



# Your 2026 Prescription Drug List

## Traditional 4-Tier

Effective January 1, 2026



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. Then, they are listed in alphabetical order.

## How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free phone number on your member ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

## Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.<sup>2</sup> In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

## Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

## About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a full list of medications, and not all medications listed may be covered by your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

## What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some plans, if a brand-name drug is filled, and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require extra care and support. For most plans, these medications are managed through a specialty pharmacy. Take advantage of personalized support designed to help you get the most out of your treatment plan. To learn more, visit your plan's website or call the toll-free number on your member ID card.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your member ID card to talk with a pharmacist about finding lower-cost options.

## Over-the-counter (OTC) medications

An OTC medication may be the right option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

## Tier information

Using lower-tier medications may lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

| Drug Tier     | Includes                                                                                                                                                 | Helpful Tips                                                                                              |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Tier 1        | <p>\$ <b>Lower-cost</b></p> <p>Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.</p> | Use Tier 1 drugs for the lowest out-of-pocket costs.                                                      |
| Tiers 2 and 3 | <p>\$\$ <b>Mid-range cost</b></p> <p>Medications that provide good overall value. Mainly preferred brand-name drugs.</p>                                 | Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.                    |
| Tier 4        | <p>\$\$\$ <b>Highest-cost</b></p> <p>Medications that provide the lowest overall value.</p>                                                              | Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you. |



# Reading your PDL (continued)

## Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have specific coverage requirements or limits. Your plan sets how these medications may be covered for you.

|             |                                                                                                                                                                                                                                                        |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b>    | <b>May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York</b> – There are over-the-counter (OTC) or lower-cost covered options available. |
| <b>H</b>    | <b>Health Care Reform Preventive</b> – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.                                                                                                |
| <b>H-PA</b> | <b>Health Care Reform Preventive with prior authorization</b> – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.                                                          |
| <b>PA</b>   | <b>Prior authorization (sometimes referred to as precertification)</b> <sup>1</sup> – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.                             |
| <b>QL</b>   | <b>Quantity limits</b> <sup>2</sup> – The largest quantity of medication covered per copayment or in a defined period of time.                                                                                                                         |
| <b>RS</b>   | <b>Refill and Save Program</b> <sup>3</sup> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.                                                                                      |
| <b>SP</b>   | <b>Specialty medication</b> – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.                                                    |
| <b>ST</b>   | <b>Step therapy (referred to as First Start in New Jersey)</b> – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. <sup>2</sup>                           |

1. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources plans.



# Reading your PDL (continued)

## Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Central nervous system: sedatives/hypnotics**

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Diabetes: blood glucose monitoring, insulin, non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share amounts for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

## Questions

### For the most current list of covered medications or if you have questions:



Call the toll-free phone number on your member ID card



Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account





| Drug Name                                                                                 | Drug Tier | Requirements & Limits | Drug Name                                                                               | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Analgesics - Drugs for Pain</b>                                                        |           |                       | hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml | 1         | QL                    |
| acetaminophen-codeine oral tablet                                                         | 1         | QL                    | hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg                   | E         | QL                    |
| ALLZITAL                                                                                  | E         |                       | hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg       | 1         | QL                    |
| apap-caff-dihydrocodeine                                                                  | 1         | QL                    | hydromorphone hcl oral tablet                                                           | 1         | QL                    |
| ascomp-codeine                                                                            | 1         | QL                    | JOURNAVX                                                                                | 4         | QL                    |
| bac (butalbital-acetamin-caff)                                                            | 1         | QL                    | lidocaine external ointment 5 %                                                         | 1         | QL                    |
| BELBUCA                                                                                   | 3         | PA, QL                | lidocaine external patch 5 %                                                            | 1         | PA, QL                |
| BUPAP ORAL TABLET 50-300 MG                                                               | E         |                       | lidocaine-prilocaine external cream                                                     | 1         |                       |
| buprenorphine                                                                             | 1         | PA, QL                | LIDOCAN                                                                                 | E         | PA, QL                |
| butalbital-acetaminophen oral tablet 50-300 mg                                            | E         |                       | LIDODERM                                                                                | E         | PA, QL                |
| butalbital-acetaminophen oral tablet 50-325 mg                                            | 1         |                       | LIDOTRAL 1 EXTERNAL PATCH 4.88 %                                                        | E         |                       |
| butalbital-apap-caff-cod oral capsule 50-300-40-30 mg                                     | E         | QL                    | methadone hcl oral tablet                                                               | 1         | PA, QL                |
| butalbital-apap-caff-cod oral capsule 50-325-40-30 mg                                     | 1         | QL                    | morphine sulfate er oral tablet extended release                                        | 1         | PA, QL                |
| butalbital-apap-caffeine                                                                  | 1         | QL                    | morphine sulfate oral tablet                                                            | 1         | QL                    |
| butalbital-asa-caff-codeine                                                               | 1         | QL                    | MS CONTIN                                                                               | E         | PA, QL                |
| butalbital-aspirin-caffeine                                                               | 1         |                       | NALOCET                                                                                 | E         | QL                    |
| butorphanol tartrate nasal                                                                | 1         | QL                    | NUCYNTA                                                                                 | 4         | QL                    |
| BUTRANS                                                                                   | E         | PA, QL                | NUCYNTA ER                                                                              | 3         | PA, QL                |
| DILAUDID ORAL TABLET                                                                      | E         | QL                    | OXAYDO ORAL TABLET 5 MG, 7.5 MG                                                         | E         | QL                    |
| endocet                                                                                   | 1         | QL                    | OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG      | E         | PA, QL                |
| ESGIC ORAL CAPSULE 50-325-40 MG                                                           | 4         | QL                    | oxycodone hcl oral capsule                                                              | 1         | QL                    |
| ESGIC ORAL TABLET 50-325-40 MG                                                            | 4         | QL                    | oxycodone hcl oral solution                                                             | 1         | QL                    |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1         | PA, QL                | oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg                              | 1         | QL                    |
| fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr                  | E         | PA, QL                | OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG         | E         | QL                    |
| FIORICET                                                                                  | 4         | QL                    |                                                                                         |           |                       |
| FIORICET/CODEINE                                                                          | E         | QL                    |                                                                                         |           |                       |
| GEN7T EXTERNAL PATCH 3.5 %                                                                | E         |                       |                                                                                         |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                       | Drug Tier | Requirements & Limits       | Drug Name                                                   | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------------|-------------------------------------------------------------|-----------|-----------------------|
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL                          | EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG              | 3         |                       |
| OXYCONTIN                                                                       | E         | PA, QL                      | EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG              | 4         |                       |
| PERCOCET                                                                        | E         | QL                          | ec-naproxen                                                 | 1         |                       |
| premium lidocaine                                                               | 1         | QL                          | etodolac                                                    | 1         |                       |
| PROLATE ORAL TABLET                                                             | E         | QL                          | FELDENE ORAL CAPSULE 20 MG                                  | 4         |                       |
| ROXICODONE                                                                      | E         | QL                          | ibuprofen oral suspension 100 mg/5ml                        | E         |                       |
| TENCON                                                                          | 3         |                             | ibuprofen oral tablet 400 mg, 600 mg, 800 mg                | 1         |                       |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour                 | 1         | (generic for Ryzolt), QL    | indomethacin er                                             | 1         |                       |
| tramadol hcl er                                                                 | 1         | (generic for Ultram ER), QL | indomethacin oral capsule                                   | 1         |                       |
| tramadol hcl oral tablet 100 mg, 25 mg, 75 mg                                   | E         | QL                          | ketorolac tromethamine oral                                 | 1         |                       |
| tramadol hcl oral tablet 50 mg                                                  | 1         | QL                          | LODINE                                                      | E         |                       |
| tramadol-acetaminophen                                                          | 1         | QL                          | LOFENA                                                      | E         | QL                    |
| TREZIX                                                                          | 3         | QL                          | meloxicam oral tablet                                       | 1         |                       |
| TRIDACAINE II                                                                   | E         | PA, QL                      | nabumetone oral                                             | 1         |                       |
| TRIDACAINE III                                                                  | E         | PA, QL                      | NAPROSYN                                                    | E         |                       |
| XTAMPZA ER                                                                      | 4         | PA, QL                      | naproxen dr                                                 | 1         |                       |
| ZEBUTAL ORAL CAPSULE 50-325-40 MG                                               | 4         | QL                          | naproxen oral tablet                                        | 1         |                       |
| ZTLIDO                                                                          | 3         | PA, QL                      | naproxen oral tablet delayed release                        | 1         |                       |
| <b>Analgesics - Drugs for Pain and Inflammation</b>                             |           |                             | naproxen sodium oral tablet 275 mg, 550 mg                  | 1         |                       |
| ANAPROX DS                                                                      | E         |                             | oxaprozin oral tablet                                       | 1         |                       |
| ARTHROTEC                                                                       | E         |                             | piroxicam oral                                              | 1         |                       |
| CELEBREX                                                                        | E         |                             | RELAFEN DS                                                  | E         |                       |
| celecoxib oral                                                                  | 1         |                             | sulindac oral                                               | 1         |                       |
| DAYPRO                                                                          | 4         |                             | <b>Anti-Addiction / Substance Abuse Treatment Agents</b>    |           |                       |
| diclofenac potassium oral tablet 25 mg                                          | E         | QL                          | acamprosate calcium                                         | 1         |                       |
| diclofenac potassium oral tablet 50 mg                                          | 1         |                             | APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG                    | E         |                       |
| diclofenac sodium er                                                            | 1         |                             | buprenorphine hcl sublingual                                | 1         | QL                    |
| diclofenac sodium external gel 1 %                                              | E         |                             | buprenorphine hcl-naloxone hcl sublingual film              | 1         | QL                    |
| diclofenac sodium oral                                                          | 1         |                             | buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1         | QL                    |
| diclofenac-misoprostol                                                          | 1         |                             | bupropion hcl er (smoking det)                              | 1         | H                     |
| DICLOFONO                                                                       | E         |                             | cvs nicotine                                                | 1         | H                     |

See page 6-8 for coverage details.



| Drug Name                                                   | Drug Tier | Requirements & Limits    | Drug Name                                                               | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------|-----------|--------------------------|-------------------------------------------------------------------------|-----------|-----------------------|
| cvs nicotine polacrilex                                     | 1         | H                        | NICORETTE MOUTH/THROAT LOZENGE                                          | 2         | H                     |
| disulfiram oral                                             | 1         |                          | NICORETTE STARTER KIT                                                   | 4         | H                     |
| eq nicotine                                                 | 1         | H                        | nicotine mini                                                           | 1         | H                     |
| eq nicotine mouth/throat gum 4 mg                           | 1         | H                        | nicotine polacrilex mini                                                | 1         | H                     |
| eq nicotine polacrilex                                      | 1         | H                        | nicotine polacrilex mouth/throat                                        | 1         | H                     |
| eq nicotine step 3                                          | 1         | H                        | nicotine step 1                                                         | 1         | H                     |
| eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg      | 1         | H                        | nicotine step 2                                                         | 1         | H                     |
| ft naloxone hcl                                             | 1         | QL                       | nicotine step 3                                                         | 1         | H                     |
| ft nicotine                                                 | 1         | H                        | nicotine transdermal patch 24 hour                                      | 1         | H                     |
| ft nicotine mini                                            | 1         | H                        | OPVEE                                                                   | 1         | QL                    |
| gnp naloxone hcl                                            | 1         | QL                       | qc nicotine transdermal system                                          | 1         | H                     |
| gnp nicotine mini                                           | 1         | H                        | ra mini nicotine                                                        | 1         | H                     |
| gnp nicotine polacrilex mouth/throat gum 2 mg               | 1         | H                        | ra nicotine mouth/throat gum 4 mg                                       | 1         | H                     |
| gnp nicotine polacrilex mouth/throat lozenge                | 1         | H                        | ra nicotine polacrilex                                                  | 1         | H                     |
| gnp nicotine transdermal                                    | 1         | H                        | ra nicotine transdermal patch 24 hour 21 mg/24hr                        | 1         | H                     |
| goodsense nicotine                                          | 1         | H                        | REXTOVY                                                                 | 1         | QL                    |
| habitrol                                                    | 1         | H                        | sm nicotine                                                             | 1         | H                     |
| hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg          | 1         | H                        | sm nicotine polacrilex                                                  | 1         | H                     |
| hm nicotine polacrilex mouth/throat lozenge 2 mg            | 1         | H                        | sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr | 1         | H                     |
| hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr | 1         | H                        | SUBOXONE                                                                | E         | PA, QL                |
| KLOXXADO                                                    | 1         | QL                       | THRIVE                                                                  | 4         | H                     |
| kls quit2                                                   | 1         | H                        | varenicline tartrate                                                    | 1         | PA, H                 |
| kls quit4                                                   | 1         | H                        | varenicline tartrate (starter)                                          | 1         | PA, H                 |
| naloxone hcl injection solution prefilled syringe           | 1         | QL                       | varenicline tartrate(continue)                                          | 1         | PA, H                 |
| naloxone hcl nasal                                          | 1         | QL                       | ZIMHI                                                                   | 2         | QL                    |
| naltrexone hcl oral                                         | 1         | QL                       | ZUBSOLV                                                                 | 1         | QL                    |
| NARCAN                                                      | 1         | QL (includes Narcan OTC) | <b>Antibacterials - Drugs for Infections</b>                            |           |                       |
| NICODERM CQ                                                 | 4         | H                        | amoxicillin                                                             | 1         |                       |
| NICORETTE MINI                                              | 2         | H                        | amoxicillin-potassium clavulanate                                       | 1         |                       |
| NICORETTE MOUTH/THROAT GUM                                  | 4         | H                        | ampicillin                                                              | 1         |                       |
|                                                             |           |                          | AUGMENTIN                                                               | E         |                       |
|                                                             |           |                          | AUGMENTIN ES-600                                                        | E         |                       |

See page 6-8 for coverage details.



| Drug Name                                             | Drug Tier | Requirements & Limits | Drug Name                                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------|-----------|-----------------------|
| AVIDOXY                                               | 4         |                       | doxycycline monohydrate oral tablet                       | 1         |                       |
| azithromycin oral packet 1 gm                         | 1         |                       | E.E.S. GRANULES                                           | 3         |                       |
| BACTRIM                                               | 4         |                       | ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML       | 3         |                       |
| BACTRIM DS                                            | 4         |                       | ERYPED 400                                                | 4         |                       |
| cefadroxil oral capsule                               | 1         |                       | erythromycin base oral tablet                             | 1         |                       |
| cefadroxil oral suspension reconstituted              | 1         |                       | erythromycin ethylsuccinate oral suspension reconstituted | 1         |                       |
| cefdinir                                              | 1         |                       | fidaxomicin oral tablet                                   | 1         | QL                    |
| cefixime oral capsule                                 | 1         |                       | fosfomycin tromethamine                                   | 1         |                       |
| cefpodoxime proxetil oral tablet                      | 1         |                       | gentamicin sulfate external                               | 1         | QL                    |
| cefprozil                                             | 1         |                       | HIPREX                                                    | 4         |                       |
| cefuroxime axetil                                     | 1         |                       | levofloxacin oral tablet                                  | 1         |                       |
| cephalexin                                            | 1         |                       | LIKMEZ                                                    | 4         |                       |
| CIPRO ORAL TABLET                                     | 4         |                       | linezolid oral tablet                                     | 1         |                       |
| ciprofloxacin hcl oral                                | 1         |                       | MACROBID                                                  | 4         |                       |
| clarithromycin oral tablet                            | 1         |                       | MACRODANTIN                                               | 4         |                       |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG                   | 4         |                       | methenamine hippurate                                     | 1         |                       |
| CLEOCIN ORAL CAPSULE 75 MG                            | 2         |                       | metronidazole oral tablet 125 mg                          | E         |                       |
| CLEOCIN ORAL SOLUTION RECONSTITUTED                   | 4         |                       | metronidazole oral tablet 250 mg, 500 mg                  | 1         |                       |
| CLEOCIN VAGINAL CREAM                                 | 4         |                       | metronidazole vaginal                                     | 1         |                       |
| clindamycin hcl oral                                  | 1         |                       | minocycline hcl oral capsule                              | 1         |                       |
| clindamycin palmitate hcl                             | 1         |                       | MONDOXYNE NL                                              | E         |                       |
| clindamycin phosphate vaginal                         | 1         |                       | moxifloxacin hcl oral                                     | 1         |                       |
| CLINDESSE                                             | 2         |                       | mupirocin cream                                           | 1         | QL                    |
| dicloxacillin sodium                                  | 1         |                       | mupirocin ointment                                        | 1         | QL                    |
| DIFICID ORAL TABLET                                   | E         | QL                    | neomycin sulfate oral                                     | 1         |                       |
| doxycycline hyclate oral capsule                      | 1         |                       | nitrofurantoin macrocrystal                               | 1         |                       |
| doxycycline hyclate oral tablet 100 mg, 20 mg         | 1         |                       | nitrofurantoin monohydrate macrocrystals                  | 1         |                       |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg  | E         |                       | NUVESSA                                                   | E         |                       |
| doxycycline monohydrate oral capsule 100 mg, 50 mg    | 1         |                       | NUZYRA ORAL                                               | 4         | QL                    |
| doxycycline monohydrate oral capsule 150 mg, 75 mg    | E         |                       | penicillin v potassium                                    | 1         |                       |
| doxycycline monohydrate oral suspension reconstituted | 1         |                       | SEYSARA                                                   | E         |                       |
|                                                       |           |                       | SILVADENE                                                 | 4         |                       |
|                                                       |           |                       | silver sulfadiazine external                              | 1         |                       |

See page 6-8 for coverage details.



| Drug Name                                                     | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| ssd                                                           | 1         |                       |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml   | 1         |                       |
| sulfamethoxazole-trimethoprim oral tablet                     | 1         |                       |
| sulfatrim pediatric                                           | 1         |                       |
| TARGADOX                                                      | E         |                       |
| tetracycline hcl oral capsule                                 | 1         |                       |
| tinidazole oral                                               | 1         |                       |
| trimethoprim oral                                             | 1         |                       |
| VANCOCIN                                                      | 4         |                       |
| vancomycin hcl oral capsule                                   | 1         |                       |
| VANDAZOLE                                                     | 4         |                       |
| VIBRAMYCIN ORAL CAPSULE 100 MG                                | 4         |                       |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML            | 4         |                       |
| XACIATO                                                       | 2         | QL                    |
| XENLETA ORAL TABLET 600 MG                                    | 3         |                       |
| XIFAXAN                                                       | 3         | PA, QL                |
| ZITHROMAX ORAL                                                | 4         |                       |
| ZITHROMAX TRI-PAK                                             | 4         |                       |
| ZITHROMAX Z-PAK                                               | 4         |                       |
| ZYVOX ORAL TABLET                                             | E         |                       |
| <b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b> |           |                       |
| dabigatran etexilate mesylate                                 | 1         | QL                    |
| ELIQUIS                                                       | 2         | QL                    |
| ELIQUIS DVT/PE STARTER PACK                                   | 2         | QL                    |
| enoxaparin sodium injection solution prefilled syringe        | 1         | QL                    |
| jantoven                                                      | 1         |                       |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE                  | E         | QL                    |
| PRADAXA ORAL CAPSULE                                          | E         | QL                    |
| rivaroxaban                                                   | 1         | QL                    |
| warfarin sodium oral                                          | 1         |                       |
| XARELTO                                                       | 2         | QL                    |
| XARELTO STARTER PACK                                          | 2         | QL                    |

| Drug Name                                   | Drug Tier | Requirements & Limits |
|---------------------------------------------|-----------|-----------------------|
| <b>Anticonvulsants - Drugs for Seizures</b> |           |                       |
| APTOM                                       | 4         | PA                    |
| BRIVIACT ORAL TABLET                        | 3         | PA                    |
| carbamazepine er                            | 1         |                       |
| carbamazepine oral tablet                   | 1         |                       |
| carbamazepine oral tablet chewable          | 1         |                       |
| CARBATROL                                   | 4         |                       |
| clobazam oral suspension 2.5 mg/ml          | 1         | PA                    |
| clobazam oral tablet                        | 1         | PA                    |
| DEPAKOTE                                    | 4         | PA                    |
| DEPAKOTE ER                                 | 4         | PA                    |
| DEPAKOTE SPRINKLES                          | 4         | PA                    |
| DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG     | 4         | QL                    |
| DIASTAT PEDIATRIC RECTAL GEL 2.5 MG         | 2         | QL                    |
| diazepam rectal                             | 1         | QL                    |
| DILANTIN                                    | 3         |                       |
| divalproex sodium er                        | 1         |                       |
| divalproex sodium oral                      | 1         |                       |
| ELEPSIA XR                                  | E         | PA                    |
| EPIDIOLEX                                   | 3         | PA, SP                |
| epitol                                      | 1         |                       |
| eslicarbazepine acetate                     | 1         | PA                    |
| ethosuximide oral                           | 1         |                       |
| FYCOMPA ORAL SUSPENSION                     | 4         | PA                    |
| FYCOMPA ORAL TABLET                         | 3         | PA                    |
| gabapentin oral capsule                     | 1         |                       |
| gabapentin oral solution 250 mg/5ml         | 1         |                       |
| GABAPENTIN ORAL TABLET 25 MG, 50 MG         | E         | PA                    |
| gabapentin oral tablet 600 mg, 800 mg       | 1         |                       |
| GABARONE                                    | E         | PA                    |
| KEPPRA ORAL                                 | 4         | PA                    |
| KEPPRA XR                                   | 4         | PA                    |

See page 6-8 for coverage details.



| Drug Name                                                 | Drug Tier | Requirements & Limits | Drug Name                                                                  | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------|-----------|-----------------------|
| lacosamide oral                                           | 1         |                       | topiramate oral capsule sprinkle                                           | 1         |                       |
| LAMICTAL                                                  | 4         | PA                    | topiramate oral tablet                                                     | 1         |                       |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                      | 4         | PA                    | TRILEPTAL                                                                  | 4         | PA                    |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | 3         | PA                    | TROKENDI XR                                                                | E         |                       |
| lamotrigine er                                            | 1         |                       | valproic acid oral capsule                                                 | 1         |                       |
| lamotrigine oral tablet                                   | 1         |                       | valproic acid oral solution 250 mg/5ml                                     | 1         |                       |
| lamotrigine oral tablet chewable                          | 1         |                       | VALTOCO                                                                    | 3         | PA, QL                |
| lamotrigine oral tablet dispersible                       | 1         | PA                    | VIMPAT ORAL                                                                | 4         | PA                    |
| levetiracetam er                                          | 1         |                       | XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG                    | 3         | PA                    |
| levetiracetam oral solution                               | 1         |                       | ZARONTIN                                                                   | 4         |                       |
| levetiracetam oral tablet                                 | 1         |                       | ZONEGRAN                                                                   | 4         | PA                    |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 3         | PA, QL                | zonisamide oral                                                            | 1         |                       |
| MOTPOLY XR                                                | 3         | PA                    | <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>    |           |                       |
| MYSOLINE                                                  | 2         | PA                    | ARICEPT                                                                    | E         |                       |
| NAYZILAM                                                  | 3         | PA, QL                | donepezil hcl oral tablet                                                  | 1         |                       |
| NEURONTIN                                                 | 4         | PA                    | EXELON                                                                     | E         |                       |
| ONFI                                                      | 4         | PA                    | memantine hcl er                                                           | 1         |                       |
| oxcarbazepine                                             | 1         |                       | memantine hcl oral tablet                                                  | 1         |                       |
| oxcarbazepine er                                          | E         |                       | NAMENDA ORAL TABLET 10 MG, 5 MG                                            | E         |                       |
| perampanel                                                | 1         | PA                    | NAMENDA TITRATION PAK                                                      | E         |                       |
| phenobarbital oral tablet                                 | 1         |                       | NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG | E         |                       |
| phenytek                                                  | 1         |                       | rivastigmine                                                               | 1         |                       |
| phenytoin sodium extended                                 | 1         |                       | rivastigmine tartrate                                                      | 1         |                       |
| primidone oral tablet 125 mg                              | 1         | PA                    | <b>Antidepressants - Drugs for Depression</b>                              |           |                       |
| primidone oral tablet 250 mg, 50 mg                       | 1         |                       | amitriptyline hcl oral                                                     | 1         |                       |
| roweepra                                                  | 1         |                       | ANAFRANIL                                                                  | E         |                       |
| subvenite                                                 | 1         |                       | AUVELITY                                                                   | 4         | ST, QL                |
| SYMPAZAN                                                  | 4         | PA                    | bupropion hcl er (sr)                                                      | 1         |                       |
| TEGRETOL ORAL TABLET                                      | 4         |                       | bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg  | 1         |                       |
| TEGRETOL-XR                                               | 4         |                       | BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG          | E         | QL                    |
| TOPAMAX                                                   | 4         | PA                    |                                                                            |           |                       |
| TOPAMAX SPRINKLE                                          | 4         | PA                    |                                                                            |           |                       |
| topiramate er oral capsule extended release 24 hour       | E         |                       |                                                                            |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                 | Drug Tier | Requirements & Limits | Drug Name                                                | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------|-----------|-----------------------|
| bupropion hcl oral                                                        | 1         |                       | PROZAC                                                   | E         |                       |
| CELEXA                                                                    | E         |                       | RALDESY                                                  | 4         | PA                    |
| citalopram hydrobromide oral tablet                                       | 1         |                       | REMERON                                                  | E         |                       |
| clomipramine hcl oral                                                     | 1         |                       | REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG      | E         |                       |
| CYMBALTA                                                                  | E         |                       | SERTRALINE HCL ORAL CAPSULE                              | E         | QL                    |
| desipramine hcl oral                                                      | 1         |                       | sertraline hcl oral concentrate                          | 1         |                       |
| desvenlafaxine succinate er                                               | 1         | QL                    | sertraline hcl oral tablet                               | 1         |                       |
| doxepin hcl oral capsule                                                  | 1         |                       | SPRAVATO (56 MG DOSE)                                    | 4         | PA, QL                |
| doxepin hcl oral concentrate                                              | 1         |                       | SPRAVATO (84 MG DOSE)                                    | 4         | PA, QL                |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 1         |                       | trazodone hcl oral                                       | 1         |                       |
| duloxetine hcl oral capsule delayed release particles 40 mg               | E         |                       | TRINTELLIX                                               | 4         | ST, QL                |
| EFFEXOR XR                                                                | E         |                       | venlafaxine hcl                                          | 1         |                       |
| escitalopram oxalate oral solution 5 mg/5ml                               | 1         |                       | venlafaxine hcl er oral capsule extended release 24 hour | 1         |                       |
| escitalopram oxalate oral tablet                                          | 1         |                       | venlafaxine hcl er oral tablet extended release 24 hour  | E         | QL                    |
| FETZIMA                                                                   | 4         | ST, QL                | VIIBRYD                                                  | E         | QL                    |
| fluoxetine hcl oral capsule                                               | 1         |                       | vilazodone hcl                                           | 1         | QL                    |
| fluoxetine hcl oral solution                                              | 1         |                       | WAINUA                                                   | 2         | PA, QL, SP            |
| fluoxetine hcl oral tablet 10 mg                                          | 1         | QL                    | WELLBUTRIN SR                                            | E         |                       |
| fluoxetine hcl oral tablet 20 mg, 60 mg                                   | 1         |                       | WELLBUTRIN XL                                            | E         |                       |
| fluvoxamine maleate                                                       | 1         |                       | ZOLOFT                                                   | E         |                       |
| fluvoxamine maleate er                                                    | 1         | QL                    | ZURZUVAE                                                 | 2         | PA, QL, SP            |
| FORFIVO XL                                                                | E         | QL                    | <b>Antiemetics - Drugs for Nausea and Vomiting</b>       |           |                       |
| imipramine hcl oral                                                       | 1         |                       | ANTIVERT ORAL TABLET 50 MG                               | E         |                       |
| LEXAPRO                                                                   | E         |                       | aprepitant oral capsule 125 mg, 40 mg, 80 mg             | 1         | QL                    |
| mirtazapine oral                                                          | 1         |                       | DICLEGIS                                                 | E         | PA                    |
| NORPRAMIN                                                                 | 4         |                       | doxylamine-pyridoxine                                    | E         | PA                    |
| nortriptyline hcl oral capsule                                            | 1         |                       | dronabinol                                               | 1         |                       |
| PAMELOR                                                                   | E         |                       | EMEND BIPACK                                             | E         | QL                    |
| paroxetine hcl er                                                         | 1         | QL                    | MARINOL                                                  | E         |                       |
| paroxetine hcl oral tablet                                                | 1         |                       | meclizine hcl oral tablet                                | E         |                       |
| PAXIL                                                                     | E         |                       | metoclopramide hcl oral tablet                           | 1         |                       |
| PAXIL CR                                                                  | E         | QL                    | ondansetron hcl oral                                     | 1         |                       |
| PRISTIQ                                                                   | E         | QL                    |                                                          |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                 | Drug Tier | Requirements & Limits | Drug Name                                                             | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------|-----------|-----------------------|
| ondansetron odt oral tablet dispersible 16 mg             | E         |                       | nystatin mouth/throat                                                 | 1         |                       |
| ondansetron odt oral tablet dispersible 4 mg, 8 mg        | 1         |                       | nystatin oral                                                         | 1         |                       |
| perphenazine oral                                         | 1         |                       | nystatin-triamcinolone                                                | 1         |                       |
| prochlorperazine maleate oral                             | 1         |                       | nystop                                                                | 1         | QL                    |
| promethazine hcl oral solution                            | 1         |                       | posaconazole oral tablet delayed release                              | 1         |                       |
| promethazine hcl oral tablet                              | 1         |                       | SPORANOX                                                              | 4         | QL                    |
| promethazine hcl rectal                                   | 1         |                       | terbinafine hcl oral                                                  | 1         |                       |
| PROMETHEGAN                                               | 3         |                       | terconazole                                                           | 1         |                       |
| REGLAN                                                    | 4         |                       | TOLSURA                                                               | E         |                       |
| scopolamine                                               | 1         |                       | VFEND ORAL TABLET 200 MG                                              | 4         | QL                    |
| TRANSDERM-SCOP<br>TRANSDERMAL PATCH 72 HOUR<br>1 MG/3DAYS | E         |                       | VFEND ORAL TABLET 50 MG                                               | 3         | QL                    |
| <b>Antifungals - Drugs for Fungal Infections</b>          |           |                       | VIVJOA                                                                | 3         | PA, QL                |
| ciclodan                                                  | 1         |                       | voriconazole oral tablet                                              | 1         | QL                    |
| ciclopirox external                                       | 1         |                       | <b>Antigout Agents - Drugs for Gout</b>                               |           |                       |
| ciclopirox olamine external cream                         | 1         |                       | allopurinol oral tablet 100 mg, 300 mg                                | 1         |                       |
| clotrimazole mouth/throat                                 | 1         |                       | allopurinol oral tablet 200 mg                                        | E         |                       |
| CRESEMBA ORAL                                             | 3         |                       | colchicine oral                                                       | 1         |                       |
| DIFLUCAN                                                  | E         |                       | colchicine-probenecid                                                 | 1         |                       |
| econazole nitrate external                                | 1         |                       | COLCRYS ORAL TABLET 0.6 MG                                            | E         |                       |
| fluconazole oral                                          | 1         |                       | febuxostat                                                            | 1         |                       |
| griseofulvin microsize oral suspension                    | 1         |                       | MITIGARE                                                              | 2         |                       |
| GYNAZOLE-1                                                | 3         |                       | probenecid                                                            | 1         |                       |
| itraconazole oral capsule                                 | 1         | QL                    | ULORIC                                                                | E         |                       |
| JUBLIA                                                    | 4         | PA, ST, QL            | ZYLOPRIM ORAL TABLET<br>100 MG, 300 MG                                | 4         |                       |
| ketoconazole external cream                               | 1         | QL                    | <b>Antimigraine Agents - Drugs for Migraines</b>                      |           |                       |
| ketoconazole external shampoo                             | 1         |                       | AIMOVIG SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML | 2         | PA, ST, QL            |
| ketoconazole oral                                         | 1         |                       | AJOVY                                                                 | E         | PA, ST, QL            |
| klayesta                                                  | 1         | QL                    | eletriptan hydrobromide                                               | 1         | QL                    |
| LOPROX EXTERNAL SHAMPOO<br>1 %                            | E         |                       | EMGALITY                                                              | 2         | PA, ST, QL            |
| NOXAFIL ORAL TABLET<br>DELAYED RELEASE                    | E         |                       | FROVA                                                                 | E         | QL                    |
| nyamyc                                                    | 1         | QL                    | frovatriptan succinate                                                | 1         | QL                    |
| nystatin external                                         | 1         | QL                    | IMITREX NASAL SOLUTION<br>20 MG/ACT, 5 MG/ACT                         | 4         | QL                    |
|                                                           |           |                       | IMITREX ORAL                                                          | E         | QL                    |

See page 6-8 for coverage details.





| Drug Name                                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| IMITREX STATDOSE SYSTEM                                         | E         | QL                    |
| MAXALT                                                          | E         | QL                    |
| MAXALT-MLT                                                      | E         | QL                    |
| naratriptan hcl                                                 | 1         | QL                    |
| NURTEC                                                          | 2         | PA, ST, QL            |
| QULIPTA                                                         | 2         | PA, ST, QL            |
| RELPAK                                                          | E         | QL                    |
| REYVOW                                                          | 4         | PA, ST, QL            |
| rizatriptan benzoate oral tablet 10 mg                          | 1         | QL                    |
| rizatriptan benzoate oral tablet 5 mg                           | 1         |                       |
| rizatriptan benzoate oral tablet dispersible 10 mg              | 1         | QL                    |
| rizatriptan benzoate oral tablet dispersible 5 mg               | 1         |                       |
| sumatriptan nasal                                               | 1         | QL                    |
| sumatriptan succinate oral                                      | 1         | QL                    |
| sumatriptan succinate subcutaneous solution auto-injector       | 1         | QL                    |
| TOSYMRA                                                         | E         | QL                    |
| UBRELVY                                                         | 2         | PA, ST, QL            |
| ZAVZPRET                                                        | 4         | PA, ST, QL            |
| ZEMBRACE SYMTOUCH                                               | E         | QL                    |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG                              | E         | QL                    |
| zolmitriptan nasal solution 5 mg                                | E         | QL                    |
| zolmitriptan oral                                               | 1         | QL                    |
| ZOMIG NASAL SOLUTION 2.5 MG                                     | 3         | QL                    |
| ZOMIG NASAL SOLUTION 5 MG                                       | 1         | QL                    |
| ZOMIG ORAL TABLET 5 MG                                          | E         | QL                    |
| <b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b> |           |                       |
| MESTINON ORAL TABLET                                            | E         |                       |
| pyridostigmine bromide oral tablet 30 mg                        | E         |                       |
| pyridostigmine bromide oral tablet 60 mg                        | 1         |                       |

| Drug Name                                             | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| ZILBRYSQ                                              | 4         | PA, QL, SP            |
| <b>Antimycobacterials - Drugs to Treat Infections</b> |           |                       |
| dapsone oral                                          | 1         |                       |
| ethambutol hcl oral                                   | 1         |                       |
| isoniazid oral tablet                                 | 1         |                       |
| MYAMBUTOL ORAL TABLET 400 MG                          | 4         |                       |
| rifampin oral                                         | 1         |                       |
| <b>Antineoplastics - Drugs for Cancer</b>             |           |                       |
| abiraterone acetate oral tablet 250 mg                | 1         | QL, SP                |
| abiraterone acetate oral tablet 500 mg                | E         | QL, SP                |
| ABIRTEGA                                              | E         | QL, SP                |
| ALECENSA                                              | 2         | PA, QL                |
| ALUNBRIG                                              | 2         | PA, QL, SP            |
| anastrozole oral                                      | 1         | H-PA                  |
| ARIMIDEX                                              | E         |                       |
| AROMASIN                                              | E         |                       |
| AUGTYRO                                               | 2         | PA, QL, SP            |
| BESREMI                                               | 4         | PA, QL, SP            |
| bicalutamide                                          | 1         |                       |
| BRUKINSA                                              | 3         | PA, ST, QL, SP        |
| CABOMETYX                                             | 2         | PA, QL, SP            |
| CALQUENCE                                             | 2         | PA, SP                |
| capecitabine                                          | 1         | QL, SP                |
| CASODEX                                               | E         |                       |
| COTELLIC                                              | 2         | PA, QL, SP            |
| dasatinib                                             | 1         | PA, QL, SP            |
| ERIVEDGE                                              | 2         | PA, QL, SP            |
| ERLEADA ORAL TABLET 240 MG                            | 2         | PA, QL, SP            |
| ERLEADA ORAL TABLET 60 MG                             | 2         | PA, QL, SP            |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg    | 1         | PA, QL, SP            |
| exemestane                                            | 1         | H-PA                  |
| EXKIVITY ORAL CAPSULE 40 MG                           | 4         | SP                    |
| FEMARA                                                | E         |                       |

See page 6-8 for coverage details.



| Drug Name                            | Drug Tier | Requirements & Limits | Drug Name                                              | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|--------------------------------------------------------|-----------|-----------------------|
| GAVRETO                              | 4         | PA, QL, SP            | SCEMBLIX                                               | 4         | PA, QL, SP            |
| GLEEVEC                              | E         | QL, SP                | SPRYCEL                                                | E         | PA, QL, SP            |
| HYDREA                               | E         |                       | STIVARGA                                               | 2         | PA, QL, SP            |
| hydroxyurea oral                     | 1         |                       | TABRECTA                                               | 4         | PA, QL, SP            |
| IBRANCE ORAL TABLET                  | 4         | PA, ST, QL, SP        | TAGRISSO                                               | 3         | PA, QL, SP            |
| ICLUSIG ORAL TABLET 10 MG, 30 MG     | 3         | PA, QL                | tamoxifen citrate oral tablet 10 mg                    | 1         |                       |
| ICLUSIG ORAL TABLET 15 MG, 45 MG     | 3         | PA, QL, SP            | tamoxifen citrate oral tablet 20 mg                    | 1         | H-PA                  |
| IDHIFA                               | 2         | PA, QL, SP            | TASIGNA                                                | E         | PA, ST, QL, SP        |
| imatinib mesylate oral               | 1         | QL, SP                | temozolomide                                           | 1         | SP                    |
| IMBRUVICA ORAL CAPSULE               | 2         | PA, QL, SP            | torpenz                                                | 1         | PA, QL, SP            |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | E         | PA, QL, SP            | TRUQAP ORAL TABLET                                     | 2         | PA, QL, SP            |
| IMBRUVICA ORAL TABLET 420 MG         | 2         | PA, QL, SP            | VENCLEXTA                                              | 2         | PA, QL, SP            |
| IMKELDI                              | 4         | QL, SP                | VERZENIO                                               | 2         | PA, QL, SP            |
| JAKAFI                               | 2         | PA, QL, SP            | VITRAKVI                                               | 2         | PA, QL, SP            |
| KISQALI                              | 2         | PA, QL, SP            | XELODA                                                 | E         | QL, SP                |
| KOSELUGO                             | 3         | PA, QL, SP            | XTANDI                                                 | 2         | PA, QL, SP            |
| lenalidomide                         | 1         | PA, QL, SP            | ZEJULA ORAL CAPSULE 100 MG                             | 2         | PA, SP                |
| letrozole oral                       | 1         | H-PA                  | ZELBORAF                                               | 2         | PA, QL, SP            |
| leucovorin calcium oral              | 1         |                       | ZYTIGA                                                 | E         | QL, SP                |
| LUMAKRAS                             | 4         | PA, QL, SP            | <b>Antiparasitics - Drugs for Parasitic Infections</b> |           |                       |
| LYNPARZA                             | 2         | PA, QL, SP            | ARAKODA                                                | 4         | QL                    |
| mercaptopurine oral tablet           | 1         |                       | atovaquone                                             | 1         |                       |
| nilotinib hcl                        | 1         | PA, ST, QL, SP        | atovaquone-proguanil hcl                               | 1         |                       |
| NUBEQA                               | 2         | PA, QL, SP            | ELIMITE                                                | 4         |                       |
| ODOMZO                               | 2         | PA, QL, SP            | hydroxychloroquine sulfate oral                        | 1         |                       |
| ORGOVYX                              | 3         | PA, QL, SP            | ivermectin oral tablet 3 mg                            | 1         | PA, QL                |
| PIQRAY                               | 2         | PA, QL, SP            | ivermectin oral tablet 6 mg                            | 1         | PA                    |
| POMALYST                             | 3         | PA, QL, SP            | KRINTAFEL                                              | 1         | QL                    |
| RETEVMO ORAL CAPSULE 40 MG           | 4         | PA, QL, SP            | MALARONE                                               | 4         |                       |
| RETEVMO ORAL CAPSULE 80 MG           | 4         | PA, SP                | mefloquine hcl                                         | 1         |                       |
| REVLIMID                             | 2         | PA, QL, SP            | MEPRON                                                 | E         |                       |
| ROZLYTREK                            | 2         | PA, QL, SP            | permethrin external                                    | 1         |                       |
| RYDAPT                               | 2         | PA, QL, SP            | PLAQUENIL                                              | E         |                       |
|                                      |           |                       | SOVUNA                                                 | E         |                       |
|                                      |           |                       | STROMEKTOL                                             | 4         | PA, QL                |

See page 6-8 for coverage details.



| Drug Name                                                           | Drug Tier | Requirements & Limits | Drug Name                                                                 | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|-----------|-----------------------|
| <b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>         |           |                       |                                                                           |           |                       |
| amantadine hcl oral capsule                                         | 1         |                       | GEODON ORAL                                                               | E         |                       |
| amantadine hcl oral tablet                                          | 1         |                       | haloperidol oral                                                          | 1         |                       |
| AZILECT                                                             | E         |                       | INVEGA                                                                    | E         | QL                    |
| benztropine mesylate oral                                           | 1         |                       | LATUDA                                                                    | E         | QL                    |
| bromocriptine mesylate oral tablet                                  | 1         |                       | lurasidone hcl                                                            | 1         | QL                    |
| carbidopa-levodopa er                                               | 1         |                       | olanzapine oral                                                           | 1         |                       |
| carbidopa-levodopa oral tablet                                      | 1         |                       | paliperidone er                                                           | 1         | QL                    |
| CREXONT                                                             | 4         | ST                    | quetiapine fumarate                                                       | 1         |                       |
| DHIVY                                                               | E         |                       | quetiapine fumarate er                                                    | 1         |                       |
| INBRIJA                                                             | 3         | PA, QL, SP            | REXULTI                                                                   | 4         | QL                    |
| NEUPRO                                                              | 3         |                       | RISPERDAL                                                                 | E         |                       |
| PARLODEL ORAL TABLET                                                | E         |                       | risperidone                                                               | 1         |                       |
| pramipexole dihydrochloride                                         | 1         |                       | SAPHRIS                                                                   | E         | QL                    |
| rasagiline mesylate oral                                            | 1         |                       | SEROQUEL                                                                  | E         |                       |
| ropinirole hcl                                                      | 1         |                       | SEROQUEL XR                                                               | E         |                       |
| RYTARY                                                              | E         | ST                    | VRAYLAR                                                                   | 4         | QL                    |
| SINEMET                                                             | 4         |                       | ziprasidone hcl                                                           | 1         |                       |
| trihexyphenidyl hcl oral tablet                                     | 1         |                       | ZYPREXA ORAL                                                              | E         |                       |
| <b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b> |           |                       | ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG           | E         |                       |
| BRILINTA                                                            | E         | QL                    | <b>Antivirals - Drugs for Viral Infections</b>                            |           |                       |
| cilostazol                                                          | 1         |                       | acyclovir external ointment                                               | 1         | QL                    |
| clopidogrel bisulfate oral                                          | 1         |                       | acyclovir oral capsule                                                    | 1         |                       |
| EFFIENT                                                             | E         |                       | acyclovir oral suspension 200 mg/5ml                                      | 1         |                       |
| PLAVIX                                                              | E         |                       | acyclovir oral tablet                                                     | 1         |                       |
| prasugrel hcl                                                       | 1         |                       | BARACLUDE ORAL TABLET                                                     | E         |                       |
| ticagrelor                                                          | 1         | QL                    | BIKTARVY                                                                  | 4         | QL                    |
| <b>Antipsychotics - Drugs for Mood Disorders</b>                    |           |                       | CIMDUO                                                                    | 2         | QL                    |
| ABILIFY                                                             | E         |                       | DESCOVY ORAL TABLET 120-15 MG                                             | 4         | QL                    |
| aripiprazole oral solution                                          | 1         |                       | DESCOVY ORAL TABLET 200-25 MG                                             | 4         | QL, H                 |
| aripiprazole oral tablet                                            | 1         |                       | DOVATO                                                                    | 2         | QL                    |
| asenapine maleate                                                   | 1         | QL                    | emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1         | QL                    |
| CAPLYTA                                                             | 4         | PA, ST, QL            | emtricitabine-tenofovir df oral tablet 200-300 mg                         | 1         | QL, H                 |
| chlorpromazine hcl oral tablet                                      | 1         | QL                    |                                                                           |           |                       |
| clozapine oral tablet                                               | 1         |                       |                                                                           |           |                       |
| CLOZARIL                                                            | 4         |                       |                                                                           |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                    | Drug Tier | Requirements & Limits | Drug Name                                                                 | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------------------|-----------|-----------------------|
| entecavir                                                    | 1         |                       | VOSEVI                                                                    | 2         | PA, QL, SP            |
| EPCLUSA ORAL TABLET                                          | 2         | PA, QL, SP            | XOFLUZA (40 MG DOSE)                                                      | 3         | QL                    |
| famciclovir oral                                             | 1         |                       | XOFLUZA (80 MG DOSE)                                                      | 3         | QL                    |
| GENVOYA                                                      | 4         | QL                    | ZOVIRAX EXTERNAL OINTMENT                                                 | E         | QL                    |
| HARVONI ORAL TABLET                                          | 2         | PA, ST, QL, SP        | <b>Anxiolytics - Drugs for Anxiety</b>                                    |           |                       |
| ISENTRESS HD                                                 | 2         |                       | alprazolam er                                                             | 1         |                       |
| ISENTRESS ORAL TABLET                                        | 2         |                       | alprazolam oral                                                           | 1         |                       |
| JULUCA                                                       | 2         | QL                    | alprazolam xr                                                             | 1         |                       |
| LAGEVRIO                                                     | 2         | QL                    | ATIVAN ORAL                                                               | E         |                       |
| LEDIPASVIR-SOFOSBUVIR                                        | 2         | PA, ST, QL, SP        | buspirone hcl oral                                                        | 1         |                       |
| MAVYRET ORAL PACKET                                          | 2         | PA, QL, SP            | chlordiazepoxide hcl                                                      | 1         |                       |
| ODEFSEY                                                      | 4         | QL                    | clonazepam oral                                                           | 1         |                       |
| oseltamivir phosphate oral                                   | 1         |                       | clorazepate dipotassium                                                   | 1         |                       |
| PAXLOVID                                                     | 2         | QL                    | diazepam oral solution                                                    | 1         |                       |
| PREVYMIS ORAL TABLET                                         | 2         | PA                    | diazepam oral tablet                                                      | 1         |                       |
| PREZCOBIX                                                    | 2         |                       | HALCION                                                                   | 4         |                       |
| RUKOBIA                                                      | 4         | PA                    | hydroxyzine hcl oral                                                      | 1         |                       |
| SITAVIG                                                      | E         | QL                    | hydroxyzine pamoate oral                                                  | 1         |                       |
| SOFOSBUVIR-VELPATASVIR                                       | 2         | PA, QL, SP            | KLONOPIN                                                                  | E         |                       |
| SYMFI                                                        | 2         | QL                    | lorazepam oral tablet                                                     | 1         |                       |
| SYMFI LO ORAL TABLET<br>400-300-300 MG                       | 2         | QL                    | triazolam                                                                 | 1         |                       |
| TAMIFLU                                                      | E         |                       | VALIUM                                                                    | E         |                       |
| tenofovir disoproxil fumarate                                | 1         | H-PA                  | VISTARIL ORAL CAPSULE 25 MG                                               | 4         |                       |
| TIVICAY                                                      | 3         |                       | XANAX                                                                     | E         |                       |
| TRIUMEQ                                                      | 2         | QL                    | XANAX XR                                                                  | E         |                       |
| TRUVADA ORAL TABLET<br>100-150 MG, 133-200 MG,<br>167-250 MG | 4         | QL                    | <b>Bipolar Agents - Drugs for Mood Disorders</b>                          |           |                       |
| TRUVADA ORAL TABLET<br>200-300 MG                            | E         | QL                    | lithium carbonate er                                                      | 1         |                       |
| valacyclovir hcl oral                                        | 1         | QL                    | lithium carbonate oral                                                    | 1         |                       |
| VALCYTE ORAL TABLET                                          | E         |                       | LITHOBID                                                                  | 4         | PA                    |
| valganciclovir hcl oral tablet                               | 1         |                       | <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |                       |
| VALTREX                                                      | E         | QL                    | acebutolol hcl oral                                                       | 1         |                       |
| VEMLIDY                                                      | E         | PA                    | acetazolamide er                                                          | 1         |                       |
| VIREAD ORAL TABLET 150 MG,<br>200 MG, 250 MG                 | 2         |                       | acetazolamide oral                                                        | 1         |                       |
| VIREAD ORAL TABLET 300 MG                                    | E         |                       | ALDACTONE                                                                 | E         |                       |
|                                                              |           |                       | aliskiren fumarate                                                        | 1         |                       |
|                                                              |           |                       | ALTACE                                                                    | E         |                       |
|                                                              |           |                       | amiloride hcl oral                                                        | 1         |                       |

See page 6-8 for coverage details.



| Drug Name                                     | Drug Tier | Requirements & Limits | Drug Name                                      | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|------------------------------------------------|-----------|-----------------------|
| amiodarone hcl oral                           | 1         |                       | carvedilol phosphate er                        | E         |                       |
| amlodipine besylate oral                      | 1         |                       | CATAPRES-TTS-1                                 | E         |                       |
| amlodipine besylate-benazepril hcl            | 1         |                       | CATAPRES-TTS-2                                 | E         |                       |
| amlodipine besylate-valsartan                 | 1         |                       | CATAPRES-TTS-3                                 | E         |                       |
| amlodipine-olmesartan                         | E         |                       | chlorthalidone                                 | 1         |                       |
| ATACAND                                       | E         |                       | cholestyramine light                           | 1         |                       |
| ATACAND HCT                                   | E         |                       | cholestyramine oral                            | 1         |                       |
| atenolol oral                                 | 1         |                       | clonidine hcl oral                             | 1         |                       |
| atenolol-chlorthalidone                       | 1         |                       | clonidine patch weekly 0.1 mg/24hr transdermal | 1         |                       |
| ATORVALIQ                                     | 4         | PA                    | clonidine patch weekly 0.1 mg/24hr transdermal | 1         | (Patch)               |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1         | H-PA                  | clonidine patch weekly 0.2 mg/24hr transdermal | 1         |                       |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 1         |                       | clonidine patch weekly 0.2 mg/24hr transdermal | 1         | (Patch)               |
| AVALIDE                                       | E         |                       | clonidine patch weekly 0.3 mg/24hr transdermal | 1         |                       |
| AVAPRO                                        | E         |                       | clonidine patch weekly 0.3 mg/24hr transdermal | 1         | (Patch)               |
| AZOR                                          | E         |                       | colesevelam hcl oral tablet                    | 1         |                       |
| benazepril hcl oral                           | 1         |                       | COLESTID ORAL TABLET                           | 4         |                       |
| benazepril-hydrochlorothiazide                | 1         |                       | colestipol hcl oral tablet                     | 1         |                       |
| BENICAR                                       | E         |                       | COREG                                          | E         |                       |
| BENICAR HCT                                   | E         |                       | COREG CR                                       | E         |                       |
| BETAPACE                                      | E         |                       | CORGARD ORAL TABLET 20 MG, 40 MG               | 4         |                       |
| bisoprolol fumarate oral tablet               | 1         |                       | CORLANOR                                       | 3         | PA, QL                |
| bisoprolol-hydrochlorothiazide                | 1         |                       | COZAAR                                         | E         |                       |
| bumetanide oral                               | 1         |                       | CRESTOR                                        | E         |                       |
| BUMEX                                         | 3         |                       | digoxin oral tablet                            | 1         |                       |
| BYSTOLIC                                      | E         |                       | diltiazem hcl er                               | 1         |                       |
| CAMZYOS                                       | 4         | PA, QL, SP            | diltiazem hcl er beads                         | 1         |                       |
| candesartan cilexetil                         | 1         |                       | diltiazem hcl er coated beads                  | 1         |                       |
| candesartan cilexetil-hctz                    | 1         |                       | diltiazem hcl oral                             | 1         |                       |
| captopril oral                                | 1         |                       | dilt-xr                                        | 1         |                       |
| CARDIZEM                                      | E         |                       | DIOVAN                                         | E         |                       |
| CARDIZEM CD                                   | E         |                       | DIOVAN HCT                                     | E         |                       |
| CARDIZEM LA                                   | E         |                       | dofetilide                                     | 1         |                       |
| CARDURA                                       | 4         |                       |                                                |           |                       |
| cartia xt                                     | 1         |                       |                                                |           |                       |
| carvedilol                                    | 1         |                       |                                                |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                | Drug Tier | Requirements & Limits | Drug Name                                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------|-----------|-----------------------|
| doxazosin mesylate oral                                                  | 1         |                       | indapamide                                                 | 1         |                       |
| EDARBI                                                                   | E         |                       | INDERAL LA                                                 | E         |                       |
| EDARBYCLOR                                                               | E         |                       | INSPRA                                                     | E         |                       |
| enalapril maleate oral solution                                          | 1         | PA                    | INZIRQO                                                    | 4         | PA                    |
| enalapril maleate oral tablet                                            | 1         |                       | irbesartan                                                 | 1         |                       |
| enalapril-hydrochlorothiazide                                            | 1         |                       | irbesartan-hydrochlorothiazide                             | 1         |                       |
| ENTRESTO ORAL TABLET                                                     | E         | PA, QL                | ISORDIL TITRADOSE                                          | E         |                       |
| EPANED                                                                   | 4         | PA                    | isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1         |                       |
| eplerenone                                                               | 1         |                       | isosorbide dinitrate oral tablet 40 mg                     | E         |                       |
| EXFORGE                                                                  | E         |                       | isosorbide mononitrate er                                  | 1         |                       |
| ezetimibe                                                                | 1         |                       | ivabradine hcl                                             | 1         | PA, QL                |
| ezetimibe-simvastatin                                                    | 1         |                       | KAPSPARGO SPRINKLE                                         | 4         |                       |
| felodipine er                                                            | 1         |                       | KERENDIA ORAL TABLET 10 MG, 20 MG                          | 4         | PA, QL                |
| fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg | 1         |                       | labetalol hcl oral                                         | 1         |                       |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG                                | E         |                       | LANOXIN ORAL TABLET 125 MCG, 250 MCG                       | 3         |                       |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg                           | 1         |                       | LANOXIN ORAL TABLET 62.5 MCG                               | 4         |                       |
| fenofibrate oral tablet 120 mg, 40 mg                                    | E         |                       | LASIX                                                      | 4         |                       |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg                     | 1         |                       | LIPITOR                                                    | E         |                       |
| fenofibric acid oral capsule delayed release                             | 1         |                       | lisinopril oral                                            | 1         |                       |
| FENOGLIDE ORAL TABLET 120 MG, 40 MG                                      | E         |                       | lisinopril-hydrochlorothiazide                             | 1         |                       |
| flecainide acetate                                                       | 1         |                       | LIVALO                                                     | E         | ST                    |
| fosinopril sodium                                                        | 1         |                       | LODOCO                                                     | 4         | QL                    |
| FUROSCIX                                                                 | 4         | PA, QL                | LOPID                                                      | 4         |                       |
| furosemide oral                                                          | 1         |                       | LOPRESSOR ORAL TABLET                                      | 4         |                       |
| gemfibrozil oral                                                         | 1         |                       | losartan potassium oral                                    | 1         |                       |
| guanfacine hcl                                                           | 1         |                       | losartan potassium-hctz                                    | 1         |                       |
| HEMANGEOL                                                                | 3         |                       | LOTENSIN                                                   | 4         |                       |
| HEMICLOR                                                                 | E         |                       | LOTENSIN HCT                                               | 4         |                       |
| hydralazine hcl oral                                                     | 1         |                       | LOTREL                                                     | E         |                       |
| hydrochlorothiazide oral                                                 | 1         |                       | lovastatin oral                                            | 1         | H                     |
| HYZAAR                                                                   | E         |                       | LOVAZA                                                     | E         |                       |
| icosapent ethyl                                                          | E         | PA                    | matzim la                                                  | 1         |                       |
|                                                                          |           |                       | MAXZIDE ORAL TABLET 75-50 MG                               | 4         |                       |

See page 6-8 for coverage details.



| Drug Name                                                                                   | Drug Tier | Requirements & Limits | Drug Name                                                               | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------|-----------|-----------------------|
| MAXZIDE-25 ORAL TABLET 37.5-25 MG                                                           | 4         |                       | olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg                     | E         | QL                    |
| metolazone                                                                                  | 1         |                       | omega-3-acid ethyl esters                                               | 1         |                       |
| metoprolol succinate er                                                                     | 1         |                       | PACERONE ORAL TABLET 100 MG, 400 MG                                     | 3         |                       |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg                                        | 1         |                       | PACERONE ORAL TABLET 200 MG                                             | 4         |                       |
| metoprolol tartrate oral tablet 37.5 mg, 75 mg                                              | E         |                       | pentoxifylline er                                                       | 1         |                       |
| metoprolol-hydrochlorothiazide                                                              | 1         |                       | pitavastatin calcium                                                    | E         | ST                    |
| mexiletine hcl oral                                                                         | 1         |                       | PRALUENT                                                                | E         | PA, ST, QL            |
| MICARDIS                                                                                    | E         |                       | pravastatin sodium                                                      | 1         |                       |
| MICARDIS HCT                                                                                | E         |                       | prazosin hcl oral                                                       | 1         |                       |
| midodrine hcl                                                                               | 1         |                       | prevalite                                                               | 1         |                       |
| MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG                                                     | 4         |                       | PROCARDIA XL                                                            | E         |                       |
| minoxidil oral                                                                              | 1         |                       | propafenone hcl                                                         | 1         |                       |
| MULTAQ                                                                                      | 4         | PA                    | propafenone hcl er                                                      | 1         |                       |
| nadolol oral                                                                                | 1         |                       | propranolol hcl er                                                      | 1         |                       |
| nebivolol hcl                                                                               | 1         |                       | propranolol hcl oral                                                    | 1         |                       |
| NEXLETOL                                                                                    | 2         | PA, ST, QL            | QUESTRAN                                                                | 4         |                       |
| NEXLIZET                                                                                    | 2         | PA, ST, QL            | QUESTRAN LIGHT                                                          | 4         |                       |
| niacin er (antihyperlipidemic)                                                              | 1         |                       | ramipril                                                                | 1         |                       |
| nifedipine er                                                                               | 1         |                       | ranolazine er                                                           | 1         |                       |
| nifedipine er osmotic release                                                               | 1         |                       | RECTIV                                                                  | 4         | QL                    |
| nifedipine oral                                                                             | 1         |                       | REPATHA                                                                 | 2         | QL                    |
| NITRO-BID                                                                                   | 2         |                       | REPATHA PUSHTRONEX SYSTEM                                               | 2         | QL                    |
| NITRO-DUR                                                                                   | 3         |                       | REPATHA SURECLICK                                                       | 2         | QL                    |
| nitroglycerin rectal                                                                        | 1         | QL                    | rosuvastatin calcium oral                                               | 1         |                       |
| nitroglycerin sublingual                                                                    | 1         |                       | RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG | E         |                       |
| nitroglycerin transdermal                                                                   | 1         |                       | sacubitril-valsartan                                                    | 1         | PA, QL                |
| NITROSTAT                                                                                   | 4         |                       | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg                       | 1         | H-PA                  |
| NORLIQVA                                                                                    | 4         | PA                    | simvastatin oral tablet 80 mg                                           | 1         |                       |
| NORVASC                                                                                     | E         |                       | SOANZ                                                                   | E         | QL                    |
| olmesartan medoxomil oral                                                                   | 1         |                       | sotalol hcl oral                                                        | 1         |                       |
| olmesartan medoxomil-hctz                                                                   | 1         |                       | spironolactone oral tablet                                              | 1         |                       |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg | E         |                       | spironolactone-hctz                                                     | 1         |                       |

See page 6-8 for coverage details.



| Drug Name                                                                              | Drug Tier | Requirements & Limits | Drug Name                                                                   | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------------------------|-----------|-----------------------|
| taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg | 1         |                       | VERQUVO                                                                     | 4         | PA, QL                |
| TEKTURNA                                                                               | 3         |                       | VYNDAQEL                                                                    | 2         | PA, QL, SP            |
| TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG                                        | 3         |                       | VYTORIN                                                                     | E         |                       |
| telmisartan                                                                            | 1         |                       | WELCHOL ORAL TABLET                                                         | E         |                       |
| telmisartan-hctz                                                                       | 1         |                       | ZESTORETIC                                                                  | E         |                       |
| TENORETIC 100                                                                          | E         |                       | ZESTRIL                                                                     | E         |                       |
| TENORETIC 50                                                                           | E         |                       | ZETIA                                                                       | E         |                       |
| TENORMIN                                                                               | E         |                       | ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG                                    | 3         |                       |
| THALITONE                                                                              | E         |                       | ZIAC ORAL TABLET 5-6.25 MG                                                  | 4         |                       |
| tiadylt er                                                                             | 1         |                       | ZOCOR                                                                       | E         |                       |
| TIAZAC                                                                                 | 4         |                       | <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |                       |
| TIKOSYN                                                                                | 4         |                       | ADDERALL                                                                    | E         |                       |
| TOPROL XL                                                                              | E         |                       | ADDERALL XR                                                                 | E         | QL                    |
| torsemide                                                                              | 1         |                       | ADZENYS XR-ODT                                                              | E         | QL                    |
| trandolapril                                                                           | 1         |                       | amphetamine sulfate                                                         | 1         |                       |
| triamterene-hctz                                                                       | 1         |                       | amphetamine-dextroamphetamine                                               | 1         |                       |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG             | E         |                       | amphetamine-dextroamphetamine er                                            | 1         | QL                    |
| TRIBENZOR ORAL TABLET 40-5-12.5 MG                                                     | E         | QL                    | amphet-dextroamphet 3-bead er                                               | 1         | QL                    |
| TRICOR                                                                                 | E         |                       | APTENSIO XR                                                                 | E         | QL                    |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG                                    | E         |                       | atomoxetine hcl                                                             | 1         | QL                    |
| VALSARTAN ORAL SOLUTION                                                                | 4         | PA                    | AZSTARYS                                                                    | 3         | ST, QL                |
| valsartan oral tablet                                                                  | 1         |                       | clonidine hcl er                                                            | 1         |                       |
| valsartan-hydrochlorothiazide                                                          | 1         |                       | CONCERTA                                                                    | E         | QL                    |
| VASCEPA                                                                                | E         | PA                    | COTEMPLA XR-ODT                                                             | E         | QL                    |
| VASERETIC                                                                              | E         |                       | DEXEDRINE                                                                   | E         | QL                    |
| VASOTEC                                                                                | E         |                       | dexmethylphenidate hcl                                                      | 1         |                       |
| verapamil hcl er                                                                       | 1         |                       | dexmethylphenidate hcl er                                                   | 1         | QL                    |
| verapamil hcl oral                                                                     | 1         |                       | dextroamphetamine sulfate er                                                | 1         | QL                    |
| VERELAN                                                                                | 4         |                       | dextroamphetamine sulfate oral tablet 10 mg, 5 mg                           | 1         |                       |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG                | 4         |                       | dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg   | E         |                       |
|                                                                                        |           |                       | DYANAVEL XR ORAL TABLET EXTENDED RELEASE                                    | E         | QL                    |

See page 6-8 for coverage details.





| Drug Name                                                                                             | Drug Tier | Requirements & Limits | Drug Name                                                                     | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------|-----------|-----------------------|
| EVEKEO                                                                                                | E         |                       | RITALIN LA                                                                    | E         | QL                    |
| FOCALIN                                                                                               | 4         |                       | STRATTERA ORAL CAPSULE<br>10 MG, 100 MG, 18 MG, 25 MG,<br>40 MG, 60 MG, 80 MG | E         | QL                    |
| FOCALIN XR                                                                                            | E         | QL                    | VYVANSE                                                                       | E         | QL                    |
| guanfacine hcl er                                                                                     | 1         |                       | ZENZEDI                                                                       | E         |                       |
| INTUNIV                                                                                               | E         |                       | <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>           |           |                       |
| JORNAY PM                                                                                             | 3         | ST, QL                | AMPYRA                                                                        | E         | PA, QL, SP            |
| KAPVAY ORAL TABLET<br>EXTENDED RELEASE 12 HOUR<br>0.1 MG                                              | E         |                       | AUBAGIO                                                                       | E         | PA, QL, SP            |
| lisdexamfetamine dimesylate                                                                           | 1         | QL                    | AVONEX PEN                                                                    | 2         | PA, QL, SP            |
| METADATE CD                                                                                           | E         | QL                    | AVONEX PREFILLED                                                              | 2         | PA, QL, SP            |
| METHYLIN                                                                                              | 4         |                       | BAFIERTAM                                                                     | 2         | PA, QL, SP            |
| methylphenidate hcl er (cd)                                                                           | 1         | QL                    | BETASERON                                                                     | 2         | PA, QL, SP            |
| methylphenidate hcl er (la) oral<br>capsule extended release 24<br>hour 10 mg, 20 mg, 30 mg,<br>40 mg | 1         | QL                    | COPAXONE                                                                      | E         | PA, QL, SP            |
| methylphenidate hcl er (la) oral<br>capsule extended release 24<br>hour 60 mg                         | 1         |                       | dalfampridine er                                                              | 1         | PA, QL, SP            |
| methylphenidate hcl er (osm)<br>oral tablet extended release<br>18 mg, 27 mg, 36 mg, 54 mg            | 1         | QL                    | dimethyl fumarate oral                                                        | 1         | PA, QL, SP            |
| METHYLPHENIDATE HCL ER<br>(OSM) ORAL TABLET EXTENDED<br>RELEASE 45 MG, 63 MG                          | E         | QL                    | EXTAVIA SUBCUTANEOUS KIT<br>0.3 MG                                            | E         | PA, ST, QL, SP        |
| methylphenidate hcl er (osm)<br>oral tablet extended release<br>72 mg                                 | E         | QL                    | fingolimod hcl                                                                | 1         | PA, QL, SP            |
| methylphenidate hcl er (xr)                                                                           | E         | QL                    | GILENYA ORAL CAPSULE<br>0.25 MG                                               | 4         | PA, QL, SP            |
| methylphenidate hcl er oral<br>tablet extended release                                                | 1         | QL                    | GILENYA ORAL CAPSULE<br>0.5 MG                                                | E         | PA, QL, SP            |
| methylphenidate hcl er oral<br>tablet extended release 24 hour                                        | E         | QL                    | glatiramer acetate                                                            | 1         | PA, QL, SP            |
| methylphenidate hcl oral                                                                              | 1         |                       | glatopa                                                                       | 1         | PA, QL, SP            |
| MYDAYIS                                                                                               | E         | QL                    | KESIMPTA                                                                      | 2         | PA, QL, SP            |
| ONYDA XR                                                                                              | 3         | QL                    | MAVENCLAD                                                                     | 3         | PA, ST, QL, SP        |
| QELBREE                                                                                               | E         | PA, QL                | MAYZENT STARTER PACK ORAL<br>TABLET THERAPY PACK<br>12 X 0.25 MG              | 3         | PA, QL, SP            |
| QUILLICHEW ER                                                                                         | E         | QL                    | MAYZENT STARTER PACK ORAL<br>TABLET THERAPY PACK<br>7 X 0.25 MG               | 4         | PA, QL, SP            |
| QUILLIVANT XR                                                                                         | E         | QL                    | PLEGRIDY INTRAMUSCULAR                                                        | 3         | PA, QL                |
| RELEXXII                                                                                              | E         | QL                    | PLEGRIDY STARTER PACK                                                         | 3         | PA, QL, SP            |
| RITALIN                                                                                               | E         |                       | PLEGRIDY SUBCUTANEOUS                                                         | 3         | PA, QL, SP            |
|                                                                                                       |           |                       | TECFIDERA ORAL CAPSULE<br>DELAYED RELEASE                                     | E         | PA, QL, SP            |
|                                                                                                       |           |                       | teriflunomide                                                                 | 1         | PA, QL, SP            |

See page 6-8 for coverage details.



| Drug Name                                                                                   | Drug Tier | Requirements & Limits | Drug Name                                                | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------|-----------|-----------------------|
| <b>Central Nervous System Agents - Miscellaneous</b>                                        |           |                       |                                                          |           |                       |
| AUSTEDO                                                                                     | 2         | PA, QL, SP            | FLUORIDEX ENHANCED WHITENING                             | 3         |                       |
| AUSTEDO XR                                                                                  | 2         | PA, QL, SP            | FLUORIMAX 5000                                           | 3         |                       |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 2         | PA, SP                | FRAICHE 5000 DENTAL                                      | 4         |                       |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG       | 2         | PA, QL, SP            | JUST RIGHT 5000 DENTAL GEL 1.1 %                         | 4         |                       |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG                                                          | 2         | PA, QL, SP            | JUST RIGHT 5000 DENTAL PASTE                             | 3         |                       |
| INGREZZA ORAL CAPSULE 60 MG                                                                 | 2         | PA, QL                | KOURZEQ                                                  | 2         |                       |
| INGREZZA ORAL CAPSULE SPRINKLE                                                              | 2         | PA, QL, SP            | lidocaine hcl mouth/throat                               | 1         |                       |
| INGREZZA ORAL CAPSULE THERAPY PACK                                                          | 2         | PA, QL, SP            | lidocaine viscous hcl                                    | 1         |                       |
| LYRICA ORAL CAPSULE                                                                         | 4         | PA                    | ORALONE                                                  | 2         |                       |
| NUEDEXTA                                                                                    | 2         | PA, QL                | PERIDEX                                                  | 4         |                       |
| pregabalin oral capsule                                                                     | 1         |                       | periogard                                                | 1         |                       |
| RADICAVA ORS                                                                                | 3         | PA, QL, SP            | pilocarpine hcl oral                                     | 1         |                       |
| RADICAVA ORS STARTER KIT                                                                    | 3         | PA, QL, SP            | PREVIDENT 5000 BOOSTER PLUS                              | 3         |                       |
| SAVELLA                                                                                     | 4         | QL                    | PREVIDENT 5000 DRY MOUTH                                 | 4         |                       |
| TEGLUTIK                                                                                    | 3         | PA                    | PREVIDENT 5000 KIDS                                      | 3         |                       |
| TIGLUTIK                                                                                    | 3         | PA                    | PREVIDENT 5000 ORTHO DEFENSE                             | 3         |                       |
| VEOZAH                                                                                      | 4         | PA, QL                | PREVIDENT 5000 PLUS                                      | 4         |                       |
| ZEPOSIA                                                                                     | 3         | PA, ST, QL, SP        | PREVIDENT DENTAL                                         | 4         |                       |
| ZEPOSIA 7-DAY STARTER PACK                                                                  | 3         | PA, ST, QL, SP        | SALAGEN                                                  | 4         |                       |
| ZEPOSIA STARTER KIT                                                                         | 3         | PA, ST, QL, SP        | sf 5000 plus                                             | 1         |                       |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>                       |           |                       | sf gel 1.1%                                              | 1         |                       |
| cevimeline hcl                                                                              | 1         |                       | sodium fluoride 5000 plus                                | 1         |                       |
| chlorhexidine gluconate mouth/throat                                                        | 1         |                       | sodium fluoride 5000 ppm                                 | 1         |                       |
| CLINPRO 5000                                                                                | 3         |                       | sodium fluoride dental                                   | 1         |                       |
| DENTA 5000 PLUS                                                                             | 4         |                       | triamcinolone acetonide mouth/throat                     | 1         |                       |
| DENTAGEL                                                                                    | 4         |                       | <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |                       |
| EVOXAC                                                                                      | E         |                       | ABSORICA                                                 | E         | PA                    |
| FLUORIDEX                                                                                   | 3         |                       | ACANYA                                                   | E         | QL                    |
|                                                                                             |           |                       | accutane                                                 | 1         |                       |
|                                                                                             |           |                       | acitretin                                                | 1         |                       |
|                                                                                             |           |                       | ACZONE                                                   | E         | QL                    |
|                                                                                             |           |                       | ADAINZDE EXTERNAL GEL 0.3-2.5-1 %                        | E         |                       |

See page 6-8 for coverage details.



| Drug Name                                        | Drug Tier | Requirements & Limits | Drug Name                                                                | Drug Tier | Requirements & Limits       |
|--------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------|-----------|-----------------------------|
| adapalene external gel                           | E         | PA, QL                | CALCITRENE                                                               | 3         |                             |
| adapalene-benzoyl peroxide external gel          | 1         | QL                    | CARAC EXTERNAL CREAM 0.5 %                                               | E         |                             |
| ADEINZDE                                         | E         |                       | CIBINQO                                                                  | 2         | PA, QL, SP                  |
| AKLIEF                                           | 4         | PA, QL                | ciclopirox olamine external suspension                                   | 1         |                             |
| ALA SCALP                                        | 4         |                       | claravis                                                                 | 1         |                             |
| ala-cort                                         | E         |                       | CLEOCIN-T                                                                | 4         |                             |
| alclometasone dipropionate                       | 1         |                       | clindacin etz external swab                                              | 1         |                             |
| ammonium lactate external                        | E         |                       | clindacin-p                                                              | 1         |                             |
| amnestem                                         | 1         |                       | CLINDAGEL                                                                | E         | QL                          |
| AMZEEQ                                           | 4         | QL                    | clindamycin phos (once-daily) gel 1 % external                           | 1         | QL                          |
| ARAZLO                                           | E         | PA, QL                | clindamycin phos (once-daily) gel 1 % external                           | E         | (generic for Clindagel), QL |
| ATRALIN                                          | E         | PA, QL                | clindamycin phos (twice-daily) gel 1 % external                          | 1         | QL                          |
| AVAR CLEANSER                                    | 4         |                       | clindamycin phos (twice-daily) gel 1 % external                          | 1         | (generic for Cleocin-T), QL |
| AVAR LS CLEANSER                                 | E         |                       | clindamycin phos (twice-daily) gel 1 % external                          | E         | (generic for Clindagel), QL |
| AVITA EXTERNAL CREAM 0.025 %                     | E         | PA, QL                | clindamycin phos-benzoyl perox external gel 1.2-5 %                      | 1         | QL                          |
| azelaic acid external                            | 1         |                       | clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 % | E         | QL                          |
| AZELEX                                           | 3         | QL                    | clindamycin phosphate external lotion                                    | 1         |                             |
| BENZAMYCIN                                       | 2         | QL                    | clindamycin phosphate external solution                                  | 1         |                             |
| benzoyl peroxide-erythromycin                    | 1         | QL                    | clindamycin phosphate external swab                                      | 1         |                             |
| betamethasone dipropionate aug external cream    | 1         |                       | clobetasol prop emollient base external cream 0.05 %                     | 1         | QL                          |
| betamethasone dipropionate aug external lotion   | 1         |                       | clobetasol propionate e                                                  | 1         | QL                          |
| betamethasone dipropionate aug external ointment | 1         |                       | CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %                             | E         | QL                          |
| betamethasone dipropionate external              | 1         |                       | clobetasol propionate external cream 0.05 %                              | 1         | QL                          |
| betamethasone valerate external cream            | 1         |                       | clobetasol propionate external foam                                      | E         | QL                          |
| betamethasone valerate external lotion           | 1         |                       | clobetasol propionate external gel                                       | 1         | QL                          |
| betamethasone valerate external ointment         | 1         |                       |                                                                          |           |                             |
| BLANCHE                                          | E         |                       |                                                                          |           |                             |
| CABTREO                                          | E         | QL                    |                                                                          |           |                             |
| calcipotriene external cream                     | 1         | QL                    |                                                                          |           |                             |
| calcipotriene external ointment                  | 1         |                       |                                                                          |           |                             |
| calcipotriene external solution                  | 1         | QL                    |                                                                          |           |                             |

See page 6-8 for coverage details.



| Drug Name                                                                  | Drug Tier | Requirements & Limits | Drug Name                                   | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------|-----------|-----------------------|
| clobetasol propionate external liquid                                      | 1         | QL                    | ELIDEL                                      | E         | QL                    |
| clobetasol propionate external ointment                                    | 1         | QL                    | ENSTILAR                                    | 4         | QL                    |
| clobetasol propionate external shampoo                                     | E         | QL                    | EPIDUO                                      | E         | QL                    |
| clobetasol propionate external solution                                    | 1         | QL                    | EPIDUO FORTE                                | E         | QL                    |
| CLOBEX EXTERNAL SHAMPOO                                                    | E         | QL                    | ERYGEL                                      | 3         |                       |
| CLOBEX SPRAY                                                               | E         | QL                    | erythromycin external                       | 1         |                       |
| clodan                                                                     | E         | QL                    | EUCRISA                                     | 3         | ST, QL                |
| clotrimazole external cream                                                | E         |                       | FINACEA EXTERNAL FOAM                       | 4         |                       |
| clotrimazole-betamethasone                                                 | 1         |                       | FINACEA EXTERNAL GEL                        | E         |                       |
| dapsone external                                                           | 1         | QL                    | fluocinolone acetonide body                 | 1         | QL                    |
| DERMACINRX UREA                                                            | E         |                       | fluocinolone acetonide external             | 1         | QL                    |
| DERMA-SMOOTH/FS BODY                                                       | 4         | QL                    | fluocinolone acetonide scalp                | 1         |                       |
| DERMA-SMOOTH/FS SCALP                                                      | 4         |                       | fluocinonide external cream 0.05 %          | 1         |                       |
| desonide external cream                                                    | 1         | QL                    | fluocinonide external cream 0.1 %           | E         | QL                    |
| desonide external lotion                                                   | 1         | QL                    | fluocinonide external gel                   | 1         |                       |
| desonide external ointment                                                 | 1         | QL                    | fluocinonide external ointment              | 1         |                       |
| DESOWEN                                                                    | 3         | QL                    | fluocinonide external solution              | 1         |                       |
| desoximetasone external cream                                              | 1         | QL                    | FLUOROURACIL EXTERNAL CREAM 0.5 %           | E         |                       |
| desoximetasone external ointment                                           | 1         | QL                    | fluorouracil external cream 5 %             | 1         |                       |
| diclofenac sodium external gel 3 %                                         | 1         | PA, QL                | fluticasone propionate external cream       | 1         |                       |
| DIFFERIN EXTERNAL GEL 0.3 %                                                | E         | PA, QL                | fluticasone propionate external ointment    | 1         |                       |
| DIPROLENE                                                                  | 4         |                       | halobetasol propionate external cream       | 1         | QL                    |
| doxycycline                                                                | E         |                       | halobetasol propionate external ointment    | 1         | QL                    |
| DRYSOL                                                                     | 4         |                       | hydrocortisone external cream 1 %           | E         |                       |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                               | 2         | PA, QL, SP            | hydrocortisone external cream 2.5 %         | 1         |                       |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML             | 2         | PA, QL                | hydrocortisone external lotion 2 %, 2.5 %   | 1         |                       |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 2         | PA, QL, SP            | hydrocortisone external ointment 1 %, 2.5 % | 1         |                       |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                | 2         | PA, QL, SP            | hydrocortisone valerate external cream      | 1         | QL                    |
| EFUDEX EXTERNAL CREAM 5 %                                                  | 4         |                       |                                             |           |                       |

See page 6-8 for coverage details.



| Drug Name                                            | Drug Tier | Requirements & Limits | Drug Name                                                              | Drug Tier | Requirements & Limits |
|------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------|-----------|-----------------------|
| hydroquinone external                                | E         |                       | podofilox external solution                                            | 1         |                       |
| HYDROXYM EXTERNAL CREAM                              | E         |                       | RETIN-A                                                                | E         | PA, QL                |
| imiquimod external cream 3.75 %                      | E         | QL                    | RHOFADE                                                                | 4         | PA, QL                |
| imiquimod external cream 5 %                         | 1         |                       | SANTYL                                                                 | 3         | QL                    |
| imiquimod pump                                       | E         | QL                    | selenium sulfide external lotion                                       | 1         |                       |
| IMPOYZ                                               | E         | QL                    | sodium sulfacetamide wash                                              | 1         |                       |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 1         |                       | SOOLANTRA                                                              | 1         | QL                    |
| isotretinoin oral capsule 25 mg, 35 mg               | E         | PA                    | sulfacetamide sodium (acne)                                            | 1         |                       |
| ivermectin external cream                            | E         | QL                    | sulfacetamide sodium external                                          | 1         |                       |
| KLARON                                               | 4         |                       | sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 % | E         |                       |
| KLISYRI (250 MG)                                     | 4         | ST, QL                | sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %              | 1         |                       |
| KLISYRI (350 MG)                                     | 4         | ST, QL                | sulfacetamide sod-sulfur wash external liquid 9-4 %                    | 1         |                       |
| LOPROX EXTERNAL SUSPENSION 0.77 %                    | E         |                       | sulfacetamide sod-sulfur wash external liquid 9-4.5 %                  | E         |                       |
| METROCREAM                                           | 4         |                       | SUMADAN WASH                                                           | E         |                       |
| METROGEL                                             | E         |                       | SYNALAR                                                                | E         | QL                    |
| METROLOTION                                          | 4         |                       | SYNALAR EXTERNAL SOLUTION 0.01 %                                       | E         | QL                    |
| metronidazole external cream                         | 1         |                       | TACLONEX EXTERNAL OINTMENT 0.005-0.064 %                               | E         | QL                    |
| metronidazole external gel 0.75 %                    | 1         |                       | TACLONEX EXTERNAL SUSPENSION                                           | 1         | QL                    |
| metronidazole external gel 1 %                       | E         |                       | tacrolimus external                                                    | 1         | QL                    |
| metronidazole external lotion                        | 1         |                       | tazarotene external cream                                              | 1         | PA, QL                |
| MIRVASO                                              | 2         | PA, QL                | TAZORAC EXTERNAL CREAM                                                 | 4         | PA, QL                |
| mometasone furoate external                          | 1         |                       | TOLAK                                                                  | E         |                       |
| NEMLUVIO                                             | 2         | PA, QL, SP            | TOPICORT                                                               | 4         | QL                    |
| neuac                                                | 1         | QL                    | TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %                                 | 4         | QL                    |
| NORITATE                                             | E         |                       | TREMFYA                                                                | 2         | PA, QL, SP            |
| ONEXTON                                              | E         | QL                    | tretinoin external cream                                               | 1         | QL                    |
| OPZELURA                                             | 4         | PA, QL, SP            | tretinoin external gel                                                 | E         | QL                    |
| ORACEA                                               | E         |                       | triamcinolone acetonide external cream 0.025 %, 0.1 %                  | 1         |                       |
| OVACE PLUS WASH EXTERNAL LIQUID                      | 4         |                       | triamcinolone acetonide external cream 0.5 %                           | 1         | QL                    |
| OVACE WASH                                           | 4         |                       |                                                                        |           |                       |
| PANRETIN                                             | 3         |                       |                                                                        |           |                       |
| pimecrolimus                                         | 1         | QL                    |                                                                        |           |                       |
| PLEXION CLEANSER                                     | E         |                       |                                                                        |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                       | Drug Tier | Requirements & Limits | Drug Name                                                | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------|-----------|-----------------------|
| triamcinolone acetonide external lotion                         | 1         |                       | ACCU-CHEK GUIDE KIT W/ DEVICE                            | 2         |                       |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1         |                       | ACCU-CHEK GUIDE ME METER                                 | 2         |                       |
| triamcinolone acetonide external ointment 0.05 %                | E         |                       | ACCU-CHEK GUIDE TEST STRIPS                              | 2         | QL                    |
| triamcinolone in absorbase                                      | E         |                       | ACCU-CHEK SMARTVIEW TEST STRIPS                          | E         | QL                    |
| TRIANEX EXTERNAL OINTMENT 0.05 %                                | E         |                       | ACCU-CHEK SOFTCLIX LANCET                                | 1         |                       |
| triderm                                                         | 1         | QL                    | ACCU-CHEK SOFTCLIX LANCET DEVICE KIT                     | 1         |                       |
| TRIDESILON EXTERNAL CREAM 0.05 %                                | 3         | QL                    | ACCUTREND GLUCOSE                                        | E         | QL                    |
| tritocin external ointment 0.05 %                               | E         |                       | AGAMATRIX PRESTO TEST                                    | E         | QL                    |
| urea external cream 20 %, 40 %, 45 %                            | 1         |                       | AQ INSULIN SYRINGE                                       | 2         | QL                    |
| urea external cream 39 %, 41 %, 47 %                            | E         |                       | AQINJECT PEN NEEDLE                                      | 2         | QL                    |
| UREA EXTERNAL CREAM 39.5 %                                      | E         |                       | BD AUTOSHIELD DUO PEN NEEDLES                            | 2         | QL                    |
| uredeb                                                          | E         |                       | BD BLUNT FILL NEEDLE W/ FILTER                           | 2         |                       |
| UREMEZ-40                                                       | 3         |                       | BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2" | 2         |                       |
| URESOL                                                          | E         |                       | BD ECLIPSE NEEDLE 23G X 1" (OTC)                         | 2         |                       |
| VANOS                                                           | E         | QL                    | BD ECLIPSE NEEDLE 23G X 1" (RX)                          | 2         |                       |
| VTAMA                                                           | 4         | PA, QL                | BD ECLIPSE SHIELDED NEEDLE                               | 2         |                       |
| WINLEVI                                                         | E         | PA, QL                | BD PEN NEEDLE MICRO ULTRAFINE                            | 2         | QL                    |
| xurea                                                           | E         |                       | BD PEN NEEDLE MINI ULTRAFINE                             | 2         | QL                    |
| zenatane                                                        | 1         |                       | BD PEN NEEDLE NANO ULTRAFINE                             | 2         | QL                    |
| ZILXI                                                           | 4         | PA, ST, QL            | BD PEN NEEDLE ORIG ULTRAFINE                             | 2         | QL                    |
| ZORYVE EXTERNAL CREAM 0.15 %                                    | 4         | PA                    | BD PEN NEEDLE SHORT ULTRAFINE                            | 2         | QL                    |
| ZORYVE EXTERNAL CREAM 0.3 %                                     | 4         | PA, QL                | BD SAFETYGLIDE NEEDLE 23G X 1-1/2"                       | 2         |                       |
| ZORYVE EXTERNAL FOAM                                            | 4         | PA, QL                | BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"              | 2         |                       |
| ZYCLARA                                                         | E         | QL                    | BD ULTRA-FINE PEN NEEDLES                                | 2         | QL                    |
| ZYCLARA PUMP                                                    | E         | QL                    | BD ULTRA-FINE U-500 INSULIN SYRINGES                     | 2         |                       |
| <b>Diabetes - Glucose Monitoring and Supplies</b>               |           |                       |                                                          |           |                       |
| ACCU-CHEK AVIVA PLUS TEST STRIPS                                | E         | QL                    |                                                          |           |                       |
| ACCU-CHEK FASTCLIX LANCET                                       | 1         |                       |                                                          |           |                       |
| ACCU-CHEK FASTCLIX LANCET DEVICE KIT                            | 1         |                       |                                                          |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                                   | Drug Tier | Requirements & Limits   | Drug Name                           | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------|-----------|-------------------------|-------------------------------------|-----------|-----------------------|
| BD VEO ULTRA-FINE INSULIN SYRINGES                                                          | 2         |                         | CVS GLUCOSE METER TEST STRIPS       | E         | QL                    |
| BD-ULTRA FINE INSULIN SYRINGES                                                              | 2         |                         | CVS TRUE METRIX GLUCOSE TEST        | E         | QL                    |
| BIGFOOT UNITY PROGRAM                                                                       | 3         |                         | D-CARE BLOOD GLUCOSE                | E         | QL                    |
| BIOTEL CARE TEST STRIPS                                                                     | E         | QL                      | D-CARE GLUCOMETER                   | E         |                       |
| BLOOD GLUCOSE TEST STRIPS                                                                   | E         | QL                      | DEXCOM G6 RECEIVER                  | 3         | PA, QL                |
| BLOOD GLUCOSE TEST STRIPS 333                                                               | E         | QL                      | DEXCOM G6 SENSOR                    | 3         | PA, QL                |
| CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" | 2         |                         | DEXCOM G6 TRANSMITTER               | 3         | PA, QL                |
| CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"                                                      | 2         |                         | DEXCOM G7 RECEIVER                  | 3         | PA, QL                |
| CAREPOINT SAFETY 1ST NEEDLE                                                                 | 2         |                         | DEXCOM G7 SENSOR                    | 3         | PA, QL                |
| CARESENS N PLUS BT                                                                          | E         |                         | DIABETES CARE                       | E         |                       |
| CARETOUCH MONITOR SYSTEM                                                                    | E         |                         | DIABETES MONITOR DIGIT ADD-ON       | 3         |                       |
| CARETOUCH TEST                                                                              | E         | QL                      | DIABETES MONITOR DIGIT SOLN         | 3         |                       |
| CEQUR SIMPLICITY 2U 8PK                                                                     | 3         | ST                      | DROPSAFE SAFETY SYRINGE/ NEEDLE     | 2         | QL                    |
| CONTOUR MONITOR KIT W/ DEVICE                                                               | E         |                         | EASY MAX BLOOD GLUCOSE TEST         | E         | QL                    |
| CONTOUR NEXT EZ KIT W/ DEVICE                                                               | 1         |                         | EASY MAX T1 GLUCOSE SYSTEM          | E         |                       |
| CONTOUR NEXT GEN MONITOR KIT                                                                | 1         |                         | EASY TOUCH HEALTHPRO GLUCOSE        | E         |                       |
| CONTOUR NEXT GEN TEST STRIPS                                                                | 1         | QL                      | EASY TOUCH TEST                     | E         | QL                    |
| CONTOUR NEXT LINK KIT W/ DEVICE                                                             | E         |                         | EASYGLUCO                           | E         |                       |
| CONTOUR NEXT LINK KIT W/ DEVICE                                                             | E         | (Contour Next Link 24 ) | EASYMAX 15 TEST                     | E         | QL                    |
| CONTOUR NEXT MONITOR KIT W/DEVICE                                                           | 1         |                         | EASYMAX NG BLOOD GLUCOSE KIT        | E         |                       |
| CONTOUR NEXT ONE KIT                                                                        | 1         |                         | EMBECTA INSULIN SYRINGE             | 2         | QL                    |
| CONTOUR NEXT TEST STRIPS                                                                    | 1         |                         | EMBRACE BLOOD GLUCOSE TEST          | E         | QL                    |
| CONTOUR PLUS BLUE KIT W/ DEVICE                                                             | 1         |                         | EMBRACE WAVE BLOOD GLUCOSE IN VITRO | E         | QL                    |
| CONTOUR PLUS TEST STRIP                                                                     | 1         | QL                      | ENLITE GLUCOSE SENSOR               | 3         | PA                    |
| CONTOUR TEST STRIPS                                                                         | E         | QL                      | EQ BLOOD GLUCOSE TEST               | E         | QL                    |
| CVS ADVANCED GLUCOSE TEST                                                                   | E         | QL                      | EVERSENSE 365 SENSOR/ HOLDER        | E         | PA                    |
|                                                                                             |           |                         | EVERSENSE 365 SMART TRANSMIT        | E         | PA                    |
|                                                                                             |           |                         | EVERSENSE E3 SENSOR/ HOLDER         | E         | PA                    |

See page 6-8 for coverage details.



| Drug Name                               | Drug Tier | Requirements & Limits | Drug Name                                                                                                                                                                                              | Drug Tier | Requirements & Limits |
|-----------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| EVERSENSE E3 SMART TRANSMITTER          | E         | PA                    | GVOKE HYPOPEN 1-PACK                                                                                                                                                                                   | 2         | QL                    |
| EVERSENSE SENSOR/HOLDER                 | E         | PA                    | GVOKE HYPOPEN 2-PACK                                                                                                                                                                                   | 2         | QL                    |
| EVERSENSE SMART TRANSMITTER             | E         | PA                    | GVOKE KIT                                                                                                                                                                                              | 2         |                       |
| FORA 6 CONNECT/GTEL TEST                | E         | QL                    | GVOKE PFS                                                                                                                                                                                              | 2         |                       |
| FORTISCARE G1 TEST STRIP IN VITRO STRIP | E         | QL                    | HEALTHPRO BLOOD GLUCOSE MONITO                                                                                                                                                                         | E         |                       |
| FORTISCARE TEST IN VITRO STRIP          | E         | QL                    | IHEALTH BLOOD GLUCOSE TEST STR                                                                                                                                                                         | E         | QL                    |
| FREESTYLE LIBRE 14 DAY READER           | 3         | PA, QL                | IHEALTH GLUCO+ KIT 10                                                                                                                                                                                  | E         |                       |
| FREESTYLE LIBRE 14 DAY SENSOR           | 3         | PA, QL                | IHEALTH GLUCO+ KIT 100                                                                                                                                                                                 | E         |                       |
| FREESTYLE LIBRE 2 PLUS SENSOR           | 3         | PA                    | INPEN                                                                                                                                                                                                  | 3         | ST                    |
| FREESTYLE LIBRE 2 READER                | 3         | PA, QL                | INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM                                                                                                        | 2         | QL                    |
| FREESTYLE LIBRE 2 SENSOR                | 3         | PA, QL                | INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2         | QL                    |
| FREESTYLE LIBRE 3 PLUS SENSOR           | 3         | PA                    | LANCETS                                                                                                                                                                                                | 1         |                       |
| FREESTYLE LIBRE 3 READER                | 3         | PA                    | MICRODOT TEST                                                                                                                                                                                          | E         | QL                    |
| FREESTYLE LIBRE 3 SENSOR                | 3         | PA, QL                | MINILINK REAL-TIME TRANSMITTER                                                                                                                                                                         | 3         | PA                    |
| FREESTYLE LIBRE READER                  | 3         | PA, QL                | MINIMED 630G GUARDIAN PRESS                                                                                                                                                                            | 3         | PA                    |
| FREESTYLE PRECISION NEO SYSTEM          | E         |                       | MM BLOOD GLUCOSE SYSTEM                                                                                                                                                                                | E         |                       |
| FREESTYLE PRECISION NEO TEST            | E         | QL                    | MM BLOOD GLUCOSE SYSTEM REFILL                                                                                                                                                                         | E         |                       |
| FREESTYLE TEST                          | E         | QL                    | MM BLULINK GLUCOSE TEST                                                                                                                                                                                | E         | QL                    |
| GLUCOCARD EXPRESSION TEST               | E         | QL                    | MM EASY TOUCH GLUCOSE METER                                                                                                                                                                            | E         |                       |
| GLUCOCARD SHINE TEST                    | E         | QL                    | MONOJECT HYPODERMIC NEEDLE 18G X 1"                                                                                                                                                                    | 2         |                       |
| GLUCOCARD VITAL TEST                    | E         | QL                    | NEUTEK 2TEK TEST                                                                                                                                                                                       | E         | QL                    |
| GUARDIAN 4 GLUCOSE SENSOR               | 3         | PA, QL                | NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM                                                                                                                                                               | 2         | QL                    |
| GUARDIAN 4 TRANSMITTER                  | 3         | PA, QL                | NOVOFINE PEN NEEDLE                                                                                                                                                                                    | 2         | QL                    |
| GUARDIAN CONNECT TRANSMITTER            | 3         | PA, QL                | NOVOFINE PLUS PEN NEEDLE                                                                                                                                                                               | 2         | QL                    |
| GUARDIAN LINK 3 TRANSMITTER             | 3         | PA, QL                |                                                                                                                                                                                                        |           |                       |
| GUARDIAN REAL-TIME REPLACE PED          | 3         | PA                    |                                                                                                                                                                                                        |           |                       |
| GUARDIAN SENSOR 3                       | 3         | PA, QL                |                                                                                                                                                                                                        |           |                       |

See page 6-8 for coverage details.





| Drug Name                                 | Drug Tier | Requirements & Limits | Drug Name                         | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|-----------------------------------|-----------|-----------------------|
| NOVOPEN ECHO                              | 3         |                       | QUICK TOUCH BLOOD GLUCOSE TEST    | E         | QL                    |
| OMNIPOD 5 DEXCOM INTRO KIT                | 2         | PA, QL                | QUINTET AC BLOOD GLUCOSE TEST     | E         | QL                    |
| OMNIPOD 5 DEXCOM PODS                     | 2         | PA                    | QUINTET BLOOD GLUCOSE TEST        | E         | QL                    |
| OMNIPOD 5 DEXCOM PODS                     | 2         | PA, QL                | RELION GLUCOSE TEST STRIPS        | E         | QL                    |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT            | 2         | PA, QL                | RELION TRUE MET AIR GLUC METER    | E         |                       |
| OMNIPOD 5 G7 PODS (GEN 5)                 | 2         | PA, QL                | RELION TRUE METRIX TEST STRIPS    | E         | QL                    |
| OMNIPOD 5 LIBRE INTRO KIT                 | 2         | PA                    | RELION ULTIMA GLUCOSE SYSTEM      | E         |                       |
| OMNIPOD 5 LIBRE PODS                      | 2         | PA                    | RELION ULTIMA TEST                | E         | QL                    |
| ON CALL EXPRESS BLOOD GLUCOSE             | E         | QL                    | RIGHTEST GT333 GLUCOSE TEST       | E         | QL                    |
| ON CALL EXPRESS MONITORING SYS            | E         |                       | SIMPLERA SENSOR                   | E         | PA                    |
| ONETOUCH ULTRA 2 KIT W/ DEVICE            | E         |                       | SIMPLERA SYNC SENSOR              | E         | PA                    |
| ONETOUCH ULTRA BLUE TEST                  | E         | QL                    | SIMPLERA SYSTEM                   | E         | PA                    |
| ONETOUCH ULTRA TEST STRIPS                | E         | QL                    | TECHLITE INSULIN SYRINGES         | 2         | QL (Arkay)            |
| ONETOUCH VERIO FLEX SYSTEM KIT            | E         |                       | TECHLITE PEN NEEDLES              | 2         | QL (Arkay)            |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE     | E         |                       | TECHLITE PLUS PEN NEEDLES         | 2         | QL (Arkay)            |
| ONETOUCH VERIO KIT W/ DEVICE              | E         |                       | TEMPO REFILL                      | E         |                       |
| ONETOUCH VERIO REFLECT KIT W/DEVICE       | E         |                       | TEMPO WELCOME                     | E         |                       |
| ONETOUCH VERIO TEST STRIPS                | E         | QL                    | TRUE FOCUS BLOOD GLUCOSE STRIP    | E         | QL                    |
| OPTIUMEZ TEST                             | E         | QL                    | TRUE METRIX AIR GLUCOSE METER KIT | E         |                       |
| PARADIGM REAL-TIME TRANSMITTER            | 3         | PA                    | TRUE METRIX BLOOD GLUCOSE TEST    | E         | QL                    |
| PIP BLOOD GLUCOSE TEST STRIP              | E         | QL                    | TRUE METRIX GO GLUCOSE METER      | E         |                       |
| PRECISION XTRA BLOOD GLUCOSE              | E         | QL                    | TRUE METRIX METER                 | E         |                       |
| PRECISION XTRA KIT W/DEVICE               | E         |                       | TRUE METRIX PRO BLOOD GLUCOSE     | E         | QL                    |
| PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP | E         | QL                    | TWIIST REFILL KIT                 | 2         | PA, QL                |
| PTS PANELS EGLU TEST                      | E         | QL                    | TWIIST REFILL KIT/INFUSION SET    | 2         | PA, QL                |
| QUICK TOUCH BLOOD GLUCOSE                 | E         |                       | TWIIST STARTER KIT                | 2         | PA, QL                |
|                                           |           |                       | UNISTRIPI1 GENERIC                | E         | QL                    |

See page 6-8 for coverage details.



| Drug Name                                                          | Drug Tier | Requirements & Limits | Drug Name                                                            | Drug Tier | Requirements & Limits        |
|--------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------|-----------|------------------------------|
| VERISAFE SAFETY STERILE NEEDLE                                     | 2         |                       | INSULIN LISPRO (1 UNIT DIAL)                                         | 2         | (Insulin Lispro Kwikpen), QL |
| VIVAGUARD INO GLUCOSE METER KIT                                    | E         |                       | INSULIN LISPRO KWIKPEN                                               | 2         | QL                           |
| VIVAGUARD INO TEST STRIPS                                          | E         | QL                    | INSULIN LISPRO PROT & LISPRO                                         | 2         | QL                           |
| <b>Diabetes - Insulin</b>                                          |           |                       | LANTUS SOLOSTAR                                                      | 1         | QL                           |
| ADMELOG                                                            | E         | QL                    | LANTUS U-100 VIAL                                                    | 1         | QL                           |
| ADMELOG SOLOSTAR                                                   | E         | QL                    | LYUMJEV KWIKPEN                                                      | 2         | QL                           |
| BASAGLAR KWIKPEN                                                   | E         | QL                    | LYUMJEV TEMPO PEN                                                    | E         | QL                           |
| BASAGLAR TEMPO PEN                                                 | E         |                       | LYUMJEV VIAL                                                         | 1         | QL                           |
| HUMALOG CARTRIDGE                                                  | 2         | QL                    | NOVOLIN 70/30 FLEXPEN                                                | E         | ST, QL                       |
| HUMALOG INJECTION                                                  | E         | QL                    | NOVOLIN 70/30 FLEXPEN RELION                                         | E         | ST, QL                       |
| HUMALOG KWIKPEN                                                    | 2         | QL                    | NOVOLIN 70/30 RELION                                                 | E         | ST, QL                       |
| HUMALOG MIX 50/50 KWIKPEN                                          | 2         | QL                    | NOVOLIN 70/30 VIAL                                                   | E         | ST, QL                       |
| HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML | 1         | QL                    | NOVOLIN N FLEXPEN                                                    | E         | ST, QL                       |
| HUMALOG MIX 75/25 KWIKPEN                                          | 2         | QL                    | NOVOLIN N FLEXPEN RELION                                             | E         | ST, QL                       |
| HUMALOG MIX 75/25 VIAL                                             | 1         | QL                    | NOVOLIN N RELION                                                     | E         | ST, QL                       |
| HUMALOG SUBCUTANEOUS                                               | 2         | QL                    | NOVOLIN N VIAL                                                       | E         | ST, QL                       |
| HUMALOG TEMPO PEN                                                  | E         | QL                    | NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION | 2         | QL                           |
| HUMALOG U-100 JUNIOR KWIKPEN                                       | 2         | QL                    | NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION | E         | ST, QL                       |
| HUMULIN 70/30 KWIKPEN                                              | 2         | QL                    | NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION        | 2         | QL                           |
| HUMULIN 70/30 VIAL                                                 | 1         | QL                    | NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION        | E         | ST, QL                       |
| HUMULIN N KWIKPEN                                                  | 2         | QL                    | NOVOLIN R RELION                                                     | E         | ST, QL                       |
| HUMULIN N VIAL                                                     | 1         | QL                    | NOVOLIN R VIAL                                                       | E         | ST, QL                       |
| HUMULIN R U-500 KWIKPEN                                            | 2         | QL                    | NOVOLOG FLEXPEN                                                      | E         | ST, QL                       |
| HUMULIN R U-500 VIAL                                               | 1         | QL                    | NOVOLOG FLEXPEN RELION                                               | E         | ST, QL                       |
| HUMULIN R VIAL                                                     | 1         | QL                    | NOVOLOG RELION                                                       | E         | ST, QL                       |
| INSULIN ASPART                                                     | E         | ST, QL                | NOVOLOG U-100 VIAL                                                   | E         | ST, QL                       |
| INSULIN ASPART FLEXPEN                                             | E         | ST, QL                | TOUJEO MAX SOLOSTAR                                                  | 2         | QL                           |
| INSULIN DEGLUDEC FLEXTOUCH                                         | E         | QL                    | TOUJEO SOLOSTAR                                                      | 2         | QL                           |
| INSULIN GLARGINE                                                   | E         | QL                    | TRESIBA FLEXTOUCH                                                    | E         | QL                           |
| INSULIN GLARGINE MAX SOLOSTAR                                      | E         | QL                    |                                                                      |           |                              |
| INSULIN GLARGINE SOLOSTAR                                          | E         | QL                    |                                                                      |           |                              |
| INSULIN LISPRO                                                     | 1         | QL                    |                                                                      |           |                              |

See page 6-8 for coverage details.



| Drug Name                                                                    | Drug Tier | Requirements & Limits | Drug Name                                                                                    | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|----------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Diabetes - Non-Insulin Agents</b>                                         |           |                       | JARDIANCE                                                                                    | 2         | QL                    |
| acarbose oral                                                                | 1         |                       | JENTADUETO                                                                                   | 2         | QL                    |
| ACTOPLUS MET                                                                 | 4         | QL                    | JENTADUETO XR                                                                                | 2         | QL                    |
| ACTOS                                                                        | E         | QL                    | KOMBIGLYZE XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>2.5-1000 MG, 5-1000 MG,<br>5-500 MG | E         | QL                    |
| ALOGLIPTIN BENZOATE                                                          | 2         | QL                    |                                                                                              |           |                       |
| BAQSIMI ONE PACK                                                             | 2         | QL                    | liraglutide                                                                                  | 1         | PA, QL                |
| BAQSIMI TWO PACK                                                             | 2         | QL                    | metformin hcl er                                                                             | 1         |                       |
| BYDUREON BCISE<br>AUTOINJECTOR<br>SUBCUTANEOUS AUTO-<br>INJECTOR 2 MG/0.85ML | 2         | PA, QL                | metformin hcl er (mod)                                                                       | E         | PA                    |
| DAPAGLIFLOZIN PRO-<br>METFORMIN ER                                           | E         | ST, QL                | metformin hcl er (osm)                                                                       | E         | PA                    |
| DAPAGLIFLOZIN PROPANEDIOL                                                    | E         | ST, QL                | metformin hcl oral tablet<br>1000 mg, 500 mg, 850 mg                                         | 1         |                       |
| FARXIGA                                                                      | E         | ST, QL                | metformin hcl oral tablet<br>625 mg, 750 mg                                                  | E         |                       |
| glimepiride oral tablet 1 mg,<br>2 mg, 4 mg                                  | 1         |                       | MOUNJARO                                                                                     | 2         | PA, QL                |
| glimepiride oral tablet 3 mg                                                 | E         |                       | nateglinide                                                                                  | 1         | QL                    |
| glipizide er                                                                 | 1         |                       | NESINA ORAL TABLET 12.5 MG,<br>25 MG, 6.25 MG                                                | E         | QL                    |
| glipizide oral tablet 10 mg, 5 mg                                            | 1         |                       | ONGLYZA                                                                                      | E         | QL                    |
| glipizide oral tablet 2.5 mg                                                 | E         |                       | OZEMPIC SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR<br>2 MG/3ML                                    | 2         | PA                    |
| glipizide xl oral tablet extended<br>release 24 hour 10 mg, 2.5 mg,<br>5 mg  | 1         |                       | OZEMPIC SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR<br>4 MG/3ML, 8 MG/3ML                          | 2         | PA, QL                |
| glipizide-metformin hcl                                                      | 1         |                       | pioglitazone hcl                                                                             | 1         | QL                    |
| glucagon emergency kit 1 mg<br>injection                                     | 1         | QL                    | pioglitazone hcl-metformin hcl                                                               | 1         | QL                    |
| GLUCAGON EMERGENCY KIT<br>1 MG INJECTION                                     | E         | QL                    | repaglinide                                                                                  | 1         | QL                    |
| GLUCAGON EMERGENCY KIT<br>for LOW BLOOD SUGAR                                | 2         | QL (Fresenius)        | RYBELSUS                                                                                     | 2         | PA, QL                |
| GLUCOTROL XL                                                                 | 4         |                       | saxagliptin hcl                                                                              | 1         | QL                    |
| GLUMETZA ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>1000 MG, 500 MG          | E         | PA                    | saxagliptin-metformin er                                                                     | 1         | QL                    |
| glyburide oral                                                               | 1         |                       | SOLQUA                                                                                       | 2         | QL                    |
| glyburide-metformin                                                          | 1         |                       | SYMLINPEN 120                                                                                | 3         | QL                    |
| GLYXAMBI                                                                     | 2         | ST, QL                | SYMLINPEN 60                                                                                 | 3         | QL                    |
| INVOKANA                                                                     | E         | ST, QL                | SYNJARDY                                                                                     | 2         | QL                    |
| JANUMET                                                                      | E         | ST, QL                | SYNJARDY XR                                                                                  | 2         | QL                    |
| JANUVIA                                                                      | E         | ST, QL                | TRADJENTA                                                                                    | 2         | QL                    |
|                                                                              |           |                       | TRIJARDY XR                                                                                  | 2         | QL                    |
|                                                                              |           |                       | TRULICITY                                                                                    | 2         | PA, QL                |

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| Drug Name                                                                                       | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| XIGDUO XR                                                                                       | E         | ST, QL                |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                   | 2         | QL                    |
| <b>Drugs for Blood Disorders</b>                                                                |           |                       |
| ADVATE                                                                                          | 2         | SP                    |
| ADYNOVATE                                                                                       | 4         | PA, SP                |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT                     | 4         | PA                    |
| AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT                                                    | 4         | PA, SP                |
| ALPHANATE                                                                                       | 2         | SP                    |
| ALPROLIX                                                                                        | 3         | SP                    |
| ALTUVIIIO                                                                                       | 4         | PA, SP                |
| ALVAIZ                                                                                          | 4         | PA, SP                |
| ARANESP (ALBUMIN FREE)                                                                          | 2         | QL, SP                |
| DOPTelet                                                                                        | 4         | PA, QL, SP            |
| ELOCTATE                                                                                        | 4         | PA, SP                |
| FABHALTA                                                                                        | 2         | PA, QL, SP            |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML       | 2         | PA, SP                |
| HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML                                                      | E         | PA, SP                |
| HEMOFIL M                                                                                       | 2         | SP                    |
| HUMATE-P                                                                                        | 2         | SP                    |
| HYMPAVZI                                                                                        | 2         | PA, QL, SP            |
| IDELVION                                                                                        | 3         | SP                    |
| KOATE                                                                                           | 2         | SP                    |
| KOATE-DVI                                                                                       | 2         | SP                    |
| KOGENATE FS                                                                                     | 2         | SP                    |
| KOVALTRY                                                                                        | 2         | SP                    |
| NEULASTA                                                                                        | 2         |                       |
| NIVESTYM                                                                                        | 2         |                       |
| NOVOEIGHT                                                                                       | 2         | SP                    |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 2         | SP                    |

| Drug Name                                                                                          | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| NUWIQ INTRAVENOUS KIT 1500 UNIT                                                                    | 2         |                       |
| NYVEPRIA                                                                                           | E         |                       |
| RECOMBINATE                                                                                        | 2         | SP                    |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 2         | QL, SP                |
| RETACRIT INJECTION SOLUTION 20000 UNIT/ML                                                          | 2         |                       |
| TAVALISSE                                                                                          | 4         | PA, QL, SP            |
| tranexamic acid oral                                                                               | 1         | QL                    |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                        | 2         |                       |
| VOYDEYA                                                                                            | 2         | PA, QL, SP            |
| WILATE                                                                                             | 2         |                       |
| ZARXIO                                                                                             | 2         |                       |
| <b>Drugs for Sexual Dysfunction</b>                                                                |           |                       |
| ADDYI                                                                                              | 4         | PA, QL                |
| avanafil                                                                                           | 1         | PA, QL                |
| CIALIS                                                                                             | E         | QL                    |
| IMVEXXY MAINTENANCE PACK                                                                           | 2         | QL                    |
| IMVEXXY STARTER PACK                                                                               | 2         | QL                    |
| INTRAROSA                                                                                          | 4         | PA, QL                |
| OSPHENA                                                                                            | 3         | PA, QL                |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg                                                | 1         | QL                    |
| STENDRA                                                                                            | 4         | PA, QL                |
| tadalafil oral                                                                                     | 1         | QL                    |
| vardeafil hcl oral tablet                                                                          | 1         | QL                    |
| VIAGRA                                                                                             | E         | QL                    |
| VYLEESI                                                                                            | 4         | PA, QL                |
| <b>Electrolytes / Vitamins</b>                                                                     |           |                       |
| ACCRUFER                                                                                           | E         |                       |
| CARNITOR ORAL SOLUTION                                                                             | 4         |                       |
| CARNITOR SF                                                                                        | 4         |                       |
| CO-NATAL FA                                                                                        | 2         |                       |
| cvs prenatal                                                                                       | E         |                       |
| cyanocobalamin injection solution 1000 mcg/ml                                                      | 1         |                       |

See page 6-8 for coverage details.



| Drug Name                                            | Drug Tier | Requirements & Limits | Drug Name                                         | Drug Tier | Requirements & Limits |
|------------------------------------------------------|-----------|-----------------------|---------------------------------------------------|-----------|-----------------------|
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML        | 3         |                       | multivitamin w/fluoride tablet chewable 1 mg oral | 1         |                       |
| cyanocobalamin nasal                                 | 1         |                       | multivitamin w/fluoride tablet chewable 1 mg oral | E         |                       |
| DAVIMET-FLUORIDE                                     | E         |                       | multi-vitamin/fluoride                            | 1         |                       |
| DENTA 5000 PLUS SENSITIVE                            | 3         |                       | multivitamin/fluoride oral tablet chewable        | 1         |                       |
| DODEX INJECTION SOLUTION 1000 MCG/ML                 | 4         |                       | MULTI-VIT-FLOR                                    | E         |                       |
| DRISDOL                                              | 4         |                       | NASCOBAL                                          | 3         |                       |
| ergocalciferol oral capsule                          | 1         |                       | NEONATAL COMPLETE                                 | 3         |                       |
| FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML          | 3         |                       | NEONATAL PLUS                                     | 3         |                       |
| FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG | E         |                       | NEONATAL PRENATAL                                 | E         |                       |
| FLORIVA PLUS                                         | E         |                       | NEONATAL VITAMIN                                  | E         |                       |
| FLOTREX                                              | E         |                       | NIVA-PLUS                                         | 3         |                       |
| FLUORIMAX 5000 SENSITIVE                             | 3         |                       | ONE VITE WOMENS                                   | E         |                       |
| folic acid oral tablet 1 mg                          | 1         |                       | ONE VITE WOMENS PLUS                              | 3         |                       |
| FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %          | E         |                       | ORACIT                                            | 2         |                       |
| klor-con                                             | 1         |                       | ORAL CITRATE                                      | 2         |                       |
| klor-con 10                                          | 1         |                       | PHOSPHA 250 NEUTRAL                               | 2         |                       |
| klor-con m10                                         | 1         |                       | phosphorous                                       | 1         |                       |
| klor-con m15                                         | 1         |                       | phospho-trin 250 neutral                          | 1         |                       |
| klor-con m20                                         | 1         |                       | pnv 27-ca/fe/fa                                   | 1         |                       |
| K-PHOS-NEUTRAL                                       | 2         |                       | POKONZA                                           | E         |                       |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ    | 3         |                       | POLY-VI-FLOR ORAL TABLET CHEWABLE                 | E         |                       |
| levocarnitine oral solution                          | 1         |                       | potassium chloride crys er                        | 1         |                       |
| levocarnitine sf                                     | 1         |                       | potassium chloride er                             | 1         |                       |
| LOKELMA                                              | 3         | PA, QL                | potassium chloride oral                           | 1         |                       |
| M-NATAL PLUS                                         | 3         |                       | potassium citrate er                              | 1         |                       |
| multivitamin w/fluoride tablet chewable 0.25 mg oral | 1         |                       | prenatal oral tablet 27-0.8 mg                    | E         |                       |
| multivitamin w/fluoride tablet chewable 0.25 mg oral | E         |                       | prenatal oral tablet 27-1 mg                      | 1         |                       |
| multivitamin w/fluoride tablet chewable 0.5 mg oral  | 1         |                       | prenatal plus                                     | 1         |                       |
| multivitamin w/fluoride tablet chewable 0.5 mg oral  | E         |                       | prenatal plus vitamin/mineral                     | 1         |                       |
|                                                      |           |                       | prenatal vitamins oral tablet 27-0.8 mg           | E         |                       |
|                                                      |           |                       | PRENATE MINI                                      | 3         |                       |
|                                                      |           |                       | PRENATOL-M                                        | E         |                       |
|                                                      |           |                       | PRENATRIX                                         | E         |                       |
|                                                      |           |                       | PRENATRYL                                         | E         |                       |

See page 6-8 for coverage details.



| Drug Name                                                              | Drug Tier | Requirements & Limits | Drug Name                                                                          | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------|-----------|-----------------------|
| PREVIDENT 5000 ENAMEL PROTECT                                          | 3         |                       | dexlansoprazole                                                                    | E         | QL                    |
| PREVIDENT 5000 SENSITIVE                                               | 3         |                       | esomeprazole magnesium oral capsule delayed release                                | E         | QL                    |
| QUFLORA PEDIATRIC                                                      | 3         |                       | esomeprazole magnesium oral packet                                                 | 1         | PA, ST, QL            |
| sod citrate-citric acid oral solution 500-334 mg/5ml                   | 1         |                       | famotidine oral suspension reconstituted                                           | 1         |                       |
| sod fluoride-potassium nitrate                                         | 1         |                       | famotidine oral tablet 20 mg, 40 mg                                                | E         |                       |
| sodium fluoride 5000 enamel                                            | 1         |                       | lansoprazole oral capsule delayed release                                          | E         | QL                    |
| sodium fluoride 5000 sensitive                                         | 1         |                       | lansoprazole oral tablet delayed release dispersible                               | 1         | PA, ST, QL            |
| sodium fluoride oral solution                                          | 1         | H                     | misoprostol oral                                                                   | 1         |                       |
| sodium fluoride oral tablet chewable                                   | 1         | H                     | NEXIUM ORAL CAPSULE DELAYED RELEASE                                                | E         | QL                    |
| TRICARE ORAL TABLET                                                    | 3         |                       | NEXIUM ORAL PACKET                                                                 | 4         | PA, ST, QL            |
| TRINATAL RX 1                                                          | 3         |                       | OMECLAMOX-PAK                                                                      | 3         | QL                    |
| TRINATE                                                                | 3         |                       | omeprazole oral capsule delayed release                                            | 1         |                       |
| tri-vite/fluoride                                                      | 1         |                       | pantoprazole sodium oral tablet delayed release                                    | 1         |                       |
| UROCIT-K 10                                                            | 4         |                       | PEPCID                                                                             | E         |                       |
| UROCIT-K 15                                                            | 4         |                       | PREVACID                                                                           | E         | QL                    |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)                 | 4         |                       | PREVACID SOLUTAB                                                                   | E         | PA, ST, QL            |
| VELTASSA                                                               | 3         | PA, QL                | PROTONIX ORAL TABLET DELAYED RELEASE                                               | E         |                       |
| VITAFOL FE+                                                            | 3         |                       | PYLERA                                                                             | 4         | QL                    |
| VITAFOL ULTRA                                                          | 3         |                       | rabeprazole sodium oral tablet delayed release                                     | 1         | QL                    |
| VITAFOL-OB                                                             | 3         |                       | sucralfate oral                                                                    | 1         |                       |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1         |                       | VOQUEZNA                                                                           | 4         | PA, QL                |
| VITATHELY WITH GINGER                                                  | 3         |                       | VOQUEZNA DUAL PAK                                                                  | 4         | ST, QL                |
| wes-phos 250 neutral                                                   | 1         |                       | VOQUEZNA TRIPLE PAK                                                                | 4         | ST, QL                |
| WESTAB PLUS                                                            | E         |                       | <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |                       |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |                       | AMITIZA                                                                            | E         | PA, QL                |
| ACIPHEX                                                                | E         | QL                    | ANASPAZ                                                                            | 2         |                       |
| bis subcit-metronid-tetracyc                                           | 1         | QL                    | BYLVAY                                                                             | 4         | PA, QL, SP            |
| bismuth/metronidaz/tetracyclin                                         | 1         | QL                    | BYLVAY (PELLETS)                                                                   | 4         | PA, QL, SP            |
| CARAFATE                                                               | E         |                       | chlordiazepoxide-clidinium                                                         | 1         |                       |
| cimetidine oral                                                        | 1         |                       |                                                                                    |           |                       |
| CYTOTEC                                                                | 4         |                       |                                                                                    |           |                       |
| DEXILANT                                                               | E         | QL                    |                                                                                    |           |                       |

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| Drug Name                                   | Drug Tier | Requirements & Limits | Drug Name                                                                          | Drug Tier | Requirements & Limits |
|---------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------|-----------|-----------------------|
| CLENPIQ                                     | 3         | QL                    | MOVIPREP                                                                           | 4         | QL                    |
| constulose                                  | 1         |                       | na sulfate-k sulfate-mg sulf                                                       | 1         | QL                    |
| cromolyn sodium oral                        | 1         |                       | NULEV                                                                              | 4         |                       |
| dicyclomine hcl oral capsule                | 1         |                       | OSCIMIN                                                                            | 4         |                       |
| dicyclomine hcl oral tablet 20 mg           | 1         |                       | peg 3350-kcl-na bicarb-nacl                                                        | 1         | QL, H                 |
| diphenoxylate-atropine oral tablet          | 1         |                       | peg-3350/electrolytes                                                              | 1         | QL, H                 |
| enulose                                     | 1         |                       | peg-3350/electrolytes/ascorbat                                                     | 1         | QL                    |
| GASTROCROM                                  | E         |                       | peg-kcl-nacl-nasulf-na asc-c                                                       | 1         | QL                    |
| gavilyte-c                                  | 1         | H                     | PLENVU                                                                             | 3         | QL                    |
| gavilyte-g                                  | 1         | QL, H                 | prucalopride succinate                                                             | 1         | PA, QL                |
| gavilyte-n with flavor pack                 | 1         | QL, H                 | RELTONE                                                                            | E         |                       |
| generlac                                    | 1         |                       | REZDIFFRA                                                                          | 4         | PA, QL                |
| GLYCATE                                     | E         |                       | ROBINUL ORAL TABLET 1 MG                                                           | E         |                       |
| glycopyrrolate oral tablet 1 mg, 2 mg       | 1         |                       | ROBINUL-FORTE ORAL TABLET 2 MG                                                     | E         |                       |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG           | E         |                       | SUFLAVE                                                                            | 3         | QL                    |
| GOLYTELY                                    | 1         | QL, H                 | SUPREP BOWEL PREP KIT                                                              | 3         | QL                    |
| hyoscyamine sulfate er                      | 1         |                       | SUTAB                                                                              | 3         |                       |
| hyoscyamine sulfate oral tablet             | 1         |                       | SYMPROIC                                                                           | 2         | PA, QL                |
| hyoscyamine sulfate oral tablet dispersible | 1         |                       | TRULANCE                                                                           | E         | PA, ST, QL            |
| hyoscyamine sulfate sublingual              | 1         |                       | URSO 250 ORAL TABLET 250 MG                                                        | E         |                       |
| IBSRELA                                     | E         | PA, ST, QL            | URSO FORTE                                                                         | E         |                       |
| IQIRVO                                      | 4         | PA, ST, QL, SP        | URSODIOL ORAL CAPSULE 200 MG, 400 MG                                               | E         |                       |
| lactulose encephalopathy                    | 1         |                       | ursodiol oral capsule 300 mg                                                       | 1         |                       |
| lactulose oral solution                     | 1         |                       | ursodiol oral tablet                                                               | 1         |                       |
| LEVBID                                      | 4         |                       | VIBERZI                                                                            | 3         | PA, QL                |
| LEVSIN                                      | 4         |                       | <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |                       |
| LEVSIN/SL                                   | 4         |                       | ATTRUBY                                                                            | 2         | PA, QL, SP            |
| LIBRAX                                      | E         |                       | CARNITOR ORAL TABLET                                                               | 4         |                       |
| LINZESS                                     | 2         | PA, QL                | CERDELGA                                                                           | 2         | PA, SP                |
| LIVDELZI                                    | 4         | PA, ST, QL, SP        | CREON                                                                              | 2         |                       |
| LOMOTIL                                     | 4         |                       | DEPEN TITRATABS                                                                    | 2         | SP                    |
| loperamide hcl oral capsule                 | E         |                       | EVRYSDI ORAL SOLUTION RECONSTITUTED                                                | 2         | PA, QL, SP            |
| lubiprostone                                | 1         | PA, QL                | JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG        | E         | PA, QL, SP            |
| MOTEGRITY                                   | E         | PA, QL                |                                                                                    |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                      | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG                                   | E         | PA, QL                |
| levocarnitine oral tablet                                                      | 1         |                       |
| ORFADIN ORAL CAPSULE                                                           | 1         | PA, SP                |
| ORFADIN ORAL SUSPENSION                                                        | 2         | PA, SP                |
| PANCREAZE                                                                      | 3         | ST                    |
| PERTZYE                                                                        | 4         | ST                    |
| STRENSIQ                                                                       | 2         | PA, QL, SP            |
| SUCRAID                                                                        | 2         | PA, SP                |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML                   | 2         | PA, QL, SP            |
| tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg   | 1         | PA, QL, SP            |
| tolvaptan oral tablet therapy pack 30 & 15 mg                                  | 1         | PA, QL                |
| VYNDAMAX                                                                       | 2         | PA, QL, SP            |
| ZENPEP                                                                         | 2         |                       |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b> |           |                       |
| bethanechol chloride oral                                                      | 1         |                       |
| calcium acetate (phos binder) oral capsule                                     | 1         |                       |
| DETROL                                                                         | E         |                       |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG                     | E         |                       |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG                          | E         |                       |
| ELMIRON                                                                        | 4         | ST                    |
| GEMTESA                                                                        | E         |                       |
| mirabegron er                                                                  | 1         | ST                    |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                 | E         |                       |
| oxybutynin chloride er                                                         | 1         |                       |
| oxybutynin chloride oral                                                       | 1         |                       |
| phenazo oral tablet 200 mg                                                     | 1         |                       |
| phenazopyridine hcl oral tablet 100 mg, 200 mg                                 | 1         |                       |

| Drug Name                                                      | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| PYRIDIUM                                                       | 3         |                       |
| RENVELA ORAL TABLET                                            | E         |                       |
| sevelamer carbonate oral tablet                                | 1         |                       |
| solifenacin succinate                                          | 1         |                       |
| tolterodine tartrate                                           | 1         |                       |
| tolterodine tartrate er                                        | E         |                       |
| tropium chloride                                               | 1         |                       |
| tropium chloride er                                            | E         |                       |
| VANRAFIA                                                       | 4         | PA, SP                |
| VELPHORO                                                       | 4         | ST                    |
| VESICARE                                                       | E         |                       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b>    |           |                       |
| alfuzosin hcl er                                               | 1         |                       |
| AVODART                                                        | E         |                       |
| dutasteride oral                                               | 1         |                       |
| finasteride oral tablet 5 mg                                   | 1         |                       |
| FLOMAX ORAL CAPSULE 0.4 MG                                     | E         |                       |
| PROSCAR                                                        | E         |                       |
| RAPAFLO                                                        | E         |                       |
| silodosin                                                      | 1         |                       |
| tamsulosin hcl                                                 | 1         |                       |
| terazosin hcl                                                  | 1         |                       |
| UROXATRAL                                                      | E         |                       |
| <b>Hormonal Agents - Hormone Replacement and Birth Control</b> |           |                       |
| abigale                                                        | 1         |                       |
| abigale lo                                                     | 1         |                       |
| ACTIVELLA                                                      | 4         |                       |
| afirmelle                                                      | 1         | H                     |
| ALORA                                                          | 3         | QL                    |
| altavera                                                       | 1         | H                     |
| alyacen 1/35                                                   | 1         | H                     |
| alyacen 7/7/7                                                  | 1         | H                     |
| amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg                       | 1         |                       |
| amethia oral tablet 0.15-0.03 & 0.01 mg                        | 1         | H                     |

See page 6-8 for coverage details.





| Drug Name                 | Drug Tier | Requirements & Limits | Drug Name                                                  | Drug Tier | Requirements & Limits         |
|---------------------------|-----------|-----------------------|------------------------------------------------------------|-----------|-------------------------------|
| ANNOVERA                  | 3         | QL                    | delyla                                                     | 1         | H                             |
| apri                      | 1         | H                     | DEPO-PROVERA                                               | 4         | QL                            |
| aranelle                  | 1         | H                     | DEPO-SUBQ PROVERA 104                                      | 1         | QL, H                         |
| ashlyn                    | 1         | H                     | desogestrel-ethinyl estradiol                              | 1         | H                             |
| aubra eq                  | 1         | H                     | DIVIGEL                                                    | 3         |                               |
| aurovela 1.5/30           | 1         | H                     | dotti                                                      | 1         | QL                            |
| aurovela 1/20             | 1         | H                     | drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg | E         |                               |
| aurovela 24 fe            | 1         | H                     | drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg | 1         | H                             |
| aurovela fe 1.5/30        | 1         | H                     | drosiprenone-ethinyl estradiol                             | 1         | H                             |
| aurovela fe 1/20          | 1         | H                     | DUAVEE                                                     | 3         | QL                            |
| aviane                    | 1         | H                     | EEMT                                                       | 2         |                               |
| AYGESTIN ORAL TABLET 5 MG | 4         |                       | EEMT HS                                                    | 3         |                               |
| ayuna                     | 1         | H                     | ELESTRIN                                                   | 3         |                               |
| azurette                  | 1         | H                     | elinest                                                    | 1         | H                             |
| balziva                   | 1         | H                     | ELLA                                                       | 1         | QL, H                         |
| BEYAZ                     | E         |                       | eluryng                                                    | 1         | H                             |
| BIJUVA                    | 3         |                       | emzahh                                                     | 1         | H                             |
| blisovi 24 fe             | 1         | H                     | enilloring                                                 | 1         | H                             |
| blisovi fe 1.5/30         | 1         | H                     | enpresse-28                                                | 1         | H                             |
| blisovi fe 1/20           | 1         | H                     | enskyce                                                    | 1         | H                             |
| briellyn                  | 1         | H                     | errin                                                      | 1         | H                             |
| camila                    | 1         | H                     | est estrogens-methyltest                                   | 1         |                               |
| camrese                   | 1         | H                     | est estrogens-methyltest ds                                | 1         |                               |
| camrese lo                | 1         | H                     | est estrogens-methyltest hs                                | 1         |                               |
| charlotte 24 fe           | 1         | H                     | estarylla                                                  | 1         | H                             |
| chateal eq                | 1         | H                     | ESTRACE                                                    | E         |                               |
| CLIMARA                   | E         | QL                    | estradiol oral                                             | 1         |                               |
| CLIMARA PRO               | 3         | QL                    | estradiol patch twice weekly 0.025 mg/24hr transdermal     | 1         | QL                            |
| COMBIPATCH                | 3         | QL                    | estradiol patch twice weekly 0.025 mg/24hr transdermal     | 1         | (generic for Minivelle), QL   |
| COVARYX                   | 2         |                       | estradiol patch twice weekly 0.025 mg/24hr transdermal     | 1         | (generic for Vivelle-Dot), QL |
| COVARYX HS                | 3         |                       | estradiol patch twice weekly 0.0375 mg/24hr transdermal    | 1         | QL                            |
| cryselle-28               | 1         | H                     | estradiol patch twice weekly 0.0375 mg/24hr transdermal    | 1         | (generic for Minivelle), QL   |
| cyred eq                  | 1         | H                     |                                                            |           |                               |
| dasetta 1/35 (28)         | 1         | H                     |                                                            |           |                               |
| dasetta 7/7/7             | 1         | H                     |                                                            |           |                               |
| daysee                    | 1         | H                     |                                                            |           |                               |
| deblitane                 | 1         | H                     |                                                            |           |                               |
| DELESTROGEN               | 4         |                       |                                                            |           |                               |

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| Drug Name                                                               | Drug Tier | Requirements & Limits | Drug Name                                                        | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|------------------------------------------------------------------|-----------|-----------------------|
| larin 24 fe                                                             | 1         | H                     | microgestin 24 fe oral tablet 1-20 mg-mcg                        | 1         | H                     |
| larin fe 1.5/30                                                         | 1         | H                     | microgestin fe 1.5/30                                            | 1         | H                     |
| larin fe 1/20                                                           | 1         | H                     | microgestin fe 1/20                                              | 1         | H                     |
| leena                                                                   | 1         | H                     | mili                                                             | 1         | H                     |
| lessina                                                                 | 1         | H                     | mimvey                                                           | 1         |                       |
| levonest                                                                | 1         | H                     | MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)             | E         |                       |
| levonorgest-eth est & eth est oral tablet 42-21-21-7 days               | 1         | H                     | MINIVELLE                                                        | E         | QL                    |
| levonorgest-eth estrad 91-day                                           | 1         | H                     | MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)                    | E         |                       |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1         | H                     | mono-lynh                                                        | 1         | H                     |
| levonorg-eth estrad triphasic                                           | 1         | H                     | MYFEMBREE                                                        | 2         | PA, QL                |
| levora 0.15/30 (28)                                                     | 1         | H                     | NATAZIA                                                          | 1         |                       |
| LO LOESTRIN FE                                                          | 1         | H                     | necon 0.5/35 (28)                                                | 1         | H                     |
| LOESTRIN 1.5/30 (21)                                                    | E         |                       | NEXTSTELLIS                                                      | E         |                       |
| LOESTRIN 1/20 (21)                                                      | E         |                       | nikki                                                            | 1         | H                     |
| LOESTRIN FE 1.5/30                                                      | E         |                       | nora-be                                                          | 1         | H                     |
| LOESTRIN FE 1/20                                                        | E         |                       | norelgestromin-eth estradiol                                     | 1         | H                     |
| lojaimiess                                                              | 1         | H                     | norethin ace-eth estrad-fe oral tablet                           | 1         | H                     |
| loryna                                                                  | 1         | H                     | norethin ace-eth estrad-fe oral tablet chewable                  | 1         | H                     |
| low-ogestrel                                                            | 1         | H                     | norethindrone acetate oral                                       | 1         |                       |
| lo-zumandimine                                                          | 1         | H                     | norethindrone acet-ethinyl est                                   | 1         | H                     |
| lutra                                                                   | 1         | H                     | norethindrone oral                                               | 1         | H                     |
| lyleq                                                                   | 1         | H                     | norethindrone-eth estradiol                                      | 1         |                       |
| lyllana                                                                 | 1         | QL                    | norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg | 1         | H                     |
| lyza                                                                    | 1         | H                     | norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg            | 1         | H                     |
| marlissa                                                                | 1         | H                     | norgestimate-ethinyl estradiol triphasic                         | 1         | H                     |
| medroxyprogesterone acetate intramuscular                               | 1         | QL, H                 | norlyroc                                                         | 1         | H                     |
| medroxyprogesterone acetate oral                                        | 1         |                       | nortrel 0.5/35 (28)                                              | 1         | H                     |
| megestrol acetate oral tablet                                           | 1         |                       | nortrel 1/35 (21)                                                | 1         | H                     |
| meleya                                                                  | 1         | H                     | nortrel 1/35 (28)                                                | 1         | H                     |
| MENOSTAR                                                                | 3         | QL                    | nortrel 7/7/7                                                    | 1         | H                     |
| mibelas 24 fe                                                           | 1         | H                     |                                                                  |           |                       |
| microgestin 1.5/30                                                      | 1         | H                     |                                                                  |           |                       |
| microgestin 1/20                                                        | 1         | H                     |                                                                  |           |                       |

See page 6-8 for coverage details.



| Drug Name                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| NUVARING                                   | E         |                       |
| nylia 1/35                                 | 1         | H                     |
| nylia 7/7/7                                | 1         | H                     |
| nymyo oral tablet 0.25-35 mg-mcg           | 1         | H                     |
| ocella                                     | 1         | H                     |
| PHEXXI                                     | E         | PA                    |
| philith                                    | 1         | H                     |
| pimtrea                                    | 1         | H                     |
| portia-28                                  | 1         | H                     |
| PREMARIN ORAL                              | 3         |                       |
| PREMARIN VAGINAL                           | 3         |                       |
| PREMPHASE                                  | 3         |                       |
| PREMPRO                                    | 3         |                       |
| progesterone intramuscular                 | 1         |                       |
| progesterone oral                          | 1         |                       |
| PROMETRIUM                                 | E         |                       |
| PROVERA                                    | 4         |                       |
| QUARTETTE ORAL TABLET 42-21-21-7 DAYS      | E         |                       |
| reclipsen                                  | 1         | H                     |
| rivelsa                                    | 1         | H                     |
| rosyrah                                    | 1         | H                     |
| SAFYRAL                                    | E         |                       |
| SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG | E         |                       |
| setlakin                                   | 1         | H                     |
| sharobel                                   | 1         | H                     |
| simliya                                    | 1         | H                     |
| simpesse                                   | 1         | H                     |
| SLYND                                      | 4         | PA, ST                |
| sprintec 28                                | 1         | H                     |
| sronyx                                     | 1         | H                     |
| syeda                                      | 1         | H                     |
| tarina 24 fe                               | 1         | H                     |
| tarina fe 1/20 eq                          | 1         | H                     |
| tilia fe                                   | 1         | H                     |
| tri-estarylla                              | 1         | H                     |

| Drug Name                                       | Drug Tier | Requirements & Limits |
|-------------------------------------------------|-----------|-----------------------|
| tri-legest fe                                   | 1         | H                     |
| tri-lynyah                                      | 1         | H                     |
| tri-lo-estarylla                                | 1         | H                     |
| tri-lo-marzia                                   | 1         | H                     |
| tri-lo-mili                                     | 1         | H                     |
| tri-lo-sprintec                                 | 1         | H                     |
| tri-mili                                        | 1         | H                     |
| tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg | 1         | H                     |
| tri-sprintec                                    | 1         | H                     |
| trivora (28)                                    | 1         | H                     |
| tri-vylibra                                     | 1         | H                     |
| tri-vylibra lo                                  | 1         | H                     |
| turqoz                                          | 1         | H                     |
| TWIRLA                                          | E         |                       |
| TYBLUME                                         | 1         |                       |
| tydemy oral tablet 3-0.03-0.451 mg              | 1         | H                     |
| VAGIFEM                                         | E         |                       |
| valtya 1/50                                     | 1         | H                     |
| velivet                                         | 1         | H                     |
| vestura                                         | 1         | H                     |
| vienva                                          | 1         | H                     |
| violele                                         | 1         | H                     |
| VIVELLE-DOT                                     | E         | QL                    |
| volnea                                          | 1         | H                     |
| vyfemla                                         | 1         | H                     |
| vylibra                                         | 1         | H                     |
| wera                                            | 1         | H                     |
| xarah fe                                        | 1         | H                     |
| xulane                                          | 1         | H                     |
| YASMIN 28                                       | 3         |                       |
| YAZ                                             | 3         |                       |
| yuvaferm                                        | 1         |                       |
| zafemy                                          | 1         | H                     |
| zovia 1/35 (28)                                 | 1         | H                     |
| zumandimine                                     | 1         | H                     |

See page 6-8 for coverage details.



| Drug Name                                                                  | Drug Tier | Requirements & Limits | Drug Name                                                 | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------|-----------|-----------------------|-----------------------------------------------------------|-----------|-----------------------|
| <b>Hormonal Agents - Oral Steroids</b>                                     |           |                       | megestrol acetate oral suspension 40 mg/ml                | 1         |                       |
| CORTEF                                                                     | 4         |                       | NGENLA                                                    | 4         | PA, QL, SP            |
| DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)                             | E         |                       | NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG | 3         | PA, QL                |
| dexamethasone intensol                                                     | 1         |                       | NORDITROPIN FLEXPPO                                       | 2         | PA, QL, SP            |
| dexamethasone oral                                                         | 1         |                       | NUTROPIN AQ NUSPIN 10                                     | E         | PA, QL, SP            |
| DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG                               | E         |                       | NUTROPIN AQ NUSPIN 20                                     | E         | PA, QL, SP            |
| fludrocortisone acetate oral                                               | 1         |                       | NUTROPIN AQ NUSPIN 5                                      | E         | PA, QL, SP            |
| HEMADY                                                                     | E         |                       | OMNITROPE                                                 | 2         | PA, QL, SP            |
| HIDEX 6-DAY                                                                | E         |                       | ORIAHNN                                                   | 2         | PA, QL                |
| hydrocortisone oral                                                        | 1         |                       | ORILISSA                                                  | 2         | PA, QL                |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG                                       | 4         |                       | SKYTROFA                                                  | 4         | PA, QL, SP            |
| MEDROL ORAL TABLET 2 MG                                                    | 2         |                       | <b>Hormonal Agents - Testosterone Replacement</b>         |           |                       |
| MEDROL ORAL TABLET THERAPY PACK                                            | 4         |                       | ANDROGEL PUMP                                             | E         | PA, QL                |
| methylprednisolone oral                                                    | 1         |                       | DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML        | 3         |                       |
| PEDIAPRED                                                                  | 2         |                       | DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML        | 4         |                       |
| prednisolone oral solution                                                 | 1         |                       | FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)                   | E         | PA, QL                |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml | E         |                       | JATENZO                                                   | E         | QL                    |
| prednisolone sodium phosphate oral solution 15 mg/5ml                      | 1         |                       | KYZATREX                                                  | 4         | PA, QL                |
| prednisolone sodium phosphate oral solution 20 mg/5ml                      | E         | QL                    | NATESTO                                                   | E         | PA, QL                |
| prednisone oral                                                            | 1         |                       | TESTIM                                                    | 1         | PA, QL                |
| TAPERDEX 12-DAY                                                            | 3         |                       | TESTOSTERONE CYPIONATE INJECTION                          | E         |                       |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG                             | 4         |                       | testosterone cypionate intramuscular                      | 1         |                       |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)                        | 3         |                       | testosterone enanthate intramuscular                      | 1         |                       |
| TAPERDEX 7-DAY                                                             | 3         |                       | testosterone gel 12.5 mg/act (1%) transdermal             | 1         | PA, QL                |
| <b>Hormonal Agents - Other</b>                                             |           |                       | testosterone gel 12.5 mg/act (1%) transdermal             | E         | PA, QL                |
| cabergoline                                                                | 1         |                       | testosterone gel 20.25 mg/act (1.62%) transdermal         | 1         | PA, QL                |
| DDAVP ORAL                                                                 | E         |                       |                                                           |           |                       |
| desmopressin acetate oral                                                  | 1         |                       |                                                           |           |                       |
| desmopressin acetate spray                                                 | 1         |                       |                                                           |           |                       |
| leuprolide acetate injection                                               | 1         | PA                    |                                                           |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                                                                     | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| testosterone gel 20.25 mg/act (1.62%) transdermal                                                                             | E         | PA, QL                |
| testosterone transdermal gel 1.62 %                                                                                           | 1         | PA, QL                |
| testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | E         | PA, QL                |
| TLANDO                                                                                                                        | E         | PA, QL                |
| UNDECATREX                                                                                                                    | E         | PA, QL                |
| VOGELXO                                                                                                                       | E         | PA, QL                |
| VOGELXO PUMP                                                                                                                  | E         | PA, QL                |
| XYOSTED                                                                                                                       | E         | PA, QL                |
| <b>Hormonal Agents - Thyroid</b>                                                                                              |           |                       |
| ADTHYZA                                                                                                                       | E         |                       |
| ARMOUR THYROID                                                                                                                | 3         |                       |
| CYTOMEL                                                                                                                       | E         |                       |
| ERMEZA                                                                                                                        | 2         | PA                    |
| euthyrox                                                                                                                      | 1         |                       |
| levo-t                                                                                                                        | 1         |                       |
| LEVOTHYROXINE SODIUM ORAL CAPSULE                                                                                             | E         |                       |
| levothyroxine sodium oral tablet                                                                                              | 1         |                       |
| levoxyl                                                                                                                       | 1         |                       |
| liothyronine sodium oral                                                                                                      | 1         |                       |
| methimazole oral                                                                                                              | 1         |                       |
| NIVA THYROID                                                                                                                  | 3         |                       |
| np thyroid                                                                                                                    | 1         |                       |
| propylthiouracil oral                                                                                                         | 1         |                       |
| RENTHYROID                                                                                                                    | 3         |                       |
| SYNTHROID                                                                                                                     | E         |                       |
| THYQUIDITY                                                                                                                    | E         | PA                    |
| thyroid oral                                                                                                                  | 1         |                       |
| TIROSINT                                                                                                                      | E         |                       |
| TIROSINT-SOL                                                                                                                  | 2         | PA                    |
| unithroid                                                                                                                     | 1         |                       |

| Drug Name                                                                        | Drug Tier | Requirements & Limits                   |
|----------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |                                         |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                      | E         | PA, SP                                  |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                      | E         | PA, SP                                  |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                      | E         | PA, SP                                  |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                      | E         | PA, SP                                  |
| ABRILADA (2 SYRINGE)                                                             | E         | PA, QL, SP                              |
| ACTEMRA ACTPEN                                                                   | 3         | PA, ST, QL, SP                          |
| ACTEMRA SUBCUTANEOUS                                                             | 3         | PA, ST, QL, SP                          |
| ADALIMUMAB-AACF (2 PEN)                                                          | E         | PA, (Manufactured by Fresenius), SP     |
| ADALIMUMAB-AACF (2 SYRINGE)                                                      | E         | PA, (Manufactured by Fresenius), QL, SP |
| ADALIMUMAB-AACF(CD/UC/HS STRT)                                                   | E         | PA, (Manufactured by Fresenius), SP     |
| ADALIMUMAB-AACF(PS/UV STARTER)                                                   | E         | PA, (Manufactured by Fresenius), SP     |
| ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML               | E         | PA, (Manufactured by Celltrion), QL, SP |
| ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML               | E         | PA, (Manufactured by Celltrion), SP     |
| ADALIMUMAB-AATY (2 PEN)                                                          | E         | PA, (Manufactured by Celltrion), QL, SP |

See page 6-8 for coverage details.



| Drug Name                                                                             | Drug Tier | Requirements & Limits                                 | Drug Name                                                                      | Drug Tier | Requirements & Limits                                 |
|---------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|--------------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| ADALIMUMAB-AATY (2 SYRINGE)                                                           | E         | PA,<br>(Manufactured by Celltrion), QL, SP            | ADALIMUMAB-ADB(UC/HS STRT)                                                     | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP |
| ADALIMUMAB-AATY CD/UC/HS START                                                        | E         | PA,<br>(Manufactured by Celltrion), SP                | ADALIMUMAB-ADB(PS/UV STARTER)                                                  | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML                       | 2         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | ADALIMUMAB-FKJP (2 PEN)                                                        | E         | PA,<br>(Manufactured by Biocon), QL, SP               |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                       | 2         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | ADALIMUMAB-FKJP (2 SYRINGE)                                                    | E         | PA,<br>(Manufactured by Biocon), QL, SP               |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                               | 2         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | ADBRY SOLUTION AUTO-INJECTOR                                                   | 2         | PA, QL, SP                                            |
| ADALIMUMAB-ADB(2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS                      | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                  | 2         | PA, QL, SP                                            |
| ADALIMUMAB-ADB(2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS                      | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML                                              | 2         | PA, QL, SP                                            |
| ADALIMUMAB-ADB(2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS              | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | AMJEVITA 40 MG/0.8ML                                                           | E         | PA, QL, SP                                            |
| ADALIMUMAB-ADB(2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS              | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML  | E         | PA, QL, SP                                            |
| ADALIMUMAB-ADB(2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML | E         | PA,<br>(Manufactured by Boehringer Ingelheim), QL, SP | AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | 2         | PA, QL, SP                                            |
|                                                                                       |           |                                                       | AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML | E         | PA, QL, SP                                            |
|                                                                                       |           |                                                       | ARAVA                                                                          | E         |                                                       |
|                                                                                       |           |                                                       | AZASAN                                                                         | 4         |                                                       |
|                                                                                       |           |                                                       | azathioprine oral                                                              | 1         |                                                       |
|                                                                                       |           |                                                       | BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                   | 2         | PA, QL, SP                                            |
|                                                                                       |           |                                                       | BIMZELX                                                                        | 3         | PA, ST, QL, SP                                        |
|                                                                                       |           |                                                       | CELLCEPT ORAL CAPSULE                                                          | E         |                                                       |
|                                                                                       |           |                                                       | CELLCEPT ORAL TABLET                                                           | E         |                                                       |

See page 6-8 for coverage details.



| Drug Name                                                               | Drug Tier | Requirements & Limits | Drug Name                                                                                  | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|--------------------------------------------------------------------------------------------|-----------|-----------------------|
| CIMZIA (2 SYRINGE)                                                      | 2         | PA, QL, SP            | HAEGARDA                                                                                   | 2         | PA, QL, SP            |
| CIMZIA-STARTER                                                          | 2         | PA, QL, SP            | HULIO (2 PEN)                                                                              | E         | PA, QL, SP            |
| CINRYZE                                                                 | E         | PA, QL, SP            | HULIO (2 SYRINGE)                                                                          | E         | PA, QL, SP            |
| COSENTYX (300 MG DOSE)                                                  | 2         | PA, QL, SP            | HUMIRA (1 PEN)                                                                             | E         | PA, QL, SP            |
| COSENTYX 75MG/0.5ML SUBCUTANEOUS                                        | 2         | PA, QL, SP            | HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS                                  | E         | PA, QL, SP            |
| COSENTYX 150 MG/ML SUBCUTANEOUS                                         | 2         | PA, QL, SP            | HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS                                  | E         | PA, QL, SP            |
| COSENTYX SENSOREADY (300 MG)                                            | 2         | PA, QL, SP            | HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                                  | E         | PA, QL, SP            |
| COSENTYX SENSOREADY PEN                                                 | 2         | PA, QL, SP            | HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS                          | E         | PA, QL, SP            |
| COSENTYX UNOREADY                                                       | 2         | PA, QL, SP            | HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS                          | E         | PA, QL, SP            |
| cyclosporine modified oral capsule                                      | 1         |                       | HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS                          | E         | PA, QL, SP            |
| CYLTEZO (2 PEN)                                                         | E         | PA, QL, SP            | HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML                          | E         | PA, QL, SP            |
| CYLTEZO (2 SYRINGE)                                                     | E         | PA, QL, SP            | HUMIRA-CD/UC/HS STARTER                                                                    | E         | PA, QL, SP            |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML     | E         | PA, QL, SP            | HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | E         | PA, QL, SP            |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML     | E         | PA, QL, SP            | HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML               | E         | PA, QL, SP            |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | E         | PA, QL, SP            | HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                     | E         | PA, QL, SP            |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML | E         | PA, QL, SP            | HUMIRA-PSORIASIS/UEIT STARTER                                                              | E         | PA, QL, SP            |
| EMPAVELI                                                                | 2         | PA, QL, SP            | HYFTOR                                                                                     | 4         | PA, QL                |
| ENBREL                                                                  | 2         | PA, QL, SP            | HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML                       | E         | QL, SP                |
| ENBREL MINI                                                             | 2         | PA, QL, SP            |                                                                                            |           |                       |
| ENBREL SURECLICK                                                        | 2         | PA, QL, SP            |                                                                                            |           |                       |
| ENTYVIO PEN                                                             | 2         | PA, QL, SP            |                                                                                            |           |                       |
| ENVARUS XR                                                              | E         |                       |                                                                                            |           |                       |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg                   | 1         |                       |                                                                                            |           |                       |
| gengraf oral capsule                                                    | 1         |                       |                                                                                            |           |                       |
| HADLIMA                                                                 | E         | PA, QL, SP            |                                                                                            |           |                       |
| HADLIMA PUSHTOUCH                                                       | E         | PA, QL, SP            |                                                                                            |           |                       |

See page 6-8 for coverage details.





| Drug Name                                                                             | Drug Tier | Requirements & Limits | Drug Name                                               | Drug Tier | Requirements & Limits      |
|---------------------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------|-----------|----------------------------|
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML                               | E         | SP                    | KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | 4         | PA, ST, QL, SP             |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML                               | E         | PA, QL, SP            | leflunomide oral                                        | 1         |                            |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML | E         | PA, QL, SP            | LITFULO                                                 | 3         | PA, QL, SP                 |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML                           | E         | PA, SP                | LUPKYNIS                                                | 4         | PA, QL, SP                 |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML             | E         | PA, SP                | methotrexate sodium (pf)                                | 1         |                            |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML             | E         | PA, SP                | methotrexate sodium injection solution                  | 1         |                            |
| HYRIMOZ-PED<40KG CROHN STARTER                                                        | E         | PA, QL, SP            | methotrexate sodium oral                                | 1         |                            |
| HYRIMOZ-PED>=40KG CROHN START                                                         | E         | PA, QL, SP            | mycophenolate mofetil oral capsule                      | 1         |                            |
| HYRIMOZ-PLAQ PSOR/UEIT START                                                          | E         | PA, QL, SP            | mycophenolate mofetil oral tablet                       | 1         |                            |
| HYRIMOZ-PLAQUE PSORIASIS START                                                        | E         | PA, QL, SP            | mycophenolate sodium                                    | 1         |                            |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                             | E         | PA, QL, SP            | mycophenolic acid                                       | 1         |                            |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML                     | E         | PA, QL, SP            | MYFORTIC                                                | E         |                            |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                   | E         | PA, QL, SP            | MYHIBBIN                                                | 1         |                            |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML                   | E         | PA, QL, SP            | NEORAL ORAL CAPSULE                                     | E         |                            |
| IMURAN                                                                                | E         |                       | OLUMIANT ORAL TABLET 1 MG, 4 MG                         | 3         | PA, ST, QL, SP             |
| JYLAMVO                                                                               | 4         | PA                    | OLUMIANT ORAL TABLET 2 MG                               | 3         | PA, ST, QL, SP             |
| KEVZARA SUBCUTANEOUS PREFILLED SYRINGE                                                | 4         | PA, ST, QL, SP        | OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2         | PA, (SUBCUTANEOUS), QL, SP |
|                                                                                       |           |                       | OMVOH SUBCUTANEOUS PREFILLED SYRINGE                    | 2         | PA, (SUBCUTANEOUS), QL, SP |
|                                                                                       |           |                       | OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | 2         | PA, (SUBCUTANEOUS), QL, SP |
|                                                                                       |           |                       | ORENCIA CLICKJECT                                       | 3         | PA, ST, QL, SP             |
|                                                                                       |           |                       | ORENCIA SUBCUTANEOUS                                    | 3         | PA, ST, QL, SP             |
|                                                                                       |           |                       | OTEZLA ORAL TABLET 20 MG                                | 2         | PA, QL, SP                 |
|                                                                                       |           |                       | OTEZLA ORAL TABLET 30 MG                                | 2         | PA, QL, SP                 |
|                                                                                       |           |                       | OTREXUP                                                 | E         | QL                         |
|                                                                                       |           |                       | PROGRAF ORAL CAPSULE                                    | 4         |                            |
|                                                                                       |           |                       | RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG                 | E         |                            |
|                                                                                       |           |                       | RASUVO                                                  | 2         | QL                         |
|                                                                                       |           |                       | RINVOQ                                                  | 2         | PA, QL, SP                 |
|                                                                                       |           |                       | RUCONEST                                                | 4         | PA, QL, SP                 |

See page 6-8 for coverage details.



| Drug Name                                                              | Drug Tier | Requirements & Limits | Drug Name                                                     | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------|-----------|-----------------------|---------------------------------------------------------------|-----------|-----------------------|
| SIMLANDI (1 PEN)                                                       | E         | PA, QL, SP            | YUFLYMA (1 PEN)<br>SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | E         | PA, SP                |
| SIMLANDI (1 SYRINGE)                                                   | E         | PA, QL, SP            | YUFLYMA (2 PEN)                                               | E         | PA, QL, SP            |
| SIMLANDI (2 PEN)                                                       | E         | PA, QL, SP            | YUFLYMA (2 SYRINGE)                                           | E         | PA, QL, SP            |
| SIMLANDI (2 SYRINGE)<br>SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | E         | PA, QL, SP            | YUFLYMA-CD/UC/HS STARTER                                      | E         | PA, SP                |
| SIMLANDI (2 SYRINGE)<br>SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | E         | PA, SP                | YUSIMRY                                                       | E         | PA, QL, SP            |
| SIMPONI                                                                | 2         | PA, QL, SP            | ZORTRESS                                                      | E         |                       |
| sirolimus oral tablet                                                  | 1         |                       | <b>Immunological Agents - Drugs for Vaccination</b>           |           |                       |
| SKYRIZI PEN                                                            | 2         | PA, QL, SP            | ABRYSV0                                                       | 3         | H                     |
| SKYRIZI SUBCUTANEOUS                                                   | 2         | PA, QL, SP            | ADACEL                                                        | 3         | H                     |
| SOTYKTU                                                                | 2         | PA, QL, SP            | AFLURIA PRESERVATIVE FREE                                     | 3         | H                     |
| STELARA SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                     | E         | PA, QL, SP            | AREXVY                                                        | 3         | H                     |
| STEQEYMA SUBCUTANEOUS                                                  | 2         | PA, QL, SP            | BOOSTRIX                                                      | 2         | H                     |
| tacrolimus oral                                                        | 1         |                       | BOOSTRIX INTRAMUSCULAR<br>SUSPENSION 5-2.5-18.5<br>LF-MCG/0.5 | 2         | H                     |
| TAKHZYRO SUBCUTANEOUS<br>SOLUTION                                      | 2         | PA, QL, SP            | CAPVAXIVE                                                     | 3         | H                     |
| TALTZ SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR                           | E         | PA, ST, QL, SP        | COMIRNATY                                                     | 3         | H                     |
| TREMFYA                                                                | 2         | PA, QL, SP            | ENGERIX-B                                                     | 2         | H                     |
| TREXALL                                                                | 2         |                       | FLUAD                                                         | 3         | H                     |
| USTEKINUMAB SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                 | E         | PA, QL, SP            | FLUARIX                                                       | 3         | H                     |
| WEZLANA                                                                | 2         | PA, QL, SP            | FLUCELVAX INTRAMUSCULAR<br>SUSPENSION PREFILLED<br>SYRINGE    | 3         | H                     |
| XELJANZ                                                                | 2         | PA, QL, SP            | FLULAVAL                                                      | 3         | H                     |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>11 MG            | 2         | PA, QL, SP            | FLUZONE HIGH-DOSE                                             | 3         | H                     |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>22 MG            | 2         | PA, QL, SP            | FLUZONE INTRAMUSCULAR<br>SUSPENSION PREFILLED<br>SYRINGE      | 3         | H                     |
| XOLAIR SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                      | 2         | PA, QL, SP            | GARDASIL 9 INTRAMUSCULAR<br>SUSPENSION PREFILLED<br>SYRINGE   | 3         | H                     |
| YESINTEK SUBCUTANEOUS                                                  | 2         | PA, QL, SP            | HAVRIX                                                        | 3         | H                     |
| YUFLYMA (1 PEN)<br>SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML          | E         | PA, QL, SP            | HEPLISAV-B                                                    | 3         | H                     |
|                                                                        |           |                       | IPOL                                                          | 2         | H                     |
|                                                                        |           |                       | MENQUADFI                                                     | 3         | H                     |
|                                                                        |           |                       | MENVEO                                                        | 3         | H                     |
|                                                                        |           |                       | M-M-R II                                                      | 2         | H                     |

See page 6-8 for coverage details.



| Drug Name                                                               | Drug Tier | Requirements & Limits                    |
|-------------------------------------------------------------------------|-----------|------------------------------------------|
| MODERNA COVID-19 VAC 6M-11Y                                             | 3         | H                                        |
| PFIZER COVID-19 VAC-TRIS 5-11Y                                          | 3         | H                                        |
| PFIZER COVID-19 VAC-TRIS 6M-4Y                                          | 3         | H                                        |
| PREVNAR 20                                                              | 3         | H                                        |
| PRIORIX                                                                 | 3         | H                                        |
| RECOMBIVAX HB                                                           | 2         | H                                        |
| SHINGRIX                                                                | 3         | H                                        |
| SPIKEVAX                                                                | 3         | H                                        |
| TENIVAC                                                                 | 3         | H                                        |
| TWINRIX                                                                 | 3         | H                                        |
| VAQTA                                                                   | 2         | H                                        |
| VARIVAX                                                                 | 3         | H                                        |
| VIVOTIF                                                                 | E         |                                          |
| <b>Infertility Agents</b>                                               |           |                                          |
| CETROTIDE                                                               | 4         | PA, ST, QL, SP                           |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR                                    | 3         | SP                                       |
| CLOMID                                                                  | 2         |                                          |
| clomiphene citrate oral                                                 | 1         |                                          |
| ENDOMETRIN                                                              | 2         |                                          |
| FOLLISTIM AQ                                                            | 2         | QL, SP                                   |
| FYREMADEL                                                               | 3         | QL, SP                                   |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1         | QL, SP                                   |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1         | (manufactured by Merck/ Organon), QL, SP |
| GONAL-F                                                                 | 4         | ST, SP                                   |
| GONAL-F RFF                                                             | 4         | ST, SP                                   |
| GONAL-F RFF REDIJECT                                                    | 4         | ST, SP                                   |
| MENOPUR                                                                 | 4         | QL, SP                                   |
| NOVAREL                                                                 | 3         | SP                                       |
| OVIDREL                                                                 | 4         | SP                                       |
| PREGNYL                                                                 | 3         | SP                                       |

| Drug Name                                         | Drug Tier | Requirements & Limits |
|---------------------------------------------------|-----------|-----------------------|
| <b>Inflammatory Bowel Disease Agents</b>          |           |                       |
| ANALPRAM HC                                       | 4         |                       |
| ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %        | 4         |                       |
| ANALPRAM-HC EXTERNAL CREAM                        | 4         |                       |
| ANUCORT-HC                                        | 2         |                       |
| ANUSOL-HC EXTERNAL                                | 4         |                       |
| ANUSOL-HC RECTAL                                  | E         |                       |
| APRISO                                            | 1         |                       |
| AZULFIDINE                                        | 4         |                       |
| AZULFIDINE EN-TABS                                | 4         |                       |
| balsalazide disodium                              | 1         |                       |
| budesonide oral                                   | 1         |                       |
| CANASA                                            | E         |                       |
| COLAZAL                                           | E         |                       |
| CORTIFOAM                                         | 2         |                       |
| DELZICOL                                          | E         |                       |
| DIPENTUM                                          | 3         |                       |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG              | 3         |                       |
| HEMMOREX-HC RECTAL SUPPOSITORY 30 MG              | E         |                       |
| hydrocortisone (perianal) external cream 1 %      | E         |                       |
| hydrocortisone (perianal) external cream 2.5 %    | 1         |                       |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1         |                       |
| hydrocortisone acetate rectal                     | 1         |                       |
| hydrocort-pramoxine (perianal)                    | 1         |                       |
| LIALDA                                            | E         |                       |
| mesalamine er oral capsule 0.375 gm               | E         |                       |
| mesalamine oral capsule delayed release 400 mg    | 1         |                       |
| mesalamine oral tablet delayed release 1.2 gm     | 1         |                       |
| mesalamine oral tablet delayed release 800 mg     | E         |                       |

See page 6-8 for coverage details.



| Drug Name                     | Drug Tier | Requirements & Limits |
|-------------------------------|-----------|-----------------------|
| mesalamine rectal enema       | 1         |                       |
| mesalamine rectal suppository | 1         | QL                    |
| PROCORT                       | E         |                       |
| PROCTOCORT                    | E         |                       |
| PROCTOFOAM HC                 | 2         |                       |
| procto-med hc                 | 1         |                       |
| PROCTOSOL HC                  | 4         |                       |
| PROCTOZONE-HC                 | 4         |                       |
| SFROWASA                      | 4         |                       |
| sulfasalazine oral            | 1         |                       |
| UCERIS ORAL                   | 1         |                       |

#### Metabolic Bone Disease Agents - Drugs for Osteoporosis

|                                                                |   |        |
|----------------------------------------------------------------|---|--------|
| ACTONEL                                                        | E | QL     |
| alendronate sodium oral tablet                                 | 1 |        |
| BONSITY                                                        | 3 | PA, SP |
| EVISTA                                                         | E |        |
| FORTEO                                                         | E | PA, SP |
| FOSAMAX                                                        | 4 |        |
| ibandronate sodium oral                                        | 1 |        |
| raloxifene hcl                                                 | 1 | H-PA   |
| risedronate sodium oral tablet 150 mg, 35 mg                   | 1 | QL     |
| risedronate sodium oral tablet 30 mg, 5 mg                     | 1 |        |
| teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous | E | PA, SP |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | 3 | PA, SP |
| TYMLOS                                                         | 3 | PA, SP |

#### Metabolic Bone Disease Agents - Other

|                         |   |            |
|-------------------------|---|------------|
| calcitriol oral capsule | 1 |            |
| cinacalcet hcl          | 1 |            |
| ROCALTROL ORAL CAPSULE  | 4 |            |
| SENSIPAR                | E |            |
| YORVIPATH               | 4 | PA, QL, SP |

| Drug Name                                                                    | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |                       |
| ACULAR                                                                       | 4         |                       |
| ACULAR LS                                                                    | 4         |                       |
| ACUVAIL                                                                      | E         |                       |
| ALREX                                                                        | 4         | QL                    |
| AZASITE                                                                      | 3         |                       |
| azelastine hcl ophthalmic                                                    | 1         |                       |
| bacitracin-polymyxin b                                                       | 1         |                       |
| BESIVANCE                                                                    | 3         |                       |
| bromfenac sodium (once-daily)                                                | 1         |                       |
| bromfenac sodium ophthalmic solution 0.07 %                                  | E         |                       |
| bromfenac sodium ophthalmic solution 0.075 %                                 | E         | QL                    |
| BROMSITE                                                                     | E         | QL                    |
| ciprofloxacin hcl ophthalmic                                                 | 1         |                       |
| dexamethasone sodium phosphate ophthalmic                                    | 1         |                       |
| diclofenac sodium ophthalmic                                                 | 1         |                       |
| epinastine hcl                                                               | 1         | QL                    |
| erythromycin ophthalmic                                                      | 1         | H-PA                  |
| EYSUVIS                                                                      | 4         | QL                    |
| FLAREX                                                                       | 2         |                       |
| fluorometholone                                                              | 1         |                       |
| FML FORTE                                                                    | 3         |                       |
| FML LIQUIFILM                                                                | 4         |                       |
| gatifloxacin ophthalmic                                                      | 1         |                       |
| gentamicin sulfate ophthalmic                                                | 1         | QL                    |
| ILEVRO                                                                       | E         |                       |
| INVELTYS                                                                     | 3         |                       |
| ketorolac tromethamine ophthalmic                                            | 1         |                       |
| KLARITY-A                                                                    | E         |                       |
| LOTEMAX OPHTHALMIC GEL                                                       | E         |                       |
| LOTEMAX OPHTHALMIC OINTMENT                                                  | 3         |                       |
| LOTEMAX OPHTHALMIC SUSPENSION                                                | E         | QL                    |

See page 6-8 for coverage details.



| Drug Name                                     | Drug Tier | Requirements & Limits | Drug Name                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|-------------------------------------------------|-----------|-----------------------|
| LOTEMAX SM                                    | 3         | QL                    | ALPHAGAN P OPTHALMIC SOLUTION 0.15 %            | 4         | QL                    |
| loteprednol etabonate ophthalmic gel          | E         |                       | AZOPT                                           | E         | QL                    |
| loteprednol etabonate ophthalmic suspension   | 1         | QL                    | BETIMOL OPTHALMIC SOLUTION 0.25 %               | 2         | QL                    |
| MAXITROL                                      | 4         |                       | BETIMOL OPTHALMIC SOLUTION 0.5 %                | 4         | QL                    |
| moxifloxacin hcl (2x day)                     | 1         |                       | bimatoprost ophthalmic                          | 1         | QL                    |
| moxifloxacin hcl ophthalmic                   | 1         |                       | brimonidine tartrate ophthalmic solution 0.1 %  | E         | QL                    |
| neomycin-polymyxin-dexameth                   | 1         |                       | brimonidine tartrate ophthalmic solution 0.15 % | 1         | QL                    |
| NEVANAC                                       | 4         |                       | brimonidine tartrate ophthalmic solution 0.2 %  | 1         |                       |
| OCUFLOX                                       | 4         |                       | brimonidine tartrate-timolol                    | E         | QL                    |
| ofloxacin ophthalmic                          | 1         |                       | brinzolamide                                    | 1         | QL                    |
| olopatadine hcl ophthalmic solution 0.1 %     | 1         |                       | COMBIGAN                                        | 1         | QL                    |
| olopatadine hcl ophthalmic solution 0.2 %     | E         |                       | COSOPT                                          | 4         |                       |
| POLYCIN                                       | 3         |                       | COSOPT PF                                       | E         | QL                    |
| polymyxin b-trimethoprim                      | 1         |                       | DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC          | 4         |                       |
| PRED FORTE                                    | E         |                       | dorzolamide hcl solution 2 % ophthalmic         | 1         |                       |
| PRED MILD                                     | 3         |                       | dorzolamide hcl-timolol mal                     | 1         |                       |
| prednisolone acetate ophthalmic               | 1         |                       | dorzolamide hcl-timolol mal pf                  | E         | QL                    |
| PREDNISOLONE ACETATE P-F                      | E         |                       | ISTALOL                                         | 4         |                       |
| PROLENSA                                      | E         |                       | IYUZEH                                          | E         | QL                    |
| sulfacetamide sodium ophthalmic solution      | 1         |                       | latanoprost ophthalmic                          | 1         |                       |
| TOBRADEX OPTHALMIC OINTMENT                   | 3         |                       | LUMIGAN                                         | 2         |                       |
| TOBRADEX OPTHALMIC SUSPENSION 0.3-0.1 %       | 4         |                       | RHOPRESSA                                       | 3         | QL                    |
| TOBRADEX ST                                   | E         |                       | ROCKLATAN                                       | 3         | QL                    |
| tobramycin ophthalmic                         | 1         | QL                    | tafluprost (pf)                                 | 1         | ST, QL                |
| tobramycin-dexamethasone                      | 1         |                       | timolol hemihydrate                             | 1         | QL                    |
| VIGAMOX                                       | E         |                       | timolol maleate (once-daily)                    | 1         |                       |
| XDEMYY                                        | 4         | PA, QL                | timolol maleate ocudose                         | 1         |                       |
| ZYLET                                         | 3         |                       | timolol maleate ophthalmic                      | 1         |                       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b> |           |                       | timolol maleate pf                              | 1         |                       |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 %           | 1         | QL                    | TIMOPTIC OCUDOSE                                | 4         |                       |
|                                               |           |                       | TIMOPTIC OPTHALMIC SOLUTION 0.25 %, 0.5 %       | 4         |                       |

See page 6-8 for coverage details.



| Drug Name                                                 | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % | 4         |                       |
| TRAVATAN Z                                                | E         | ST, QL                |
| travoprost (bak free)                                     | 1         | QL                    |
| VYZULTA                                                   | E         | ST, QL                |
| XALATAN                                                   | E         |                       |
| ZIOPTAN                                                   | 3         | ST, QL                |

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

|                                                              |   |        |
|--------------------------------------------------------------|---|--------|
| ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 % | E |        |
| atropine sulfate ophthalmic solution 1 %                     | 1 |        |
| CEQUA                                                        | E | PA, QL |
| cromolyn sodium ophthalmic                                   | 1 |        |
| CYCLOGYL                                                     | 4 |        |
| cyclopentolate hcl ophthalmic                                | 1 |        |
| cyclosporine ophthalmic                                      | E | PA, QL |
| difluprednate                                                | 1 |        |
| DUREZOL                                                      | E |        |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %                      | 3 |        |
| KLARITY-C DROPS                                              | E | PA     |
| MIEBO                                                        | 4 | PA, QL |
| RESTASIS                                                     | 1 | PA, QL |
| RESTASIS MULTIDOSE                                           | E | PA, QL |
| TYRVAYA                                                      | 4 | PA, QL |
| VERKAZIA                                                     | 4 | PA, QL |
| VEVYE                                                        | E | PA, QL |
| XIIDRA                                                       | 4 | PA, QL |

#### Otic Agents - Drugs for Ear Conditions

|                                    |   |  |
|------------------------------------|---|--|
| acetic acid otic                   | 1 |  |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | E |  |
| ciprofloxacin-dexamethasone        | 1 |  |
| DERMOTIC                           | 4 |  |
| flac otic oil 0.01 %               | 1 |  |
| fluocinolone acetonide otic        | 1 |  |

| Drug Name                  | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| hydrocortisone-acetic acid | 1         |                       |
| neomycin-polymyxin-hc otic | 1         |                       |
| ofloxacin otic             | 1         |                       |

#### Respiratory - Drugs for Anaphylaxis

|                                                                          |   |                                         |
|--------------------------------------------------------------------------|---|-----------------------------------------|
| AUVI-Q                                                                   | 2 | QL                                      |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML            | 2 |                                         |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection              | 1 | (generic for Adrenaclick), QL           |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection              | 1 | QL                                      |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection               | 1 | (generic for EpiPen-JR-Single Pack), QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection               | 1 | (generic for EpiPen-JR), QL             |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                | 1 | (generic for Adrenaclick), QL           |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                | 1 | (generic for EpiPen-Single Pack), QL    |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                | 1 | QL                                      |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                | 1 | (generic for EpiPen), QL                |
| EPIPEN 2-PAK                                                             | E | QL                                      |
| EPIPEN JR 2-PAK                                                          | E | QL                                      |
| NEFFY                                                                    | 4 | QL                                      |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML | 2 |                                         |

#### Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

|                                                    |   |    |
|----------------------------------------------------|---|----|
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 |    |
| azelastine hcl nasal solution 0.15 %               | E |    |
| azelastine-fluticasone                             | E | QL |

See page 6-8 for coverage details.



| Drug Name                                    | Drug Tier | Requirements & Limits | Drug Name                                                                          | Drug Tier | Requirements & Limits |
|----------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------|-----------|-----------------------|
| benzonatate oral capsule 100 mg, 200 mg      | 1         |                       | PATANASE NASAL SOLUTION 0.6 %                                                      | E         |                       |
| benzonatate oral capsule 150 mg              | E         |                       | promethazine-codeine                                                               | 1         | PA, QL                |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5ML         | 3         |                       | promethazine-dm                                                                    | 1         |                       |
| bromphen-pseudoeph-dm                        | 1         |                       | pseudoephedrine-bromphen-dm                                                        | 1         |                       |
| carbinoxamine maleate oral tablet 4 mg       | 1         |                       | PULMOSAL                                                                           | 2         |                       |
| carbinoxamine maleate oral tablet 6 mg       | E         |                       | RYALTRIS                                                                           | E         | QL                    |
| cetirizine hcl oral solution                 | E         |                       | ryvent                                                                             | E         |                       |
| CLARINEX                                     | E         |                       | sodium chloride inhalation                                                         | 1         |                       |
| cypheptadine hcl oral                        | 1         |                       | XHANCE                                                                             | E         | ST, QL                |
| desloratadine oral tablet                    | E         |                       | ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT                                          | 3         | QL                    |
| DYMISTA                                      | E         | QL                    | <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>            |           |                       |
| flunisolide nasal                            | 1         |                       | ACCOLATE                                                                           | 4         |                       |
| fluticasone propionate nasal                 | 1         | QL                    | ADVAIR DISKUS                                                                      | E         | QL                    |
| g tussin ac                                  | 1         |                       | ADVAIR HFA                                                                         | 3         | QL, RS                |
| guaifenesin ac oral syrup 100-10 mg/5ml      | 1         |                       | AEROCHAMBER HOLDING CHAMBER                                                        | 2         |                       |
| guaifenesin-codeine                          | 1         |                       | AEROCHAMBER PLS FLOVU MTHPIECE                                                     | 2         |                       |
| HYCODAN ORAL SOLUTION                        | E         | PA, QL                | AEROCHAMBER PLUS FLO-VU                                                            | 2         |                       |
| hydrocod poli-chlorphe poli er               | 1         | PA, QL                | AEROCHAMBER PLUS FLO-VU INTERM                                                     | 2         |                       |
| hydrocodone bit-homatrop mbr oral solution   | 1         | PA, QL                | AEROCHAMBER PLUS FLO-VU LARGE                                                      | 2         |                       |
| hydromet                                     | 1         | PA, QL                | AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE                                              | 2         |                       |
| HYPERSAL                                     | 2         |                       | AEROCHAMBER PLUS FLO-VU SMALL                                                      | 2         |                       |
| ipratropium bromide nasal                    | 1         |                       | AEROCHAMBER PLUS FLO-VU W/MASK                                                     | 2         |                       |
| levocetirizine dihydrochloride oral          | 1         |                       | AEROCHAMBER2GO ANTI-STATIC                                                         | 2         |                       |
| maxi-tuss ac                                 | 1         |                       | AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT | E         | QL                    |
| mometasone furoate nasal                     | 1         | QL                    |                                                                                    |           |                       |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 3         |                       |                                                                                    |           |                       |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % | E         |                       |                                                                                    |           |                       |
| ODACTRA                                      | 4         | PA, QL                |                                                                                    |           |                       |
| olopatadine hcl nasal                        | 1         |                       |                                                                                    |           |                       |

See page 6-8 for coverage details.



| Drug Name                                                                                        | Drug Tier | Requirements & Limits                         | Drug Name                                                                                                        | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT               | E         | QL                                            | BREO ELLIPTA                                                                                                     | 3         | QL, RS                |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT                 | E         | QL                                            | breyna                                                                                                           | E         | QL, RS                |
| AIRSUPRA                                                                                         | 3         | QL                                            | BREZTRI AEROSPHERE                                                                                               | 3         | QL, RS                |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                          | 1         | QL                                            | budesonide inhalation                                                                                            | 1         | QL                    |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                          | 1         | (generic for ProAir HFA or Proventil HFA), QL | budesonide-formoterol fumarate                                                                                   | E         | QL, RS                |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                          | 1         | (generic for Ventolin HFA), QL                | COMBIVENT RESPIMAT                                                                                               | 3         | QL                    |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation                          | 1         | (generic ProAir HFA or Proventil HFA), QL     | DALIRESP                                                                                                         | E         | QL                    |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml | 1         |                                               | DULERA                                                                                                           | E         | ST, QL                |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION                                | 3         |                                               | EASIVENT                                                                                                         | 2         |                       |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION                                | E         |                                               | EASIVENT MASK LARGE                                                                                              | 2         |                       |
| albuterol sulfate oral syrup 2 mg/5ml                                                            | 1         |                                               | EASIVENT MASK MEDIUM                                                                                             | 2         |                       |
| ANORO ELLIPTA                                                                                    | 3         | QL                                            | EASIVENT MASK SMALL                                                                                              | 2         |                       |
| ARNUITY ELLIPTA                                                                                  | 1         | QL                                            | FASENRA PEN                                                                                                      | 4         | PA, QL                |
| ASMANEX HFA                                                                                      | E         | QL                                            | FLEXICHAMBER                                                                                                     | 2         |                       |
| ATROVENT HFA                                                                                     | 3         | QL                                            | FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT                                              | E         | QL                    |
| BEVESPI AEROSPHERE                                                                               | 2         | QL                                            | FLUTICASONE FUROATE-VILANTEROL                                                                                   | E         | QL, RS                |
| BREATHE COMFORT CHAMBER/ ADULT                                                                   | 2         |                                               | FLUTICASONE PROPIONATE HFA                                                                                       | E         | QL                    |
| BREATHE COMFORT CHAMBER/ CHILD                                                                   | 2         |                                               | FLUTICASONE-SALMETEROL INHALATION AEROSOL                                                                        | E         | QL, RS                |
|                                                                                                  |           |                                               | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1         | QL                    |
|                                                                                                  |           |                                               | FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT  | 3         | QL                    |
|                                                                                                  |           |                                               | INSPIREASE                                                                                                       | 2         |                       |
|                                                                                                  |           |                                               | ipratropium bromide inhalation                                                                                   | 1         |                       |
|                                                                                                  |           |                                               | ipratropium-albuterol                                                                                            | 1         |                       |
|                                                                                                  |           |                                               | levalbuterol hcl inhalation                                                                                      | 1         | QL                    |
|                                                                                                  |           |                                               | LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT                                                                   | 3         | QL                    |
|                                                                                                  |           |                                               | MICROCHAMBER                                                                                                     | 2         |                       |

See page 6-8 for coverage details.





| Drug Name                                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| montelukast sodium oral                                         | 1         |                       |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                      | 4         | PA, QL, SP            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML        | 4         | PA, QL, SP            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML      | 4         | PA, QL                |
| PERFOROMIST                                                     | 4         | QL                    |
| PROCHAMBER VHC                                                  | 2         |                       |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT | E         | QL                    |
| PULMICORT SUSPENSION                                            | E         | QL                    |
| QVAR REDIHALER                                                  | 1         | QL                    |
| roflumilast                                                     | 1         | QL                    |
| SEREVENT DISKUS                                                 | 2         | QL                    |
| SINGULAIR ORAL PACKET                                           | 3         |                       |
| SINGULAIR ORAL TABLET                                           | E         |                       |
| SINGULAIR ORAL TABLET CHEWABLE                                  | E         |                       |
| SPIRIVA HANDIHALER                                              | 1         | QL                    |
| SPIRIVA RESPIMAT                                                | 2         | QL                    |
| STIOLTO RESPIMAT                                                | 2         | QL                    |
| STRIVERDI RESPIMAT                                              | 2         | QL                    |
| SYMBICORT                                                       | 1         | QL                    |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | 4         | PA, QL, SP            |
| tiotropium bromide monohydrate                                  | E         | QL                    |
| TRELEGY ELLIPTA                                                 | 3         | QL, RS                |
| UMECLIDINIUM-VILANTEROL                                         | E         | QL                    |
| VENTOLIN HFA                                                    | E         | QL                    |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE                             | 2         |                       |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE                           | 2         |                       |
| VORTEX VALVE CHAMBER-PEDI MASK                                  | 2         |                       |

| Drug Name                                                                      | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| VORTEX VALVED HOLDING CHAMBER                                                  | 2         |                       |
| wixela inhub                                                                   | 1         | QL                    |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                     | 2         | PA, QL, SP            |
| XOPENEX HFA                                                                    | 3         | QL                    |
| YUPELRI                                                                        | 4         | PA, QL                |
| zafirlukast                                                                    | 1         |                       |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>        |           |                       |
| BRONCHITOL                                                                     | 3         | PA, ST, QL, SP        |
| BRONCHITOL TOLERANCE TEST                                                      | 3         | PA, ST, QL, SP        |
| PULMOZYME                                                                      | 2         | PA, QL, SP            |
| TOBI PODHALER                                                                  | 3         | PA, QL, SP            |
| TRIKAFTA ORAL TABLET THERAPY PACK                                              | 2         | PA, QL, SP            |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>     |           |                       |
| OFEV                                                                           | 4         | PA, QL, SP            |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |                       |
| ADCIRCA                                                                        | E         | PA, QL, SP            |
| ADEMPAS                                                                        | 2         | PA, QL, SP            |
| alyq                                                                           | 1         | PA, QL, SP            |
| OPSUMIT                                                                        | 2         | PA, QL, SP            |
| REVATIO ORAL                                                                   | E         | QL, SP                |
| sildenafil citrate oral tablet 20 mg                                           | 1         | QL                    |
| tadalafil (pah)                                                                | 1         | PA, QL, SP            |
| TADLIQ                                                                         | 3         | PA, QL, SP            |
| TRACLEER                                                                       | 2         | PA, QL, SP            |
| TYVASO                                                                         | 2         | PA, SP                |
| TYVASO DPI INSTITUTIONAL KIT                                                   | 2         | PA, QL, SP            |
| TYVASO DPI MAINTENANCE KIT                                                     | 2         | PA, QL, SP            |
| TYVASO DPI TITRATION KIT                                                       | 2         | PA, QL, SP            |
| TYVASO REFILL KIT                                                              | 2         | PA, SP                |
| TYVASO STARTER KIT                                                             | 2         | PA, SP                |

See page 6-8 for coverage details.



| Drug Name                                                          | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b> |           |                       |
| baclofen oral tablet 10 mg, 20 mg, 5 mg                            | 1         |                       |
| baclofen oral tablet 15 mg                                         | E         |                       |
| carisoprodol oral tablet 250 mg                                    | E         |                       |
| carisoprodol oral tablet 350 mg                                    | 1         |                       |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg                   | E         |                       |
| chlorzoxazone oral tablet 500 mg                                   | 1         |                       |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg                        | 1         |                       |
| cyclobenzaprine hcl oral tablet 7.5 mg                             | E         |                       |
| FEXMID                                                             | E         |                       |
| metaxalone oral tablet 400 mg, 800 mg                              | 1         |                       |
| metaxalone oral tablet 640 mg                                      | E         |                       |
| methocarbamol oral tablet 1000 mg                                  | E         |                       |
| methocarbamol oral tablet 500 mg, 750 mg                           | 1         |                       |
| orphenadrine citrate er                                            | 1         |                       |
| SOMA                                                               | E         |                       |
| TANLOR                                                             | 3         |                       |
| tizanidine hcl oral                                                | 1         |                       |
| VANADOM ORAL TABLET 350 MG                                         | E         |                       |
| ZANAFLEX                                                           | 4         |                       |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG                             | 4         |                       |
| <b>Sleep Disorder Agents</b>                                       |           |                       |
| AMBIEN                                                             | E         |                       |
| AMBIEN CR                                                          | E         |                       |
| armodafinil                                                        | 1         | QL                    |
| BELSOMRA                                                           | 4         | ST, QL                |
| DAYVIGO                                                            | E         | ST, QL                |
| doxepin hcl oral tablet                                            | E         | QL                    |
| eszopiclone                                                        | 1         |                       |

| Drug Name                     | Drug Tier | Requirements & Limits               |
|-------------------------------|-----------|-------------------------------------|
| LUMRYZ                        | 4         | PA, QL, SP                          |
| LUNESTA                       | E         |                                     |
| modafinil oral                | 1         | QL                                  |
| NUVIGIL                       | E         | QL                                  |
| PROVIGIL                      | E         | QL                                  |
| QUVIVIQ                       | E         | ST, QL                              |
| ramelteon                     | 1         | ST, QL                              |
| RESTORIL                      | 4         |                                     |
| ROZEREM                       | E         | ST, QL                              |
| SILENOR                       | E         | QL                                  |
| SODIUM OXYBATE                | 4         | PA, (Manufactured by Hikma), QL, SP |
| SUNOSI                        | 2         | PA, QL                              |
| temazepam                     | 1         |                                     |
| WAKIX                         | 4         | PA, QL, SP                          |
| XYWAV                         | 4         | PA, QL, SP                          |
| zaleplon                      | 1         |                                     |
| zolpidem tartrate er          | 1         |                                     |
| zolpidem tartrate oral tablet | 1         |                                     |

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**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

**ਧਿਆਨ ਦਿਓ** ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**ВНИМАНИЕ!** Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

**PAUNAWA:** Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

**โปรดทราบ** หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

**ЗВЕРНІТЬ УВАГУ!** Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

**LƯU Ý:** Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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