULAR SUSPENSION                                  | 3         | ACA                   |
| MODERNA COVID-19 VACCINE (EUA)<br>INTRAMUSCULAR SUSPENSION                                  | 3         | ACA                   |
| MYOBLOC<br>INTRAMUSCULAR SOLUTION                                                           | 5         | PA; MSP               |
| NABI-HB<br>INTRAMUSCULAR SOLUTION                                                           | 4         |                       |
| PEDIARIX (PF)<br>INTRAMUSCULAR SYRINGE                                                      | 3         | ACA                   |
| PEDVAX HIB (PF)<br>INTRAMUSCULAR SOLUTION                                                   | 3         | ACA                   |
| PENTACEL (PF)<br>INTRAMUSCULAR KIT                                                          | 3         | ACA                   |
| PENTACEL ACTHIB COMPONENT (PF)<br>INTRAMUSCULAR RECON SOLN                                  | 3         | ACA                   |
| PFIZER COVID-19 TRIS VACCN(PF)<br>INTRAMUSCULAR SUSPENSION                                  | 3         | ACA                   |
| PFIZER COVID-19 TRIS VACCN(PF)<br>INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML | 3         | ACA                   |

| Drug Name                                                                 | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3         | ACA                   |
| PNEUMOVAX-23 INJECTION SOLUTION                                           | 3         | ACA                   |
| PNEUMOVAX-23 INJECTION SYRINGE                                            | 3         | ACA                   |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION                                  | 3         | ACA                   |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE                                     | 3         | ACA                   |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE                                     | 3         | ACA                   |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION                   | 3         | ACA                   |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION                                   | 3         | ACA                   |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE                                      | 3         | ACA                   |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION                 | 3         |                       |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION                               | 3         | ACA                   |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE                  | 3         | ACA                   |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION                | 4         | ACA                   |
| ROTATEQ VACCINE ORAL SOLUTION                             | 3         | ACA                   |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3         | ACA                   |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION  | 3         |                       |
| TDVAX INTRAMUSCULAR SUSPENSION                            | 3         | ACA                   |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION                     | 4         | ACA                   |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE                        | 4         | ACA                   |
| TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION   | 3         | ACA                   |
| TICOVAC INTRAMUSCULAR SYRINGE                             | 3         |                       |
| TRUMENBA INTRAMUSCULAR SYRINGE                            | 3         | ACA                   |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| TWINRIX (PF) INTRAMUSCULAR SYRINGE                      | 3         | ACA                   |
| TYPHIM VI INTRAMUSCULAR SOLUTION                        | 3         |                       |
| TYPHIM VI INTRAMUSCULAR SYRINGE                         | 3         |                       |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION                     | 4         | ACA                   |
| VAQTA (PF) INTRAMUSCULAR SYRINGE                        | 4         | ACA                   |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3         | ACA                   |
| VARIZIG INTRAMUSCULAR SOLUTION                          | 3         |                       |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION                   | 4         | ACA                   |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE                      | 4         | ACA                   |
| VAXNEUVANCE INTRAMUSCULAR SYRINGE                       | 3         | ACA                   |
| XEMBIFY SUBCUTANEOUS SOLUTION                           | 5         | PA; MSP               |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION  | 3         |                       |

## MUSCULOSKELETAL & RHEUMATOLOGY

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| <b>GOUT THERAPY</b>                          |           |                       |
| <i>allopurinol oral tablet</i>               | 1         |                       |
| <i>colchicine oral tablet</i>                | 2         |                       |
| <i>febuxostat oral tablet</i>                | 2         | ST                    |
| GLOPERBA ORAL SOLUTION                       | 4         |                       |
| MITIGARE ORAL CAPSULE                        | 3         |                       |
| <i>probenecid oral tablet</i>                | 1         |                       |
| <i>probenecid-colchicine oral tablet</i>     | 2         |                       |
| ZYLOPRIM ORAL TABLET 100 MG                  | 4         |                       |
| <b>OSTEOPOROSIS THERAPY</b>                  |           |                       |
| ACTONEL ORAL TABLET 150 MG, 35 MG            | 4         | ST; QL                |
| <i>alendronate oral solution</i>             | 2         | H.S.A.; QL            |
| <i>alendronate oral tablet 10 mg, 70 mg</i>  | 2         | H.S.A.; QL            |
| <i>alendronate oral tablet 35 mg, 5 mg</i>   | 1         | H.S.A.; QL            |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) | 4         | ST; QL                |
| BINOSTO ORAL TABLET, EFFERVESCENT            | 4         | ST; QL                |
| BONIVA ORAL TABLET                           | 4         | ST; QL                |
| EVISTA ORAL TABLET                           | 4         |                       |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | 5         | PA; SP; QL            |
| FOSAMAX ORAL TABLET 70 MG                                   | 4         | ST; QL                |
| FOSAMAX PLUS D ORAL TABLET                                  | 4         | ST; QL                |
| <i>ibandronate oral tablet</i>                              | 2         | H.S.A.; QL            |
| <i>raloxifene oral tablet</i>                               | 2         | H.S.A.                |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>          | 2         | H.S.A.; QL            |
| <i>risedronate oral tablet, delayed release (dr/ec)</i>     | 2         | H.S.A.; QL            |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR                      | 5         | PA; SP; QL            |
| TYMLOS SUBCUTANEOUS PEN INJECTOR                            | 5         | PA; SP; QL            |
| <b>OTHER RHEUMATOLOGICALS</b>                               |           |                       |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR                    | 5         | PA; MSP; QL           |
| ACTEMRA SUBCUTANEOUS SYRINGE                                | 5         | PA; MSP; QL           |
| ARAVA ORAL TABLET                                           | 4         | QL                    |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR                         | 5         | PA; MSP; QL           |
| BENLYSTA SUBCUTANEOUS SYRINGE                               | 5         | PA; MSP; QL           |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| DEPEN TITRATABS ORAL TABLET                                  | 4         | PA                    |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE                           | 5         | PA; MSP; QL           |
| ENBREL SUBCUTANEOUS RECON SOLN                               | 5         | PA; MSP; QL           |
| ENBREL SUBCUTANEOUS SOLUTION                                 | 5         | PA; MSP; QL           |
| ENBREL SUBCUTANEOUS SYRINGE                                  | 5         | PA; MSP; QL           |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR                   | 5         | PA; MSP; QL           |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT  | 5         | PA; MSP; QL           |
| HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT | 5         | PA; MSP; QL           |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT                     | 5         | PA; MSP; QL           |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML                 | 5         | PA; MSP; QL           |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT              | 5         | PA; MSP; QL           |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT            | 5         | PA; MSP; QL           |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT            | 5         | PA; MSP; QL           |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT         | 5         | PA; MSP; QL           |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML            | 5         | PA; MSP; QL           |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT                                  | 5         | PA; MSP; QL           |
| <i>leflunomide oral tablet</i>                                       | 2         | QL                    |
| OTEZLA ORAL TABLET                                                   | 5         | PA; MSP; QL           |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 5         | PA; MSP; QL           |
| <i>penicillamine oral capsule</i>                                    | 2         | PA                    |
| <i>penicillamine oral tablet</i>                                     | 2         | PA                    |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR              | 3         | ST                    |
| RIDAURA ORAL CAPSULE                                | 3         |                       |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR           | 5         | PA; MSP; QL           |
| SAVELLA ORAL TABLET                                 | 3         | ST; QL                |
| SAVELLA ORAL TABLETS,DOSE PACK                      | 3         | ST; QL                |
| SIMPONI ARIA INTRAVENOUS SOLUTION                   | 5         | PA; MSP               |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML         | 5         | PA; MSP; QL           |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML              | 5         | PA; MSP; QL           |
| XELJANZ ORAL SOLUTION                               | 5         | PA; MSP; QL           |
| XELJANZ ORAL TABLET                                 | 5         | PA; MSP; QL           |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR       | 5         | PA; MSP; QL           |
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                  |           |                       |
| <b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b> |           |                       |
| CAYA CONTOURED VAGINAL DIAPHRAGM                    | 4         | ACA                   |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| FC2 FEMALE CONDOM                                | 3         | ACA; OTC              |
| FEMCAP VAGINAL DEVICE 22 MM                      | 3         | ACA                   |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE         | 5         | ACA                   |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE         | 5         | ACA; MSP              |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE          | 5         | ACA                   |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE | 5         | ACA                   |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE           | 5         | ACA                   |
| WIDE-SEAL DIAPHRAGM                              | 4         | ACA                   |
| <b>ESTROGENS &amp; PROGESTINS</b>                |           |                       |
| ACTIVELLA ORAL TABLET 1-0.5 MG                   | 4         |                       |
| ALORA TRANSDERMAL PATCH SEMIWEEKLY               | 4         | QL                    |
| <i>amabelz oral tablet 0.5-0.1 mg</i>            | 1         |                       |
| <i>amabelz oral tablet 1-0.5 mg</i>              | 2         |                       |
| ANGELIQ ORAL TABLET                              | 4         |                       |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| AYGESTIN ORAL TABLET                            | 4         |                       |
| <i>camila oral tablet</i>                       | 1         | ACA                   |
| CLIMARA TRANSDERMAL PATCH WEEKLY                | 4         | QL                    |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY         | 3         |                       |
| <i>covaryx h.s. oral tablet</i>                 | 2         |                       |
| <i>covaryx oral tablet</i>                      | 2         |                       |
| <i>deblitane oral tablet</i>                    | 1         | ACA                   |
| DELESTROGEN INTRAMUSCULAR OIL                   | 4         |                       |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL                | 3         |                       |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 4         | ACA; QL               |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE              | 4         | ACA; QL               |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE      | 4         | ACA; QL               |
| <i>dotti transdermal patch semiweekly</i>       | 2         | QL                    |
| DUAVEE ORAL TABLET                              | 3         |                       |
| <i>eemt hs oral tablet</i>                      | 2         |                       |
| <i>eemt oral tablet</i>                         | 2         |                       |
| <i>errin oral tablet</i>                        | 1         | ACA                   |
| ESTRACE ORAL TABLET                             | 4         |                       |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| ESTRADIOL IMPLANT PELLETT 6 MG                                 | 4         |                       |
| <i>estradiol oral tablet</i>                                   | 1         |                       |
| <i>estradiol transdermal patch semiweekly</i>                  | 2         | QL                    |
| <i>estradiol transdermal patch weekly</i>                      | 2         | QL                    |
| <i>estradiol vaginal cream</i>                                 | 2         |                       |
| <i>estradiol vaginal tablet</i>                                | 2         |                       |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | 2         |                       |
| <i>estradiol-norethindrone acet oral tablet</i>                | 2         |                       |
| <i>estrogens-methyltestosterone oral tablet</i>                | 2         |                       |
| <i>fyavolv oral tablet</i>                                     | 2         |                       |
| <i>heather oral tablet</i>                                     | 1         | ACA                   |
| <i>hydroxyprogest(pf)(p reg presv) intramuscular oil</i>       | 5         | PA; MSP               |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil</i>        | 5         | PA; MSP               |
| <i>incassia oral tablet</i>                                    | 2         | ACA                   |
| <i>jencycla oral tablet</i>                                    | 2         | ACA                   |
| <i>jinteli oral tablet</i>                                     | 2         |                       |
| <i>lyleq oral tablet</i>                                       | 2         | ACA                   |
| <i>lyllana transdermal patch semiweekly</i>                    | 2         | QL                    |
| <i>lyza oral tablet</i>                                        | 1         | ACA                   |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR                                       | 5         | PA; MSP               |
| <i>medroxyprogesterone intramuscular suspension</i>                          | 2         | ACA; QL               |
| <i>medroxyprogesterone intramuscular syringe</i>                             | 2         | ACA; QL               |
| <i>medroxyprogesterone oral tablet</i>                                       | 1         |                       |
| MENOSTAR TRANSDERMAL PATCH WEEKLY                                            | 4         | QL                    |
| <i>mimvey oral tablet</i>                                                    | 2         |                       |
| <i>nora-be oral tablet</i>                                                   | 2         | ACA                   |
| <i>norethindrone (contraceptive) oral tablet</i>                             | 1         | ACA                   |
| <i>norethindrone acetate oral tablet</i>                                     | 1         |                       |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1         |                       |
| <i>norlyda oral tablet</i>                                                   | 1         | ACA                   |
| PREFEST ORAL TABLET                                                          | 4         |                       |
| PREMARIN VAGINAL CREAM                                                       | 3         |                       |
| <i>progesterone micronized oral capsule</i>                                  | 2         |                       |
| PROMETRIUM ORAL CAPSULE                                                      | 4         |                       |
| PROVERA ORAL TABLET                                                          | 4         |                       |
| <i>sharobel oral tablet</i>                                                  | 1         | ACA                   |
| <i>tulana oral tablet</i>                                                    | 2         | ACA                   |

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>yuvafem vaginal tablet</i>                      | 2         |                       |
| <b>MISCELLANEOUS OB/GYN</b>                        |           |                       |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE          | 4         |                       |
| CLEOCIN VAGINAL CREAM                              | 4         |                       |
| CLEOCIN VAGINAL SUPPOSITORY                        | 4         |                       |
| <i>clindamycin phosphate vaginal cream</i>         | 2         |                       |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE          | 4         |                       |
| <i>eluryng vaginal ring</i>                        | 2         | ACA                   |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | 2         | ACA                   |
| <i>fem ph vaginal gel</i>                          | 1         |                       |
| <i>gynol ii vaginal gel</i>                        | 1         | ACA; OTC              |
| <i>isoxxsuprine oral tablet</i>                    | 1         |                       |
| LYSTEDA ORAL TABLET                                | 4         |                       |
| <i>metronidazole vaginal gel</i>                   | 2         |                       |
| <i>miconazole-3 vaginal suppository</i>            | 1         |                       |
| MYFEMBREE ORAL TABLET                              | 3         | PA                    |
| NEXPLANON SUBDERMAL IMPLANT                        | 5         | ACA; MSP              |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| NUVESSA VAGINAL GEL                                     | 4         |                       |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL                        | 3         | PA                    |
| OSPHENA ORAL TABLET                                     | 4         |                       |
| PREPIDIL VAGINAL GEL                                    | 4         |                       |
| RELAGARD VAGINAL GEL                                    | 4         |                       |
| <i>terconazole vaginal cream</i>                        | 2         |                       |
| <i>terconazole vaginal suppository</i>                  | 1         |                       |
| TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE | 3         | ACA; OTC              |
| <i>tranexamic acid oral tablet</i>                      | 2         |                       |
| TRIMO-SAN JELLY VAGINAL GEL                             | 3         |                       |
| <i>vandazole vaginal gel</i>                            | 2         |                       |
| VCF CONTRACEPTIVE FILM VAGINAL FILM                     | 3         | ACA; OTC              |
| VCF CONTRACEPTIVE GEL VAGINAL GEL                       | 3         | ACA; OTC              |
| <i>xulane transdermal patch weekly</i>                  | 2         | ACA                   |
| <i>zafemy transdermal patch weekly</i>                  | 2         | ACA                   |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |           |                       |
| <i>afirmelle oral tablet</i>                    | 2         | ACA                   |
| <i>after pill oral tablet</i>                   | 2         | ACA; OTC; QL          |
| AFTERA ORAL TABLET                              | 4         | ACA; OTC; QL          |
| <i>altavera (28) oral tablet</i>                | 1         | ACA                   |
| <i>alyacen 1/35 (28) oral tablet</i>            | 1         | ACA                   |
| <i>alyacen 7/7/7 (28) oral tablet</i>           | 1         | ACA                   |
| <i>amethia oral tablets,dose pack,3 month</i>   | 2         | ACA                   |
| <i>amethyst (28) oral tablet</i>                | 2         | ACA                   |
| <i>apri oral tablet</i>                         | 1         | ACA                   |
| <i>aranelle (28) oral tablet</i>                | 1         | ACA                   |
| <i>ashlyna oral tablets,dose pack,3 month</i>   | 2         | ACA                   |
| <i>aubra eq oral tablet</i>                     | 1         | ACA                   |
| <i>aubra oral tablet</i>                        | 1         | ACA                   |
| <i>aurovela 1.5/30 (21) oral tablet</i>         | 2         | ACA                   |
| <i>aurovela 1/20 (21) oral tablet</i>           | 2         | ACA                   |
| <i>aurovela 24 fe oral tablet</i>               | 2         | ACA                   |
| <i>aurovela fe 1.5/30 (28) oral tablet</i>      | 2         | ACA                   |
| <i>aurovela fe 1-20 (28) oral tablet</i>        | 2         | ACA                   |
| <i>aviane oral tablet</i>                       | 1         | ACA                   |
| <i>ayuna oral tablet</i>                        | 2         | ACA                   |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>azurette (28) oral tablet</i>                 | 1         | ACA                   |
| <i>balziva (28) oral tablet</i>                  | 1         | ACA                   |
| BEYAZ ORAL TABLET                                | 4         | ST; ACA               |
| <i>blisovi 24 fe oral tablet</i>                 | 2         | ACA                   |
| <i>blisovi fe 1.5/30 (28) oral tablet</i>        | 2         | ACA                   |
| <i>blisovi fe 1/20 (28) oral tablet</i>          | 2         | ACA                   |
| <i>briellyn oral tablet</i>                      | 2         | ACA                   |
| <i>camrese lo oral tablets,dose pack,3 month</i> | 1         | ACA                   |
| <i>camrese oral tablets,dose pack,3 month</i>    | 2         | ACA                   |
| <i>caziant (28) oral tablet</i>                  | 1         | ACA                   |
| <i>charlotte 24 fe oral tablet,chewable</i>      | 2         | ACA                   |
| <i>chateal (28) oral tablet</i>                  | 1         | ACA                   |
| <i>chateal eq (28) oral tablet</i>               | 2         | ACA                   |
| <i>cryselle (28) oral tablet</i>                 | 1         | ACA                   |
| <i>cyred eq oral tablet</i>                      | 1         | ACA                   |
| <i>cyred oral tablet</i>                         | 1         | ACA                   |
| <i>dasetta 1/35 (28) oral tablet</i>             | 1         | ACA                   |
| <i>dasetta 7/7/7 (28) oral tablet</i>            | 1         | ACA                   |
| <i>daysee oral tablets,dose pack,3 month</i>     | 2         | ACA                   |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| <i>desog-e.estradiol/e.estradiol oral tablet</i>  | 1         | ACA                   |
| <i>desogestrel-ethinyl estradiol oral tablet</i>  | 1         | ACA                   |
| <i>dolishale oral tablet</i>                      | 2         | ACA                   |
| <i>drospirenone-e.estradiol-lm.fa oral tablet</i> | 2         | ACA                   |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | 2         | ACA                   |
| <i>econtra ez oral tablet</i>                     | 2         | ACA; OTC; QL          |
| <i>econtra one-step oral tablet</i>               | 2         | ACA; OTC; QL          |
| <i>elinest oral tablet</i>                        | 1         | ACA                   |
| ELLA ORAL TABLET                                  | 4         | ACA; QL               |
| <i>enpresse oral tablet</i>                       | 1         | ACA                   |
| <i>enskyce oral tablet</i>                        | 1         | ACA                   |
| <i>estarylla oral tablet</i>                      | 1         | ACA                   |
| <i>ethynodiol diac-eth estradiol oral tablet</i>  | 1         | ACA                   |
| <i>falmina (28) oral tablet</i>                   | 1         | ACA                   |
| <i>femynor oral tablet</i>                        | 1         | ACA                   |
| <i>gemmily oral capsule</i>                       | 2         | ACA                   |
| <i>hailey 24 fe oral tablet</i>                   | 2         | ACA                   |
| <i>hailey fe 1.5/30 (28) oral tablet</i>          | 2         | ACA                   |
| <i>hailey fe 1/20 (28) oral tablet</i>            | 2         | ACA                   |
| <i>hailey oral tablet</i>                         | 2         | ACA                   |
| <i>iclevia oral tablets,dose pack,3 month</i>     | 2         | ACA                   |
| <i>isibloom oral tablet</i>                       | 1         | ACA                   |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>jaimiess oral tablets,dose pack,3 month</i>                          | 2         | ACA                   |
| <i>jasmiel (28) oral tablet</i>                                         | 2         | ACA                   |
| <i>jolessa oral tablets,dose pack,3 month</i>                           | 2         | ACA                   |
| <i>juleber oral tablet</i>                                              | 1         | ACA                   |
| <i>junel 1.5/30 (21) oral tablet</i>                                    | 1         | ACA                   |
| <i>junel 1/20 (21) oral tablet</i>                                      | 1         | ACA                   |
| <i>junel fe 1.5/30 (28) oral tablet</i>                                 | 2         | ACA                   |
| <i>junel fe 1/20 (28) oral tablet</i>                                   | 2         | ACA                   |
| <i>junel fe 24 oral tablet</i>                                          | 2         | ACA                   |
| <i>kaitlib fe oral tablet,chewable</i>                                  | 1         | ACA                   |
| <i>kalliga oral tablet</i>                                              | 1         | ACA                   |
| <i>kariva (28) oral tablet</i>                                          | 1         | ACA                   |
| <i>kelnor 1/35 (28) oral tablet</i>                                     | 1         | ACA                   |
| <i>kelnor 1-50 (28) oral tablet</i>                                     | 1         | ACA                   |
| <i>kurvelo (28) oral tablet</i>                                         | 1         | ACA                   |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i> | 2         | ACA                   |
| <i>larin 1.5/30 (21) oral tablet</i>                                    | 1         | ACA                   |
| <i>larin 1/20 (21) oral tablet</i>                                      | 1         | ACA                   |
| <i>larin 24 fe oral tablet</i>                                          | 1         | ACA                   |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>larin fe 1.5/30 (28) oral tablet</i>                                      | 1         | ACA                   |
| <i>larin fe 1/20 (28) oral tablet</i>                                        | 1         | ACA                   |
| <i>larissia oral tablet</i>                                                  | 1         | ACA                   |
| <i>layolis fe oral tablet, chewable</i>                                      | 1         | ACA                   |
| <i>leena 28 oral tablet</i>                                                  | 1         | ACA                   |
| <i>lessina oral tablet</i>                                                   | 1         | ACA                   |
| <i>levonest (28) oral tablet</i>                                             | 1         | ACA                   |
| <i>levonorgestrel oral tablet</i>                                            | 2         | ACA; OTC; QL          |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i> | 1         | ACA                   |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>              | 2         | ACA                   |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>        | 1         | ACA                   |
| <i>levonorg-eth estrad triphasic oral tablet</i>                             | 1         | ACA                   |
| <i>levora-28 oral tablet</i>                                                 | 1         | ACA                   |
| <i>lillow (28) oral tablet</i>                                               | 1         | ACA                   |
| <i>lojaimiess oral tablets, dose pack, 3 month</i>                           | 2         | ACA                   |
| <i>loryna (28) oral tablet</i>                                               | 2         | ACA                   |
| <i>low-ogestrel (28) oral tablet</i>                                         | 1         | ACA                   |
| <i>lo-zumandimine (28) oral tablet</i>                                       | 2         | ACA                   |

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>luter (28) oral tablet</i>                                                | 1         | ACA                   |
| <i>marlissa (28) oral tablet</i>                                             | 1         | ACA                   |
| <i>merzee oral capsule</i>                                                   | 2         | ACA                   |
| <i>mibelas 24 fe oral tablet, chewable</i>                                   | 2         | ACA                   |
| <i>microgestin 1.5/30 (21) oral tablet</i>                                   | 2         | ACA                   |
| <i>microgestin 1/20 (21) oral tablet</i>                                     | 1         | ACA                   |
| <b>MICROGESTIN 24 FE ORAL TABLET</b>                                         | 4         | ST; ACA               |
| <i>microgestin fe 1.5/30 (28) oral tablet</i>                                | 1         | ACA                   |
| <i>microgestin fe 1/20 (28) oral tablet</i>                                  | 1         | ACA                   |
| <i>mili oral tablet</i>                                                      | 1         | ACA                   |
| <i>mono-lynyah oral tablet</i>                                               | 1         | ACA                   |
| <i>my choice oral tablet</i>                                                 | 2         | ACA; OTC; QL          |
| <i>my way oral tablet</i>                                                    | 1         | ACA; OTC; QL          |
| <i>necon 0.5/35 (28) oral tablet</i>                                         | 1         | ACA                   |
| <i>new day oral tablet</i>                                                   | 2         | ACA; OTC; QL          |
| <i>nikki (28) oral tablet</i>                                                | 2         | ACA                   |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>                   | 2         | ACA                   |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 1         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral capsule</i>                           | 2         | ACA                   |

| Drug Name                                                                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 2         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable</i>                                                 | 2         | ACA                   |
| <i>norgestimate-ethinyl estradiol oral tablet</i>                                                          | 1         | ACA                   |
| <i>nortrel 0.5/35 (28) oral tablet</i>                                                                     | 1         | ACA                   |
| <i>nortrel 1/35 (21) oral tablet</i>                                                                       | 1         | ACA                   |
| <i>nortrel 1/35 (28) oral tablet</i>                                                                       | 1         | ACA                   |
| <i>nortrel 7/7/7 (28) oral tablet</i>                                                                      | 1         | ACA                   |
| <i>nylia 1/35 (28) oral tablet</i>                                                                         | 2         | ACA                   |
| <i>nylia 7/7/7 (28) oral tablet</i>                                                                        | 2         | ACA                   |
| <i>nymyo oral tablet</i>                                                                                   | 2         | ACA                   |
| <i>ocella oral tablet</i>                                                                                  | 2         | ACA                   |
| <i>opcicon one-step oral tablet</i>                                                                        | 1         | ACA; OTC; QL          |
| <i>option-2 oral tablet</i>                                                                                | 1         | ACA; OTC; QL          |
| <i>philith oral tablet</i>                                                                                 | 2         | ACA                   |
| <i>pimtrea (28) oral tablet</i>                                                                            | 2         | ACA                   |
| <i>pirmella oral tablet</i>                                                                                | 1         | ACA                   |
| PLAN B ONE-STEP ORAL TABLET                                                                                | 1         | ACA; OTC; QL          |
| <i>portia 28 oral tablet</i>                                                                               | 1         | ACA                   |
| <i>previfem oral tablet</i>                                                                                | 1         | ACA                   |
| <i>reclipsen (28) oral tablet</i>                                                                          | 1         | ACA                   |

| Drug Name                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------|-----------|-----------------------|
| <i>rivelsa oral tablets,dose pack,3 month</i>  | 1         | ACA                   |
| <i>setlakin oral tablets,dose pack,3 month</i> | 1         | ACA                   |
| <i>simliya (28) oral tablet</i>                | 2         | ACA                   |
| <i>simpesse oral tablets,dose pack,3 month</i> | 2         | ACA                   |
| <i>sprintec (28) oral tablet</i>               | 1         | ACA                   |
| <i>sronyx oral tablet</i>                      | 1         | ACA                   |
| <i>syeda oral tablet</i>                       | 2         | ACA                   |
| TAKE ACTION ORAL TABLET                        | 4         | ACA; OTC; QL          |
| <i>tarina 24 fe oral tablet</i>                | 1         | ACA                   |
| <i>tarina fe 1/20 (28) oral tablet</i>         | 1         | ACA                   |
| <i>taysofy oral capsule</i>                    | 2         | ACA                   |
| <i>tilia fe oral tablet</i>                    | 2         | ACA                   |
| <i>tri femynor oral tablet</i>                 | 1         | ACA                   |
| <i>tri-estarylla oral tablet</i>               | 1         | ACA                   |
| <i>tri-legest fe oral tablet</i>               | 1         | ACA                   |
| <i>tri-lynyah oral tablet</i>                  | 1         | ACA                   |
| <i>tri-lo-estarylla oral tablet</i>            | 1         | ACA                   |
| <i>tri-lo-marzia oral tablet</i>               | 1         | ACA                   |
| <i>tri-lo-mili oral tablet</i>                 | 2         | ACA                   |
| <i>tri-lo-sprintec oral tablet</i>             | 1         | ACA                   |
| <i>tri-mili oral tablet</i>                    | 2         | ACA                   |
| <i>tri-nymyo oral tablet</i>                   | 2         | ACA                   |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| <i>tri-sprintec (28) oral tablet</i>              | 1         | ACA                   |
| <i>trivora (28) oral tablet</i>                   | 1         | ACA                   |
| <i>tri-vylibra lo oral tablet</i>                 | 2         | ACA                   |
| <i>tri-vylibra oral tablet</i>                    | 1         | ACA                   |
| <i>tydemy oral tablet</i>                         | 2         | ACA                   |
| <i>velivet triphasic regimen (28) oral tablet</i> | 2         | ACA                   |
| <i>vestura (28) oral tablet</i>                   | 2         | ACA                   |
| <i>vienva oral tablet</i>                         | 1         | ACA                   |
| <i>viorele (28) oral tablet</i>                   | 2         | ACA                   |
| <i>volnea (28) oral tablet</i>                    | 2         | ACA                   |
| <i>vyfemla (28) oral tablet</i>                   | 1         | ACA                   |
| <i>vylibra oral tablet</i>                        | 1         | ACA                   |
| <i>wera (28) oral tablet</i>                      | 1         | ACA                   |
| <i>wymzya fe oral tablet, chewable</i>            | 2         | ACA                   |
| YAZ (28) ORAL TABLET                              | 4         | ST; ACA               |
| <i>zarah oral tablet</i>                          | 1         | ACA                   |
| <i>zovia 1-35 (28) oral tablet</i>                | 1         | ACA                   |
| <i>zumandimine (28) oral tablet</i>               | 2         | ACA                   |
| <b>OXYTOCICS</b>                                  |           |                       |
| <i>methergine oral tablet</i>                     | 2         | PA; QL                |
| <i>methylergonovine oral tablet</i>               | 2         | PA; QL                |
| <b>OPHTHALMOLOGY</b>                              |           |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| <b>ANTIBIOTICS</b>                                      |           |                       |
| <i>ak-poly-bac ophthalmic (eye) ointment</i>            | 2         |                       |
| AZASITE OPHTHALMIC (EYE) DROPS                          | 3         |                       |
| <i>bacitracin ophthalmic (eye) ointment</i>             | 2         |                       |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> | 2         |                       |
| BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION            | 4         |                       |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION      | 4         |                       |
| CILOXAN OPHTHALMIC (EYE) DROPS                          | 4         |                       |
| <i>ciprofloxacin hcl ophthalmic (eye) drops</i>         | 1         |                       |
| <i>erythromycin ophthalmic (eye) ointment</i>           | 2         |                       |
| <i>gatifloxacin ophthalmic (eye) drops</i>              | 2         |                       |
| <i>gentak ophthalmic (eye) ointment</i>                 | 2         |                       |
| <i>gentamicin ophthalmic (eye) drops</i>                | 1         |                       |

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i>               | 1         |                       |
| MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION                    | 4         | ST                    |
| <i>moxifloxacin ophthalmic (eye) drops</i>                     | 2         |                       |
| <i>moxifloxacin ophthalmic (eye) drops, viscous</i>            | 1         |                       |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 5 MG/ML    | 4         | ST                    |
| MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE             | 4         | ST                    |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION                      | 3         |                       |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i> | 2         |                       |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>    | 1         |                       |
| <i>neo-polycin ophthalmic (eye) ointment</i>                   | 2         |                       |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| OCUFLOX OPHTHALMIC (EYE) DROPS                              | 4         |                       |
| <i>ofloxacin ophthalmic (eye) drops</i>                     | 2         |                       |
| <i>polycin ophthalmic (eye) ointment</i>                    | 2         |                       |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i> | 1         |                       |
| POLYTRIM OPHTHALMIC (EYE) DROPS                             | 4         |                       |
| <i>tobramycin ophthalmic (eye) drops</i>                    | 1         |                       |
| TOBREX OPHTHALMIC (EYE) DROPS                               | 4         |                       |
| TOBREX OPHTHALMIC (EYE) OINTMENT                            | 4         |                       |
| VIGAMOX OPHTHALMIC (EYE) DROPS                              | 4         |                       |
| ZYMAXID OPHTHALMIC (EYE) DROPS                              | 4         |                       |
| <b>ANTIVIRALS</b>                                           |           |                       |
| <i>trifluridine ophthalmic (eye) drops</i>                  | 1         |                       |
| ZIRGAN OPHTHALMIC (EYE) GEL                                 | 4         |                       |
| <b>BETA-BLOCKERS</b>                                        |           |                       |
| <i>betaxolol ophthalmic (eye) drops</i>                     | 2         |                       |

| Drug Name                                                           | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------|-----------|-----------------------|
| BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION                         | 4         |                       |
| <i>carteolol ophthalmic (eye) drops</i>                             | 1         |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                     | 1         |                       |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette</i>            | 2         |                       |
| <i>timolol maleate ophthalmic (eye) drops</i>                       | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>           | 2         |                       |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i> | 1         |                       |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i>  | 2         |                       |
| TIMOPTIC OPTHALMIC (EYE) DROPS                                      | 4         |                       |
| TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION                    | 4         |                       |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                             |           |                       |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS                            | 3         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                       |           |                       |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| <i>atropine ophthalmic (eye) drops</i>               | 1         |                       |
| ATROPINE OPTHALMIC (EYE) DROPS, EMULSION             | 4         |                       |
| <i>atropine ophthalmic (eye) ointment</i>            | 2         |                       |
| CYCLOGYL OPTHALMIC (EYE) DROPS                       | 4         |                       |
| <i>cyclopentolate ophthalmic (eye) drops</i>         | 1         |                       |
| CYCLOPEN-TROPIC-PHENYLEPH-WATR OPTHALMIC (EYE) DROPS | 4         |                       |
| CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS | 4         |                       |
| CYCLOP-TROP-PROPA-PHEN-KET-WAT OPTHALMIC (EYE) DROPS | 4         |                       |
| <i>homatropaire ophthalmic (eye) drops</i>           | 1         |                       |
| ISOPTO ATROPINE OPTHALMIC (EYE) DROPS                | 4         |                       |
| MYDRIACYL OPTHALMIC (EYE) DROPS                      | 4         |                       |
| PAREMYD OPTHALMIC (EYE) DROPS                        | 4         |                       |

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS        | 4         |                       |
| <i>tropicamide ophthalmic (eye) drops</i>                   | 1         |                       |
| <b>DIRECT ACTING MIOTICS</b>                                |           |                       |
| ISOPTO CARPINE OPTHALMIC (EYE) DROPS 1 %, 2 %               | 4         |                       |
| MIOCHOL-E INTRAOCULAR KIT                                   | 4         |                       |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1         |                       |
| <b>MISCELLANEOUS OPTHALMOLOGICS</b>                         |           |                       |
| AKTEN (PF) OPTHALMIC (EYE) GEL                              | 4         |                       |
| ALCAINE OPTHALMIC (EYE) DROPS                               | 4         |                       |
| ALOCRILO OPTHALMIC (EYE) DROPS                              | 4         | ST                    |
| ALOMIDE OPTHALMIC (EYE) DROPS                               | 4         | ST                    |
| <i>altacaine ophthalmic (eye) drops</i>                     | 1         |                       |
| ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS                       | 4         |                       |
| <i>azelastine ophthalmic (eye) drops</i>                    | 2         |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| BEOVU INTRAVITREAL SOLUTION                                     | 5         | PA; MSP               |
| <i>bepotastine besilate ophthalmic (eye) drops</i>              | 2         |                       |
| BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML | 4         | MSP                   |
| CEQUA OPTHALMIC (EYE) DROPPERETTE                               | 4         | PA                    |
| <i>cromolyn ophthalmic (eye) drops</i>                          | 1         |                       |
| CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS                   | 4         |                       |
| <i>cyclosporine ophthalmic (eye) dropperette</i>                | 2         | PA; CSE-9; QL         |
| CYSTARAN OPTHALMIC (EYE) DROPS                                  | 5         | PA                    |
| DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION              | 4         |                       |
| <i>epinastine ophthalmic (eye) drops</i>                        | 1         |                       |
| EYLEA INTRAVITREAL SOLUTION                                     | 5         | PA; MSP               |
| EYLEA INTRAVITREAL SYRINGE                                      | 5         | PA; MSP               |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS              | 4         |                       |
| <i>fluorescein-proparacaine ophthalmic (eye) drops</i>     | 1         |                       |
| KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS      | 4         |                       |
| KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS      | 4         |                       |
| KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS      | 4         |                       |
| LACRISERT OPHTHALMIC (EYE) INSERT                          | 4         | PA; QL                |
| LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE         | 4         |                       |
| <i>lidocaine-phenylephrn in water intraocular solution</i> | 2         |                       |
| LUCENTIS INTRAVITREAL SOLUTION                             | 5         | PA; MSP               |
| LUCENTIS INTRAVITREAL SYRINGE                              | 5         | PA; MSP               |

| Drug Name                                                                  | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------|-----------|-----------------------|
| LUXTURNA SUBRETINAL SUSPENSION                                             | 5         | PA; MSP               |
| MITOMYCIN (PF) IN WATER OPHTHALMIC (EYE) SYRINGE                           | 4         |                       |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS                      | 4         |                       |
| <i>olopatadine ophthalmic (eye) drops</i>                                  | 2         |                       |
| OMIDRIA INTRAOCULAR CONCENTRATE                                            | 4         |                       |
| OXERVATE OPHTHALMIC (EYE) DROPS                                            | 5         | PA; MSP               |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS | 4         |                       |
| PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS                           | 4         |                       |
| PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION           | 4         |                       |
| PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS                      | 4         |                       |

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS            | 4         |                       |
| PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION | 4         |                       |
| PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION  | 4         |                       |
| <i>proparacaine ophthalmic (eye) drops</i>                       | 1         |                       |
| RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION              | 4         |                       |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS                        | 3         | PA; QL                |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE                            | 3         | PA; QL                |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS                       | 4         |                       |
| <i>tetracaine hcl ophthalmic (eye) drops</i>                     | 1         |                       |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL         | 4         | PA                    |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE               | 3         | PA; QL                |
| ZERVIAE OPHTHALMIC (EYE) DROPPERETTE              | 4         | ST                    |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>     |           |                       |
| ACULAR LS OPHTHALMIC (EYE) DROPS                  | 4         | ST                    |
| ACULAR OPHTHALMIC (EYE) DROPS                     | 4         | ST                    |
| <i>bromfenac ophthalmic (eye) drops</i>           | 2         |                       |
| <i>diclofenac sodium ophthalmic (eye) drops</i>   | 1         |                       |
| <i>flurbiprofen sodium ophthalmic (eye) drops</i> | 1         |                       |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION          | 4         |                       |
| <i>ketorolac ophthalmic (eye) drops</i>           | 1         |                       |
| PROLENSA OPHTHALMIC (EYE) DROPS                   | 4         |                       |

#### ORAL DRUGS FOR GLAUCOMA

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>acetazolamide oral capsule, extended release</i>          | 2         |                       |
| <i>acetazolamide oral tablet</i>                             | 2         |                       |
| <i>methazolamide oral tablet</i>                             | 2         |                       |
| <b>OTHER GLAUCOMA DRUGS</b>                                  |           |                       |
| <i>bimatoprost ophthalmic (eye) drops</i>                    | 2         | ST                    |
| BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS          | 4         |                       |
| <i>brimonidine-timolol ophthalmic (eye) drops</i>            | 2         |                       |
| <i>brinzolamide ophthalmic (eye) drops,suspension</i>        | 2         |                       |
| COMBIGAN OPHTHALMIC (EYE) DROPS                              | 4         |                       |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS                      | 4         |                       |
| <i>dorzolamide ophthalmic (eye) drops</i>                    | 1         |                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 2         |                       |
| DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS              | 4         |                       |
| <i>dorzolamide-timolol ophthalmic (eye) drops</i>            | 1         |                       |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| LATANOPROST (PF) OPHTHALMIC (EYE) DROPS               | 4         |                       |
| <i>latanoprost ophthalmic (eye) drops</i>             | 1         | ST                    |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                 | 4         | ST                    |
| <i>miostat intraocular solution</i>                   | 2         |                       |
| MITOSOL OPHTHALMIC (EYE) KIT                          | 4         |                       |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION           | 4         |                       |
| TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS | 4         |                       |
| TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS | 4         |                       |
| TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS | 4         |                       |
| TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS        | 4         |                       |
| <i>travoprost ophthalmic (eye) drops</i>              | 2         | ST                    |

| Drug Name                                                                          | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------|-----------|-----------------------|
| TRUSOPT<br>OPHTHALMIC<br>(EYE) DROPS                                               | 4         |                       |
| VYZULTA<br>OPHTHALMIC<br>(EYE) DROPS                                               | 4         | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                                             |           |                       |
| DEXAMETH-<br>MOXIFLOX(PF)-<br>NACL,ISO<br>INTRAOCULAR<br>SOLUTION                  | 4         |                       |
| MAXITROL<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                                | 4         |                       |
| MAXITROL<br>OPHTHALMIC<br>(EYE) OINTMENT                                           | 4         |                       |
| <i>neomycin-<br/>bacitracin-poly-hc<br/>ophthalmic (eye)<br/>ointment</i>          | 2         |                       |
| <i>neomycin-polymyxin<br/>b-dexameth<br/>ophthalmic (eye)<br/>drops,suspension</i> | 2         |                       |
| <i>neomycin-polymyxin<br/>b-dexameth<br/>ophthalmic (eye)<br/>ointment</i>         | 2         |                       |
| <i>neomycin-<br/>polymyxin-hc<br/>ophthalmic (eye)<br/>drops,suspension</i>        | 2         |                       |
| <i>neo-polycin hc<br/>ophthalmic (eye)<br/>ointment</i>                            | 2         |                       |

| Drug Name                                                                        | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| PRED-G<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                                | 4         |                       |
| PRED-G S.O.P.<br>OPHTHALMIC<br>(EYE) OINTMENT                                    | 4         |                       |
| PREDNISOLONE<br>ACET-<br>GATIFLOXACIN<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION | 4         |                       |
| PREDNISOLONE<br>SOD PH-<br>MOXIFLOX<br>OPHTHALMIC<br>(EYE) DROPS                 | 4         |                       |
| PREDNISOLONE-<br>MOXIFLOXACIN<br>HCL<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION  | 4         |                       |
| TOBRADEX<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                              | 4         |                       |
| TOBRADEX<br>OPHTHALMIC<br>(EYE) OINTMENT                                         | 4         |                       |
| <i>tobramycin-<br/>dexamethasone<br/>ophthalmic (eye)<br/>drops,suspension</i>   | 2         |                       |
| TRIAMCINOLON-<br>MOXIFLOX-<br>WATR(PF)<br>INTRAOCULAR<br>SUSPENSION              | 4         |                       |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| ZYLET<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION             | 4         |                       |
| <b>STERIODS</b>                                              |           |                       |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops</i> | 2         |                       |
| DEXTENZA<br>INTRACANALICULAR INSERT                          | 4         |                       |
| DEXYCU (PF)<br>INTRAOCULAR<br>SUSPENSION                     | 4         |                       |
| <i>difluprednate ophthalmic (eye) drops</i>                  | 2         |                       |
| EYSUVIS<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION           | 4         | PA; QL                |
| <i>fluorometholone ophthalmic (eye) drops,suspension</i>     | 2         |                       |
| FML LIQUIFILM<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION     | 4         | ST                    |
| ILUVIEN<br>INTRAVITREAL<br>IMPLANT                           | 5         | MSP                   |
| INVELTYS<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION          | 4         | ST                    |
| LOTEMAX<br>OPHTHALMIC<br>(EYE) DROPS,GEL                     | 4         | ST                    |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| LOTEMAX<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                      | 4         |                       |
| LOTEMAX<br>OPHTHALMIC<br>(EYE) OINTMENT                                 | 4         | ST                    |
| LOTEMAX SM<br>OPHTHALMIC<br>(EYE) DROPS,GEL                             | 4         | ST                    |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i>                 | 2         |                       |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>          | 2         |                       |
| OZURDEX<br>INTRAVITREAL<br>IMPLANT                                      | 5         | MSP                   |
| PRED FORTE<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                   | 4         |                       |
| PREDNISOLONE<br>ACETATE (PF)<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION | 4         |                       |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension</i>           | 2         |                       |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops</i>             | 1         |                       |
| RETISERT<br>INTRAVITREAL<br>IMPLANT                                     | 5         | MSP                   |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| YUTIQ<br>INTRAVITREAL<br>IMPLANT                                      | 5         |                       |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                               |           |                       |
| BLEPHAMIDE<br>OPHTHALMIC<br>(EYE)<br>DROPS,SUSPENSION                 | 4         |                       |
| BLEPHAMIDE<br>S.O.P.<br>OPHTHALMIC<br>(EYE) OINTMENT                  | 4         |                       |
| <i>sulfacetamide-<br/>prednisolone<br/>ophthalmic (eye)<br/>drops</i> | 1         |                       |
| <b>SULFONAMIDES</b>                                                   |           |                       |
| BLEPH-10<br>OPHTHALMIC<br>(EYE) DROPS                                 | 4         |                       |
| <i>sulfacetamide<br/>sodium ophthalmic<br/>(eye) drops</i>            | 2         |                       |
| <i>sulfacetamide<br/>sodium ophthalmic<br/>(eye) ointment</i>         | 2         |                       |
| <b>SYMPATHOMIMETICS</b>                                               |           |                       |
| ALPHAGAN P<br>OPHTHALMIC<br>(EYE) DROPS                               | 4         |                       |
| <i>apraclonidine<br/>ophthalmic (eye)<br/>drops</i>                   | 2         |                       |
| <i>brimonidine<br/>ophthalmic (eye)<br/>drops 0.15 %</i>              | 2         |                       |
| <i>brimonidine<br/>ophthalmic (eye)<br/>drops 0.2 %</i>               | 1         |                       |

| Drug Name                                               | Drug Tier | Requirements / Limits |
|---------------------------------------------------------|-----------|-----------------------|
| IOPIDINE<br>OPHTHALMIC<br>(EYE)<br>DROPPERETTE          | 4         |                       |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>                    |           |                       |
| CYCLOMYDRIL<br>OPHTHALMIC<br>(EYE) DROPS                | 4         |                       |
| <i>phenylephrine hcl<br/>ophthalmic (eye)<br/>drops</i> | 1         |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>           |           |                       |
| <b>ANTI HISTAMINE &amp; ANTIALLERGENIC AGENTS</b>       |           |                       |
| AUVI-Q<br>INJECTION AUTO-<br>INJECTOR                   | 4         | PA; QL                |
| <i>carbinoxamine<br/>maleate oral liquid</i>            | 1         |                       |
| <i>carbinoxamine<br/>maleate oral tablet 4<br/>mg</i>   | 1         |                       |
| <i>carbinoxamine<br/>maleate oral tablet 6<br/>mg</i>   | 1         | ST                    |
| <i>cetirizine oral<br/>solution 1 mg/ml</i>             | 1         |                       |
| CLARINEX ORAL<br>TABLET                                 | 4         | QL                    |
| <i>clemastine oral<br/>syrup</i>                        | 2         | PA                    |
| <i>clemastine oral<br/>tablet 2.68 mg</i>               | 1         |                       |
| <i>cyproheptadine oral<br/>syrup</i>                    | 1         |                       |
| <i>cyproheptadine oral<br/>tablet</i>                   | 1         |                       |

| Drug Name                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| <i>desloratadine oral tablet</i>                                         | 2         | QL                    |
| <i>desloratadine oral tablet, disintegrating</i>                         | 2         | QL                    |
| <i>dexchlorpheniramine maleate oral solution</i>                         | 2         | PA                    |
| DIPHEN ORAL ELIXIR                                                       | 4         |                       |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2         | H.S.A.; QL            |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR                                     | 3         | PA; QL                |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR                                  | 3         | PA; QL                |
| <i>hydroxyzine hcl oral solution</i>                                     | 1         |                       |
| <i>hydroxyzine hcl oral tablet</i>                                       | 1         |                       |
| <i>hydroxyzine pamoate oral capsule</i>                                  | 1         |                       |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR                          | 4         | ST                    |
| <i>levocetirizine oral solution</i>                                      | 1         |                       |
| <i>levocetirizine oral tablet</i>                                        | 2         | QL                    |
| <i>promethazine oral syrup</i>                                           | 1         |                       |
| <i>promethazine oral tablet</i>                                          | 1         |                       |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                    | 2         |                       |

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <i>promethazine rectal suppository</i>              | 2         |                       |
| RYCLORA ORAL SOLUTION                               | 4         |                       |
| RYVENT ORAL TABLET                                  | 4         | ST                    |
| SYMJEPI INJECTION SYRINGE                           | 3         | QL                    |
| VISTARIL ORAL CAPSULE                               | 4         |                       |
| <b>COUGH &amp; COLD THERAPY</b>                     |           |                       |
| <i>benzonatate oral capsule</i>                     | 2         |                       |
| BROMFED DM ORAL SYRUP                               | 4         |                       |
| <i>brompheniramine-pseudoephedrine oral syrup</i>   | 1         |                       |
| CAPCOF ORAL LIQUID                                  | 4         |                       |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR | 4         | QL                    |
| <i>codeine-guaifenesin oral liquid</i>              | 2         |                       |
| CODITUSSIN AC ORAL LIQUID                           | 4         |                       |
| CODITUSSIN DAC ORAL LIQUID                          | 4         |                       |
| <i>g tussin ac oral liquid</i>                      | 2         |                       |
| <i>guaifenesin ac oral liquid</i>                   | 2         |                       |
| HISTEX-AC ORAL SYRUP                                | 4         |                       |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| HYCODAN (WITH HOMATROPINE) ORAL SYRUP                                   | 4         |                       |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET                                  | 4         |                       |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i> | 2         |                       |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>                 | 1         |                       |
| <i>hydrocodone-homatropine oral tablet</i>                              | 1         |                       |
| <i>hydromet oral syrup</i>                                              | 1         |                       |
| MAR-COF CG ORAL LIQUID                                                  | 4         |                       |
| <i>maxi-tuss ac oral liquid</i>                                         | 2         |                       |
| MAXI-TUSS CD ORAL LIQUID                                                | 4         |                       |
| <i>m-clear wc oral liquid</i>                                           | 2         |                       |
| M-END PE ORAL LIQUID                                                    | 4         |                       |
| NINJACOF-XG ORAL LIQUID                                                 | 4         |                       |
| OBREDON ORAL SOLUTION                                                   | 4         | PA                    |
| POLY-TUSSIN AC ORAL LIQUID                                              | 4         |                       |
| <i>promethazine-codeine oral syrup</i>                                  | 2         |                       |
| <i>promethazine-dm oral syrup</i>                                       | 1         |                       |
| <i>promethazine-phenyleph-codeine oral syrup</i>                        | 2         |                       |

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| <i>promethazine-phenylephrine oral syrup</i>    | 1         |                       |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR     | 4         |                       |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR   | 4         |                       |
| TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR | 4         | PA                    |
| <i>virtussin ac oral liquid</i>                 | 2         |                       |
| <i>virtussin dac oral syrup</i>                 | 2         |                       |
| <b>PULMONARY AGENTS</b>                         |           |                       |
| ACCOLATE ORAL TABLET                            | 4         |                       |
| <i>acetylcysteine solution</i>                  | 2         |                       |
| ADEMPAS ORAL TABLET                             | 5         | PA; MSP               |
| ADRENALIN NASAL SOLUTION                        | 4         |                       |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE    | 4         | ST; QL                |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER       | 3         | ST; CISP; H.S.A.; QL  |

| Drug Name                                                                                                                 | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR                                                                | 4         | ST; QL                |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>                                                                   | 1         | CISP; H.S.A.; QL      |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i> | 1         | CISP; H.S.A.          |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>                                               | 1         | CISP                  |
| <i>albuterol sulfate oral syrup</i>                                                                                       | 1         |                       |
| <i>albuterol sulfate oral tablet</i>                                                                                      | 2         |                       |
| <i>albuterol sulfate oral tablet extended release 12 hr</i>                                                               | 2         |                       |
| ALVESCO INHALATION HFA AEROSOL INHALER                                                                                    | 4         | QL                    |
| <i>alyq oral tablet</i>                                                                                                   | 5         | PA; MSP; QL           |
| <i>ambrisentan oral tablet</i>                                                                                            | 5         | PA; MSP               |
| <i>aminophylline intravenous solution 250 mg/10 ml</i>                                                                    | 2         |                       |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE                                                                              | 3         | CISP; H.S.A.; QL      |

|                                                                                                                                                                                           |   |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------|
| <i>arformoterol inhalation solution for nebulization</i>                                                                                                                                  | 2 | QL               |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION                                                                                                                          | 3 | CISP; H.S.A.; QL |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 200 MCG/ACTUATION , 50 MCG/ACTUATION                                                                                                       | 3 | CISP; QL         |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION                                                                                                          | 3 | CISP; H.S.A.; QL |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION                                                                                                                               | 3 | H.S.A.; QL       |
| 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) | 3 | CISP; H.S.A.; QL |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| ATROVENT HFA INHALATION HFA AEROSOL INHALER              | 4         | QL                    |
| <i>azelastine-fluticasone nasal spray, non-aerosol</i>   | 2         | ST; QL                |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER        | 3         | CISP; H.S.A.; QL      |
| <i>bosentan oral tablet</i>                              | 5         | PA; MSP               |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE              | 3         | ST; CISP; H.S.A.; QL  |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER        | 3         | QL                    |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE       | 5         | PA; MSP               |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION             | 4         | QL                    |
| <i>budesonide inhalation suspension for nebulization</i> | 2         | CISP; H.S.A.; QL      |
| CINRYZE INTRAVENOUS RECON SOLN                           | 5         | PA; MSP               |
| COMBIVENT RESPIMAT INHALATION MIST                       | 3         | CISP; H.S.A.; QL      |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>cromolyn inhalation solution for nebulization</i>  | 2         | CISP                  |
| CUROSURF INTRATRACHEAL SUSPENSION                     | 4         |                       |
| DULERA INHALATION HFA AEROSOL INHALER                 | 3         | ST; CISP; H.S.A.; QL  |
| DYMISTA NASAL SPRAY, NON-AEROSOL                      | 4         | ST; QL                |
| ELIXOPHYLLIN ORAL ELIXIR                              | 4         |                       |
| <i>epinephrine hcl nasal solution</i>                 | 2         |                       |
| ESBRIET ORAL CAPSULE                                  | 5         | PA; MSP; QL           |
| ESBRIET ORAL TABLET 267 MG                            | 5         | PA; MSP; QL           |
| ESBRIET ORAL TABLET 801 MG                            | 5         | PA; MSP               |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR                | 5         | PA; MSP               |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE         | 3         | CISP; H.S.A.; QL      |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER            | 3         | CISP; H.S.A.; QL      |
| <i>flunisolide nasal spray, non-aerosol</i>           | 1         | ST; QL                |
| <i>fluticasone propionate nasal spray, suspension</i> | 1         | H.S.A.; QL            |

| Drug Name                                                            | Drug Tier | Requirements / Limits       |
|----------------------------------------------------------------------|-----------|-----------------------------|
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 2         | ST; CISP; H.S.A.; CSE-9; QL |
| <i>formoterol fumarate inhalation solution for nebulization</i>      | 2         | QL                          |
| HAEGARDA SUBCUTANEOUS RECON SOLN                                     | 5         | PA; MSP                     |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION                       | 4         |                             |
| <i>icatibant subcutaneous syringe</i>                                | 5         | PA                          |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE                       | 3         | CISP; H.S.A.; QL            |
| <i>ipratropium bromide inhalation solution</i>                       | 1         | CISP; H.S.A.                |
| <i>ipratropium-albuterol inhalation solution for nebulization</i>    | 1         | CISP; H.S.A.; QL            |
| KALYDECO ORAL GRANULES IN PACKET                                     | 5         | PA; MSP; QL                 |
| KALYDECO ORAL TABLET                                                 | 5         | PA; MSP; QL                 |
| <i>levalbuterol hcl inhalation solution for nebulization</i>         | 2         | CISP; H.S.A.                |
| LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION          | 4         | QL                          |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION | 4         | QL                    |
| <i>metaproterenol oral syrup</i>                             | 1         | CISP; H.S.A.          |
| <i>mometasone nasal spray, non-aerosol</i>                   | 2         | ST; QL                |
| <i>montelukast oral granules in packet</i>                   | 2         | CISP                  |
| <i>montelukast oral tablet</i>                               | 2         | CISP; H.S.A.          |
| <i>montelukast oral tablet, chewable</i>                     | 2         | CISP; H.S.A.          |
| <i>nebusal inhalation solution for nebulization 3 %</i>      | 1         |                       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %             | 4         |                       |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR                            | 5         | PA; MSP; QL           |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML                        | 5         | PA; MSP; QL           |
| OFEV ORAL CAPSULE                                            | 5         | PA; MSP; QL           |
| OPSUMIT ORAL TABLET                                          | 5         | PA; MSP               |
| ORKAMBI ORAL GRANULES IN PACKET                              | 5         | PA; MSP; QL           |
| ORKAMBI ORAL TABLET                                          | 5         | PA; MSP; QL           |
| ORLADEYO ORAL CAPSULE                                        | 5         | PA                    |

| Drug Name                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION                         | 4         | QL                    |
| <i>pirfenidone oral tablet 267 mg</i>                                    | 5         | PA; MSP; QL           |
| <i>pirfenidone oral tablet 801 mg</i>                                    | 5         | PA; MSP               |
| <i>pulmosal inhalation solution for nebulization</i>                     | 1         |                       |
| PULMOZYME INHALATION SOLUTION                                            | 5         | PA; MSP               |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED                    | 3         | CISP; H.S.A.; QL      |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION                               | 5         | PA; SP; QL            |
| REVATIO ORAL TABLET                                                      | 5         | PA; SP; QL            |
| RUCONEST INTRAVENOUS RECON SOLN                                          | 5         | PA; MSP               |
| <i>sajazir subcutaneous syringe</i>                                      | 5         | PA; MSP               |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE                           | 3         | CISP; H.S.A.; QL      |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | 5         | PA; SP; QL            |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| <i>sildenafil (pulm.hypertension) oral tablet</i>               | 5         | PA; SP; QL            |
| SINUVA SINUS IMPLANT                                            | 5         |                       |
| <i>sodium chloride inhalation solution for nebulization</i>     | 1         |                       |
| SPIRIVA RESPIMAT INHALATION MIST                                | 3         | CISP; QL              |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE | 3         | CISP; QL              |
| STIOLTO RESPIMAT INHALATION MIST                                | 3         | CISP; H.S.A.; QL      |
| SYMBICORT INHALATION HFA AEROSOL INHALER                        | 3         | ST; CISP; H.S.A.; QL  |
| SYMDEKO ORAL TABLETS, SEQUENTIAL                                | 5         | PA; MSP; QL           |
| <i>tadalafil (pulm.hypertension) oral tablet</i>                | 5         | PA; MSP; QL           |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                  | 5         | PA; MSP               |
| TAKHZYRO SUBCUTANEOUS SYRINGE                                   | 5         | PA; MSP               |
| <i>terbutaline oral tablet</i>                                  | 2         | CISP; H.S.A.          |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR                           | 4         |                       |
| <i>theophylline oral elixir</i>                                       | 1         | CISP; H.S.A.          |
| <i>theophylline oral solution</i>                                     | 1         | CISP; H.S.A.          |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | 2         | CISP; H.S.A.          |
| <i>theophylline oral tablet extended release 24 hr</i>                | 2         | CISP; H.S.A.          |
| TRACLEER ORAL TABLET                                                  | 5         | PA; MSP               |
| TRACLEER ORAL TABLET FOR SUSPENSION                                   | 5         | PA; MSP               |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE                        | 3         | CISP; QL              |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL                                     | 5         | PA; MSP; QL           |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION                           | 5         | PA; MSP               |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION                | 5         | PA; MSP               |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION               | 5         | PA; MSP               |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION            | 5         | PA; MSP               |
| <i>wixela inhub inhalation blister with device</i>       | 2         | ST; H.S.A.; CSE-9; QL |
| XHANCE NASAL AEROSOL BREATH ACTIVATED                    | 4         | ST; QL                |
| XOLAIR SUBCUTANEOUS RECON SOLN                           | 5         | PA; MSP; QL           |
| XOLAIR SUBCUTANEOUS SYRINGE                              | 5         | PA; MSP; QL           |
| XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION | 4         |                       |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION             | 4         |                       |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION             | 3         | QL                    |
| <i>zafirlukast oral tablet</i>                           | 2         | CISP; H.S.A.          |
| <i>zileuton oral tablet, er multiphase 12 hr</i>         | 1         | PA                    |
| ZYFLO ORAL TABLET                                        | 4         | PA                    |
| <b>UROLOGICALS</b>                                       |           |                       |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>             |           |                       |

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>darifenacin oral tablet extended release 24 hr</i>        | 2         |                       |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG    | 4         | ST                    |
| <i>flavoxate oral tablet</i>                                 | 1         |                       |
| GELNIQUE TRANSDERMAL GEL IN PACKET                           | 3         | QL                    |
| GEMTESA ORAL TABLET                                          | 4         |                       |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON                 | 3         |                       |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR                 | 3         |                       |
| <i>oxybutynin chloride oral syrup</i>                        | 1         |                       |
| <i>oxybutynin chloride oral tablet</i>                       | 1         |                       |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2         |                       |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY                         | 4         | ST; QL                |
| <i>solifenacin oral tablet</i>                               | 2         |                       |
| <i>tolterodine oral capsule,extended release 24hr</i>        | 2         |                       |
| <i>tolterodine oral tablet</i>                               | 2         |                       |

| Drug Name                                                       | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR                       | 3         |                       |
| <i>trospium oral capsule,extended release 24hr</i>              | 2         |                       |
| <i>trospium oral tablet</i>                                     | 2         |                       |
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>               |           |                       |
| <i>alfuzosin oral tablet extended release 24 hr</i>             | 2         |                       |
| <i>dutasteride oral capsule</i>                                 | 2         | ST                    |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i> | 2         | ST                    |
| <i>finasteride oral tablet 5 mg</i>                             | 2         |                       |
| FLOMAX ORAL CAPSULE                                             | 4         | ST                    |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR                         | 4         | ST                    |
| PROSCAR ORAL TABLET                                             | 4         | ST                    |
| <i>silodosin oral capsule</i>                                   | 2         |                       |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                       | 2         | PA; QL                |
| <i>tamsulosin oral capsule</i>                                  | 2         |                       |
| <b>CHOLINERGIC STIMULANTS</b>                                   |           |                       |
| <i>bethanechol chloride oral tablet</i>                         | 2         |                       |
| <b>MISCELLANEOUS UROLOGICALS</b>                                |           |                       |

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| CAVERJECT IMPULSE INTRACavernosAL KIT                 | 3         | QL                    |
| CAVERJECT INTRACavernosAL RECON SOLN                  | 3         | QL                    |
| CAVERJECT INTRACavernosAL SYRINGE                     | 3         | QL                    |
| CYSTAGON ORAL CAPSULE                                 | 5         | PA                    |
| EDEX INTRACavernosAL KIT                              | 4         | QL                    |
| ELMIRON ORAL CAPSULE                                  | 3         |                       |
| <i>hyophen oral tablet</i>                            | 2         |                       |
| IFE-BIMIX 30/1 INTRACavernosAL SOLUTION               | 4         |                       |
| IFE-PG20 INTRACavernosAL SOLUTION                     | 4         |                       |
| K-PHOS NO 2 ORAL TABLET                               | 4         |                       |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE                   | 3         |                       |
| <i>methen-sod phos-meth blue-hyos oral tablet</i>     | 2         |                       |
| ORACIT ORAL SOLUTION                                  | 4         |                       |
| <i>phosphasal oral tablet</i>                         | 2         |                       |
| <i>potassium citrate oral tablet extended release</i> | 2         |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| RENACIDIN IRRIGATION SOLUTION                             | 3         |                       |
| <i>sildenafil oral tablet</i>                             | 2         | PA; QL                |
| <i>tadalafil oral tablet 10 mg, 20 mg</i>                 | 2         | PA; QL                |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACavernosAL RECON SOLN | 4         |                       |
| URELLE ORAL TABLET                                        | 4         |                       |
| <i>uretron d-s oral tablet</i>                            | 1         |                       |
| URIBEL ORAL CAPSULE                                       | 4         |                       |
| <i>urimar-t oral tablet</i>                               | 2         |                       |
| <i>uro-458 oral tablet</i>                                | 2         |                       |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE                  | 4         |                       |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE                  | 4         |                       |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE                   | 4         |                       |
| <i>urogesic-blue oral tablet</i>                          | 2         |                       |
| <i>uro-mp oral capsule</i>                                | 2         |                       |
| UROQID-ACID NO.2 ORAL TABLET                              | 4         |                       |
| <i>uryl oral tablet</i>                                   | 2         |                       |
| <i>ustell oral capsule</i>                                | 2         |                       |
| <i>utira-c oral tablet</i>                                | 2         |                       |

| Drug Name                                                                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>URINARY ANESTHETICS</b>                                                                        |           |                       |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                                                 | 2         |                       |
| PYRIDIDIUM ORAL TABLET                                                                            | 4         |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>                                                    |           |                       |
| <b>ELECTROLYTES</b>                                                                               |           |                       |
| <i>calcium 500 + d oral tablet, chewable</i>                                                      | 1         | OTC                   |
| <i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i> | 1         | OTC                   |
| <i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i> | 1         | OTC                   |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                                                  | 4         |                       |
| <i>effer-k oral tablet, effervescent 25 meq</i>                                                   | 2         |                       |
| GALZIN ORAL CAPSULE                                                                               | 4         |                       |
| <i>klor-con 10 oral tablet extended release</i>                                                   | 1         |                       |
| <i>klor-con 8 oral tablet extended release</i>                                                    | 1         |                       |
| <i>klor-con m10 oral tablet, er particles/crystals</i>                                            | 1         |                       |
| <i>klor-con m15 oral tablet, er particles/crystals</i>                                            | 1         |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| <i>klor-con m20 oral tablet, er particles/crystals</i>        | 1         |                       |
| <i>klor-con oral packet</i>                                   | 2         |                       |
| <i>klor-con/ef oral tablet, effervescent</i>                  | 2         |                       |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ             | 4         |                       |
| <i>lugols oral solution</i>                                   | 1         |                       |
| <i>oyster shell + d3 oral tablet</i>                          | 1         | OTC                   |
| POTABA ORAL CAPSULE                                           | 4         |                       |
| <i>potassium chloride oral capsule, extended release</i>      | 1         |                       |
| <i>potassium chloride oral packet</i>                         | 2         |                       |
| <i>potassium chloride oral tablet extended release</i>        | 1         |                       |
| <i>potassium chloride oral tablet, er particles/crystals</i>  | 1         |                       |
| <i>strong iodine oral solution</i>                            | 1         |                       |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b> |           |                       |
| DOJOLVI ORAL LIQUID                                           | 5         | PA; MSP               |
| <b>VITAMINS &amp; HEMATINICS</b>                              |           |                       |
| ACCRUFER ORAL CAPSULE                                         | 4         |                       |
| <i>b complex 1 (with folic acid) oral tablet</i>              | 1         | ACA; OTC              |

| Drug Name                                                            | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| <i>b complex-vitamin c-folic acid oral tablet</i>                    | 1         | ACA; OTC              |
| <i>balanced b-100 oral tablet</i>                                    | 1         | ACA; OTC              |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR           | 4         |                       |
| <i>bal-care dha oral combo pack, tablet and cap, dr</i>              | 1         | H.S.A.                |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>           | 1         | ACA; OTC              |
| <i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i> | 1         | OTC                   |
| <i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>  | 1         | OTC                   |
| CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL                 | 4         |                       |
| <i>classic prenatal oral tablet</i>                                  | 1         | ACA; OTC              |
| <i>c-nate dha oral capsule</i>                                       | 1         | H.S.A.                |
| <i>complete natal dha oral combo pack</i>                            | 1         | H.S.A.                |
| CONCEPT DHA ORAL CAPSULE                                             | 4         |                       |
| CONCEPT OB ORAL CAPSULE                                              | 4         |                       |
| <i>cyanocobalamin (vitamin b-12) injection solution</i>              | 1         |                       |
| <i>dialyvite 800 oral tablet</i>                                     | 1         | ACA; OTC              |

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>dodex injection solution</i>                                         | 1         |                       |
| DRISDOL ORAL CAPSULE                                                    | 4         |                       |
| DUET DHA BALANCED ORAL COMBO PACK                                       | 4         |                       |
| DUET DHA WITH OMEGA-3 ORAL COMBO PACK                                   | 4         |                       |
| <i>elite-ob oral tablet</i>                                             | 1         |                       |
| ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE                        | 4         |                       |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 1         |                       |
| FER-IN-SOL ORAL DROPS                                                   | 3         | OTC                   |
| <i>ferrous sulfate oral liquid</i>                                      | 1         | OTC                   |
| <i>ferrous sulfate oral solution</i>                                    | 1         | OTC                   |
| <i>folic acid oral tablet 1 mg</i>                                      | 1         |                       |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                          | 1         | ACA; OTC              |
| <i>folivane-ob oral capsule</i>                                         | 1         |                       |
| <i>foltabs 800 oral tablet</i>                                          | 2         | ACA; OTC              |
| <i>full spectrum b-vitamin c oral tablet</i>                            | 1         | ACA; OTC              |
| <i>hydroxocobalamin intramuscular solution</i>                          | 1         |                       |
| <i>kobee oral tablet</i>                                                | 1         | ACA; OTC              |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| KOSHER PRENATAL PLUS IRON ORAL TABLET             | 4         |                       |
| <i>kpn oral tablet</i>                            | 1         | ACA; OTC              |
| MARNATAL-F ORAL CAPSULE                           | 4         |                       |
| MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN    | 4         |                       |
| <i>m-natal plus oral tablet</i>                   | 1         | H.S.A.                |
| <i>mynatal oral capsule</i>                       | 1         | H.S.A.                |
| <i>mynatal plus oral tablet</i>                   | 1         | H.S.A.                |
| <i>mynatal-z oral tablet</i>                      | 1         | H.S.A.                |
| NASCOBAL NASAL SPRAY, NON-AEROSOL                 | 3         | ST; QL                |
| NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE | 4         |                       |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE            | 4         |                       |
| NEONATAL COMPLETE ORAL TABLET                     | 4         |                       |
| NEONATAL FE ORAL TABLET                           | 4         |                       |
| NEONATAL PLUS VITAMIN ORAL TABLET                 | 4         |                       |
| NEONATAL-DHA ORAL COMBO PACK                      | 4         |                       |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| NESTABS ABC ORAL COMBO PACK                                | 4         |                       |
| NESTABS DHA ORAL COMBO PACK                                | 4         |                       |
| NESTABS ONE ORAL CAPSULE                                   | 4         |                       |
| NESTABS ORAL TABLET                                        | 4         |                       |
| <i>newgen oral tablet</i>                                  | 1         | H.S.A.                |
| OB COMPLETE ONE ORAL CAPSULE                               | 4         |                       |
| OB COMPLETE ORAL TABLET                                    | 4         |                       |
| OB COMPLETE PETITE ORAL CAPSULE                            | 4         |                       |
| OB COMPLETE PREMIER ORAL TABLET                            | 4         |                       |
| OB COMPLETE WITH DHA ORAL CAPSULE                          | 4         |                       |
| <i>one daily prenatal oral combo pack</i>                  | 1         | ACA; OTC              |
| <i>perry prenatal oral capsule</i>                         | 1         | ACA; OTC              |
| <i>pnv-dha oral capsule</i>                                | 2         |                       |
| <i>pnv-omega oral capsule</i>                              | 2         |                       |
| <i>pnv-select oral tablet</i>                              | 2         | H.S.A.                |
| <i>pr natal 400 ec oral combo pack, tablet and cap, dr</i> | 1         | H.S.A.                |
| <i>pr natal 400 oral combo pack</i>                        | 1         | H.S.A.                |

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>pr natal 430 ec oral combo pack,tablet and cap,dr</i> | 1         | H.S.A.                |
| <i>pr natal 430 oral combo pack</i>                      | 1         | H.S.A.                |
| <i>prena1 chew oral tablet,chew,ir - dr,biphase</i>      | 2         | H.S.A.                |
| <i>prena1 pearl oral capsule,ir - delay rel,biphase</i>  | 2         | H.S.A.                |
| <i>prena1 true oral combo pack</i>                       | 1         | H.S.A.                |
| PRENATA ORAL TABLET,CHEWABLE                             | 4         |                       |
| <i>prenatabs fa oral tablet</i>                          | 1         | H.S.A.                |
| <i>prenatabs rx oral tablet</i>                          | 1         | H.S.A.                |
| <i>prenatal complete oral tablet</i>                     | 1         | ACA; OTC              |
| <i>prenatal multi-dha (algal oil) oral capsule</i>       | 1         | ACA; OTC              |
| <i>prenatal multivitamins oral tablet</i>                | 1         | ACA; OTC              |
| <i>prenatal one daily oral tablet</i>                    | 1         | ACA; OTC              |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>          | 1         | ACA; OTC              |
| <i>prenatal plus (calcium carb) oral tablet</i>          | 1         | H.S.A.                |
| PRENATAL PLUS DHA ORAL COMBO PACK                        | 4         |                       |
| <i>prenatal plus oral tablet</i>                         | 1         | H.S.A.                |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET              | 4         |                       |
| <i>prenatal vit no.179-iron-folic oral tablet</i>      | 2         | ACA; OTC              |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 1         | ACA; OTC              |
| <i>prenatal vitamin with minerals oral tablet</i>      | 1         | ACA; OTC              |
| <i>prenatal vits96-iron fum-folic oral tablet</i>      | 1         | ACA; OTC              |
| <i>prenatal-u oral capsule</i>                         | 1         |                       |
| PRENATE AM ORAL TABLET                                 | 4         |                       |
| PRENATE CHEWABLE ORAL TABLET,CHEWABLE                  | 4         |                       |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE             | 4         |                       |
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET              | 4         |                       |
| PRENATE ENHANCE ORAL CAPSULE                           | 4         |                       |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE            | 4         |                       |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE            | 4         |                       |

| Drug Name                                         | Drug Tier | Requirements / Limits |
|---------------------------------------------------|-----------|-----------------------|
| PRENATE PIXIE ORAL CAPSULE                        | 4         |                       |
| PRENATE RESTORE ORAL CAPSULE                      | 4         |                       |
| PRENATE STAR ORAL TABLET                          | 4         |                       |
| PRIMACARE ORAL CAPSULE                            | 4         |                       |
| PROVIDA OB ORAL CAPSULE                           | 4         |                       |
| PUREFE OB PLUS ORAL CAPSULE                       | 4         |                       |
| <i>rena-vite oral tablet</i>                      | 1         | ACA; OTC              |
| R-NATAL OB ORAL CAPSULE                           | 4         |                       |
| SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE       | 4         |                       |
| SELECT-OB + DHA ORAL COMBO PACK                   | 4         |                       |
| SELECT-OB ORAL TABLET,CHEWABLE                    | 4         |                       |
| <i>se-natal 19 chewable oral tablet,chewable</i>  | 1         | H.S.A.                |
| <i>se-natal-19 oral tablet</i>                    | 2         | H.S.A.                |
| <i>stress formula with iron oral tablet</i>       | 1         | ACA; OTC              |
| <i>stress formula with iron(sulf) oral tablet</i> | 1         | ACA; OTC              |
| <i>super b maxi complex oral tablet</i>           | 1         | ACA; OTC              |
| <i>super quints oral tablet</i>                   | 1         | ACA; OTC              |

| Drug Name                              | Drug Tier | Requirements / Limits |
|----------------------------------------|-----------|-----------------------|
| <i>taron-c dha oral capsule</i>        | 1         |                       |
| THRIVITE RX ORAL TABLET                | 4         |                       |
| TRICARE ORAL TABLET                    | 4         |                       |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET | 4         |                       |
| TRIFERIC HEMODIALYSIS SOLUTION         | 4         |                       |
| <i>trinatal rx 1 oral tablet</i>       | 1         | H.S.A.                |
| <i>trinate oral tablet</i>             | 1         | H.S.A.                |
| TRISTART DHA ORAL CAPSULE              | 4         |                       |
| <i>virt-c dha oral capsule</i>         | 1         |                       |
| <i>virt-nate dha oral capsule</i>      | 2         | H.S.A.                |
| <i>virt-pn dha oral capsule</i>        | 2         |                       |
| VITAFOL FE PLUS ORAL CAPSULE           | 4         |                       |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE   | 4         |                       |
| VITAFOL NANO ORAL TABLET               | 4         |                       |
| VITAFOL ULTRA ORAL CAPSULE             | 4         |                       |
| VITAFOL-OB ORAL TABLET                 | 4         |                       |
| VITAFOL-OB+DHA ORAL COMBO PACK         | 4         |                       |

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| VITAFOL-ONE ORAL CAPSULE                                   | 4         |                       |
| VITAMED MD ONE RX ORAL CAPSULE                             | 4         |                       |
| VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE     | 4         |                       |
| <i>vitamin b complex-folic acid oral tablet</i>            | 1         | ACA; OTC              |
| <i>vitamin d3 oral tablet 10 mcg (400 unit)</i>            | 1         | OTC                   |
| <i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i> | 1         | OTC                   |
| VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE              | 4         |                       |

| Drug Name                          | Drug Tier | Requirements / Limits |
|------------------------------------|-----------|-----------------------|
| VITATRUE ORAL COMBO PACK           | 4         |                       |
| <i>wescap-c dha oral capsule</i>   | 2         |                       |
| <i>wescap-pn dha oral capsule</i>  | 2         |                       |
| <i>wesnate dha oral capsule</i>    | 2         | H.S.A.                |
| <i>westab plus oral tablet</i>     | 1         | H.S.A.                |
| <i>westgel dha oral capsule</i>    | 2         | H.S.A.                |
| <i>zatean-pn dha oral capsule</i>  | 2         |                       |
| <i>zatean-pn plus oral capsule</i> | 2         |                       |
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