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## 2017 Aetna Pharmacy Drug Guide

Five-Tier Open Aetna Value Plus Small Group Plan: DE

[www.aetna.com](http://www.aetna.com)



## Do you have questions?

Call the toll-free number on your member ID card. Or visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

### Dear Member:

We are pleased to provide you with a copy of our 2017 Aetna Pharmacy drug guide that includes information about your pharmacy benefits plan. Take this guide with you when you see your doctor if you want to talk about what medicines are covered under your plan and what they may cost.

Many commonly prescribed drugs are listed in this guide.

**Note: this is not a complete list of drugs covered under your plan.** We list only the most commonly prescribed medicines as thousands of drugs are covered by your plan.

Want to learn more your plan's drug coverage? Just visit the website on your member ID card and log in to your account.

### What pharmacy benefits plan do I have?

**You are enrolled in a Five Tier, Open Formulary plan.**

Here's what that means to you:

Think of **tier** as a level. **Five tier** means you could pay five different amounts, depending on the drug you take.

A **formulary** is a list of generic and brand-name drugs that your plan covers. An **open formulary** means your plan covers most prescription drugs. But it may not cover some others.

### What can I expect to pay?

With this health benefits and health insurance plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percent of the prescription's price. Each drug your plan covers falls under a different level or tier. The lower the tier, the lower the price. The higher the tier, the higher the price.

**What you pay falls into one of these tiers or levels:**

**Tier One:** You pay **the lowest cost** for drugs in this level.

**Tier Two:** You pay **a slightly higher cost** for drugs in this level.

**Tier Three:** You pay **the highest cost** for drugs in this level.

Specialty drugs are on tier four and tier five. Specialty prescription drugs typically include high-cost drugs that require special handling, special storage or monitoring and include but are not limited to oral, topical, inhaled and injected ways of giving them.

**Tier Four:** You pay **a higher cost** for specialty drugs in this level.

**Tier Five:** You pay **the highest cost** for non-Preferred Specialty drugs in this level.

### To find your exact costs

Check your Plan Design and Benefits summary in your enrollment kit.

Your pharmacy benefits plan may include a program that encourages you to choose a generic drug over a brand-name drug to help reduce what you pay. This means that if you fill a brand-name drug when a generic is available, that in addition to your standard copay or coinsurance, you must also pay the difference in cost between the brand-name and generic drug.

For a summary of your pharmacy benefits plan, including out-of-pocket costs, visit the website on your member ID card and log in to your account. Or call the toll-free number on your member ID card.



## Where can I find more formulary information?

You and your doctor can search for a drug, find out if it's covered and see what tier it's in. You can also see if there are alternatives that cost less. **Tell your doctor that you pay more for tier five drugs** so he or she can consider this when writing a prescription.

**Visit [www.aetna.com/Formulary](http://www.aetna.com/Formulary). You arrive at a page that says "Find a Medication."** This is where you can learn more about the types of drug coverage reviews required for your medicine(s); things like precertification, step therapy or quantity limits. You will arrive at a menu page where you can view various drug lists, including your Aetna Pharmacy drug guide and more.

## How is the formulary developed?

Aetna's Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews scientific evidence, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Aetna employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the formulary. The Aetna Pharmacy drug guide shows you recent changes to the guide. For example, it could show what drugs started requiring coverage reviews like precertification, step therapy or quantity limits. Or which drugs no longer do. The P&T Committee can make recommendations to change the tier level of a drug or to place it on our Formulary Exclusions List, designating it as a drug that is no longer covered.

## Why is the formulary subject to change?

We may add or remove drugs for certain reasons. We might also move a drug from one coverage tier to another.

Here are some reasons why:

- As brand-name drugs lose their patents and generic versions become available, the brand-name may be covered at a higher out-of-pocket cost while the generic may be covered at a lower out-of-pocket cost.
- The U.S. Food and Drug Administration (FDA) approves many new drugs throughout the year.
- Drugs can be withdrawn from the market or may become available without a prescription. Over-the-counter (OTC) drugs are not generally covered under a prescription plan, unless required by law.

Our website, **[www.aetna.com/formulary](http://www.aetna.com/formulary)**, reflects the most up-to-date formulary information – so please visit it often.

## Why do some drugs require prior authorization or precertification?

This drug coverage review encourages appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met.

Reasons for precertification include:

- Compliance with dosing guidelines
- Avoiding duplicate therapies
- Helping health care providers check that a drug is being used based on generally accepted medical criteria

The precertification program is based on current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.

If your plan requires precertification, you will find a list of drugs that are subject to precertification with this guide. Please keep in mind that:

- Your doctor must contact Aetna to request approval of coverage for these drugs.
- If we approve the request, we will notify your doctor. The drug will then be covered at the applicable out-of-pocket cost under your plan. You will also be notified of approvals where the state requires notification to members.

If the request is denied, you and your doctor will be notified. You can still purchase the drug, but for the full price.

## Medical exceptions for non-covered drugs

In certain circumstances\*, You or your prescriber can request a medical exception for a non-covered drug. To submit a request, call our Precertification Department at 1-855-582-2025, or fax a request to 1-855-330-1716. You also can mail a written request to CVS Health, ATTN: Aetna PA, 1300 E. Campbell Rd., Richardson, TX 75081. If the request is expedited a coverage determination will be made within 24 hours of receiving the request, and notify you or your prescriber of our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved the member is responsible for the highest applicable copay after deductible depending upon the members pharmacy plan design.

## Why do some drugs have quantity limits?

This drug coverage review limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that your prescribed drug is used correctly and safely.

We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose Efficiency Edits** – Limit coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

## What is step therapy?

This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. These lower-cost drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.

## What is therapeutic duplication?

Therapeutic duplication means that two or more drugs of the same type are prescribed at the same time. This can occur when two doctors prescribe similar drugs or when your doctor switches from one drug to another drug in the same class without cancelling the first prescription.

It is rare that you should ever need two drugs from the same class to treat a medical condition. Since serious side effects may occur, we help bring such duplications to your pharmacist's and doctor's attention.

## Learn more about drug coverage reviews

If you have a medical need for a drug that requires precertification, quantity limits or step therapy, your doctor can ask for a medical exception. The list of drugs requiring precertification, quantity limits or step therapy is subject to change. Find the most up-to-date information at [www.aetna.com/formulary](http://www.aetna.com/formulary).

## You may be able to save with generic drugs

Generic drugs are approved by FDA and proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs. The difference is that generics may be a different color, shape or size.

When appropriate, your doctor may decide to prescribe, or allow substitution with, a generic drug. Please talk to your doctor to find out if a generic is right for you.

## Saving on prescriptions

Here are some other tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug (formulary) Guide.
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money. See Aetna Rx Home Delivery in this guide for details.
- Remind your doctor to check your plan to make sure you get maximum coverage.

\*These circumstances exist when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or undergoing a current course of treatment using a non-covered drug.

## What is Aetna Rx Home Delivery?

Check your plan documents to see if your plan includes our Aetna Rx Home Delivery mail order pharmacy. It fills prescriptions for maintenance medicine. This type of medicine is used regularly, to treat conditions like arthritis, asthma, diabetes or high cholesterol. If you need this type of drug, you can get up to a 90-day supply, or the maximum supply allowed by your plan, and free delivery right to your mailbox.

You also get:

- Quick, confidential service
- Free standard shipping
- Pharmacists who check all prescriptions for accuracy and can answer questions any time

### It's easy and fast to order – choose one of these ways:

- 1. CourtesyStart<sup>SM</sup>** – Fill your new mail order prescription online by visiting the website on your member ID card and logging in to your account. Or, call us toll-free at 1-888-RX AETNA (1-888-792-3862) or TDD: 1-800-823-6373. We will contact your doctor to try and get a new prescription for you. You may need to schedule a visit with your doctor before he or she will write a new prescription.
- 2. Mail** – Get a new 90-day prescription from your doctor. Mail it to us with a completed order form. Access the order form online. You'll find it by visiting the website on your member ID card.
- 3. Fax** – Ask your doctor to fax your new prescription, with your completed order form to 1-877-270-3317. Make sure your doctor includes your member ID number, your date of birth and your mailing address on the fax cover sheet. Only a doctor may fax a prescription.

If your prescription is for a controlled medicine, a written prescription from your doctor may be needed.

Generally, if your order is complete, you will receive your medicine within 10-14 days from when Aetna Rx Home Delivery receives your order. You can request expedited delivery for an additional charge.

## What is Aetna Specialty Pharmacy?

Aetna Specialty Pharmacy is Aetna's in-house specialty pharmacy. It can fill your prescription specialty medicine. These types of drugs may be injected, infused or taken by mouth. Specialty medicine often needs special storage and handling. It must be delivered quickly. And a nurse or pharmacist should monitor you during your treatment. Use Aetna Specialty Pharmacy to get this medicine sent right to your mailbox. You also get:

- Free delivery that is reliable, secure and sent anywhere you choose
- Extra help when you need it – like injection training and side effect monitoring
- Refill reminders
- Proactive outreach to confirm your refills
- Free standard supplies
- Nurses and pharmacists to help 24 hours a day, every day

### It's easy and fast to order – choose one of these ways:

- **Fax** – Your doctor can fax your prescription to **1-866-FAX-ASRX (1-866-329-2779)**.
- **Mail** – You or your doctor can mail your prescription order to: Aetna Specialty Pharmacy, 503 Sunport Lane, Orlando, FL 32809. If you mail in your own prescription, please send it along with a completed Patient Profile Form. Find the form at **[www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com)** by clicking on "Specialty pharmacy: How to enroll."
- **Phone** – Your doctor can also call and speak to one of our registered pharmacists at **1-866-782-ASRX (1-866-782-2779)** during normal business hours of 8 a.m. until 7 p.m. ET.

To transfer an existing prescription order and have it filled by Aetna Specialty Pharmacy, call toll-free at **1-866-353-1892**.

## **Nondiscrimination Notice**

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,  
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
**1-800-648-7817, TTY: 711,**  
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

T'áá shí shizaad k'ehjí bee shiká a'doowoł nínízingo ÍDiné k'ehjíÓ naaltsoos bee atah nílįįgo nanitinígíí béesh bee hane'é bikáá' áajį' t'áá jíík'e hółne'. (Navajo)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

Për asistencë në gjuhën shqipe telefononi falas në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

ለአማርኛ ቋንቋ እገዛ በመታወቅያዎ ላይ በተጠቀሰው ቁጥር በነጻ ይደውሉ (Amharic)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقةك التعريفية. (Arabic)

Լեզվի ցուցաբերած աջակցության (հայերեն) Ձանգահարեք թիվը նշված է ձեր ID քարտի առանց գնով: (Armenian)

Niba urondera uwugufasha mu Kirundi, twakure ku busa ku inomeru iri ku ikarata karangamuntu yawe. (Bantu-Kirundi)

Alang sa pag-abag sa pinulongan sa (Binisayang Sinugboanon) tawga ang numero nga gilista sa imong kard sa kailhanan nga walay bayad. (Bisayan-Visayan)

বাংলায় ভাষা সহায়তার জন্য আপনার আইডি কার্ডে যে নম্বরটি তালিকাভুক্ত রয়েছে বিনামূল্যে তাতে কল করুন। (Bengali-Bangala)

ငွေကုန်ကျခံစရာမလိုဘဲ (မြန်မာဘာသာစကား) ဖြင့် ဘာသာစကားအကူအညီရယူရန် သင့်အိုင်ဒီကတ် ပေါ်တွင် ပေးထားသည့်ဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။ (Burmese)

Per rebre assistència en (català), truqui al número de telèfon gratuït que apareix a la seva targeta d'identificació. (Catalan)

Para ayuda gi fino' (Chamoru), ágang l numiru ni mangaige gi iyo-mu 'ID card', sin gástu.. (Chamorro)

Θεωρε σελιδου Αηοδσρδυ Θετ (GWY) ΘβWδ'is Θεδυ Α4ου ΑSδ0ο O'ΘT GT/P SACου ΙΘου O'ΘT L ΑΓου δEGPJ hPPO. (Cherokee)

(Chahta) anumpa ya apela a chi bvnna hokmvt chj holisso kallo iskitini ma holhtena yvt takanli. Na aivlli keyu hq ish j paya hinla. (Choctaw)

Tajaajila afaan Oromiffa argachuuf lakkoofsota bilbilaa waraqaa eenyummaa keessan irra jiran irratti bilisaan bilbilaa. (Cushite)

Bel voor tolk- en vertaaldiensten in het Nederlands gratis naar het nummer dat op uw identiteitskaart vermeld staat. (Dutch)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Για γλωσσική βοήθεια στα Ελληνικά καλέστε χωρίς χρέωση τον αριθμό που αναγράφεται στην κάρτα αναγνώρισης. (Greek)

(Gujarati) ગુજરાતીમાં ભાષા સહાય માટે તમારા આઈડી કાર્ડ પર લખેલ નંબર પર કોઈ ખર્ચ વગર કોલ કરો.

No ke kōkua ma ka ‘ōlelo Hawai‘i e kahea aku i ka helu kelepona ma kāu kaleka ID, kākī ‘ole ‘ia kēia kōkua nei. (Hawaiian)

(Hindi) हिन्दी में भाषा सहायता के लिए, अपने आईडी कार्ड पर दिये गये नम्बर पर मुफ्त कॉल करें।

Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau tus xov tooj ntawm koj daim npav. (Hmong)

Maka enyemaka asusu na Igbo kpọmmba edeputara na kaadi ID gị na akwughị ugwo o bula. (Ibo)

Para iti tulong ti pagsasao iti pagsasao tawagan ti numero a nakalista iti ID card yo nga awan ti bayadan yo. (Ilocano)

Untuk bantuan dalam bahasa Indonesia, silakan hubungi nomor yang tercantum di kartu ID Anda tanpa dikenakan biaya. (Indonesian)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

လၢတၢ်မၤစၢတၢ်ကတိၤတၢ်အိၣ်အီၣ် ကိၣ် တိၣ်နီၣ်ကိၣ်တၢ်ကွဲးလီၤယၢ်လၢနလံာ်အိၣ်သး အိၣ်ဒိၣ်ကး အလီၤ လၢတအိၣ်ဒီးတၢ်လၢတၢ်အိၣ်လၢတၢ်စၢတၢ် (Karen)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)



Mo fesoasoani tau gagana I le Gagana Samoa vala’au le numera o lo’o lisiina I luga o lau pepa ID e aunoa ma se totogi. (Samoan)

Fii yo on hefu balal e ko yowitii e haala Pular noddee e dii numero ji lintaaɗi ka kaydi dantite mon. Njodi woo fawaaki on. (Sudanic-Fulfulde)

Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa nambari iliyoorodheshwa kwenye Kitambulisho chako bila malipo. (Swahili)

(Syriac-Assyrian). ܬܠܝܬܐ ܕܢܚܝܬܐ ܕܡܪܝܢܐ ܕܥܝܣܝܐ ܕܡܫܝܚܐ

భాషతో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు కాల్ చేయండి. (తెలుగు) (Telugu)

สำหรับความช่วยเหลือทางด้านภาษาเป็น (ภาษาไทย) โทรหมายเลขที่แสดงไว้บนบัตรประจำตัวของท่าน ฟรีไม่มีค่าใช้จ่าย (Thai)

Kapau 'oku fiema'u hā tōkoni 'i he lea faka-Tonga telefoni ki he fika 'oku lisi 'i ho'o kaati ID 'o 'ikai hā tōtōngi (Tongan)

Ren ánnínisin chiakú ren (Kapasen Chuuk) kopwe kékékéeri ena nampaan tengewa aa makketiw wóón noumw ena chéén taropween ID nge esapw kamé ngonuk. (Turkese)

(Dilde) dil yardım için sayı hiçbir ücret ödmeden kimlik kartı listelenen diyoruz. (Turkish)

Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером, наданим у вашій ID-картці посвідчення особи. (Ukrainian)

اُردو میں لسانی معاونت کے لیے اپنے ID کارڈ پر درج نمبر پر مفت کال کریں۔ (Urdu)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị.  
(Vietnamese)

פאר שפראך הילף אין אידיש רופט דעם נומער וואס שטייט אויף אייער אידענטיטעט קארטל פריי פון אפצאל.  
(Yiddish)

Fún iránlowo nípa èdè (Yorùbá) pe nombà tí a kò sọrí káàdì idánimo re láì san owó kankan rárá. (Yoruba)

Please note that if your prescription drug benefits plan changes, the information herein may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Pharmacy Drug (formulary) Guide. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully-insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully-insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug (formulary) Guide, Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully-insured Commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-therapy Lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully-insured Commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-therapy Lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

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## 2017 Aetna Pharmacy Drug Guide - DE Five Tier Open Value Plus Small Group Formulary

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>lowercase italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p> | <p><b>Status</b></p> <p><b>CE</b> = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.</p> <p><b>M</b> = Coverage where required by state law</p> <p><b>NC</b> = Not Covered</p> <p><b>Tier 1</b> = Preferred Generic</p> <p><b>Tier 2</b> = Preferred Brand</p> <p><b>Tier 3</b> = Non-Preferred Brand and Generic</p> <p><b>Tier 4</b> = Tier 4</p> <p><b>Tier 5</b> = Tier 5</p> | <p><b>Notes</b></p> <p><b>#</b> = Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.</p> <p><b>AL</b> = Age Limit</p> <p><b>LGC</b> = Lowest Generic Copay</p> <p><b>MA</b> = Step Therapy does not apply to members residing in Massachusetts.</p> <p><b>N1</b> = Refer to member plan documents for Erectile Dysfunction use/coverage</p> <p><b>N5</b> = Drug may be covered by some plans</p> <p><b>PA</b> = Prior Authorization Applies</p> <p><b>QL</b> = Quantity Limit</p> <p><b>Select OTC</b> = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.</p> <p><b>SP</b> = You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.</p> <p><b>ST</b> = Step Therapy Applies</p> |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| Drug                                                                                 | Status | Notes                                                     |
|--------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|
| <b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>                               |        |                                                           |
| ADDERALL                                                                             | NC     | N5                                                        |
| ADDERALL XR                                                                          | NC     | N5                                                        |
| ADZENYS XR-ODT                                                                       | Tier 3 | PA; ST; QL                                                |
| <i>amphetamine-dextroamphet er</i>                                                   | Tier 1 | QL                                                        |
| <i>amphetamine-dextroamphetamine</i>                                                 | Tier 1 | QL                                                        |
| APTENSIO XR                                                                          | Tier 3 | PA; ST; QL                                                |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>                         | Tier 1 | PA; QL                                                    |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | QL                                                        |
| <i>benzphetamine hcl oral tablet 50 mg</i>                                           | M      | Only covered in states: DC and excluded elsewhere; TIER 3 |
| <i>caffeine citrate oral solution 20 mg/ml</i>                                       | Tier 1 |                                                           |
| <i>clonidine hcl er</i>                                                              | Tier 1 | PA; QL                                                    |
| CONCERTA                                                                             | NC     | N5                                                        |
| COTEMPLA XR-ODT                                                                      | Tier 3 | PA; ST; QL                                                |
| DAYTRANA                                                                             | Tier 3 | PA; ST; #; QL                                             |
| DESOXYN                                                                              | NC     | N5                                                        |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                      | NC     | N5                                                        |
| <i>dexmethylphenidate hcl</i>                                                        | Tier 1 | QL                                                        |
| <i>dexmethylphenidate hcl er</i>                                                     | Tier 1 | QL                                                        |
| <i>dextroamphetamine sulfate er</i>                                                  | Tier 1 | QL                                                        |
| <i>dextroamphetamine sulfate oral solution</i>                                       | Tier 1 | QL                                                        |
| <i>dextroamphetamine sulfate oral tablet</i>                                         | Tier 1 | QL                                                        |
| <i>diethylpropion hcl er</i>                                                         | M      | Only covered in states: DC and excluded elsewhere; TIER 3 |
| <i>diethylpropion hcl oral</i>                                                       | M      | Only covered in states: DC and excluded elsewhere; TIER 3 |
| DYANAVEL XR                                                                          | Tier 3 | PA; ST; QL                                                |
| EVEKEO                                                                               | Tier 3 | PA; ST; QL                                                |
| FOCALIN                                                                              | NC     | N5                                                        |

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|-------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|
| FOCALIN XR ORAL CAPSULE<br>EXTENDED RELEASE 24 HOUR 10 MG,<br>15 MG, 30 MG, 40 MG, 5 MG                     | NC     | N5                                                           |
| FOCALIN XR ORAL CAPSULE<br>EXTENDED RELEASE 24 HOUR 20 MG,<br>25 MG, 35 MG                                  | Tier 3 | ST; QL                                                       |
| <i>guanfacine hcl er</i>                                                                                    | Tier 3 | PA; QL                                                       |
| INTUNIV                                                                                                     | NC     | N5                                                           |
| KAPVAY ORAL TABLET EXTENDED<br>RELEASE 12 HOUR                                                              | NC     | N5                                                           |
| METADATE ER ORAL TABLET<br>EXTENDED RELEASE 20 MG                                                           | Tier 1 | QL                                                           |
| <i>methamphetamine hcl</i>                                                                                  | Tier 1 | PA; QL                                                       |
| METHYLIN ORAL SOLUTION                                                                                      | NC     | N5                                                           |
| <i>methylphenidate hcl er (cd)</i>                                                                          | Tier 1 | QL                                                           |
| <i>methylphenidate hcl er (la) oral capsule<br/>extended release 24 hour 20 mg, 30 mg, 40 mg,<br/>60 mg</i> | Tier 1 | QL                                                           |
| <i>methylphenidate hcl er oral tablet extended<br/>release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54<br/>mg</i> | Tier 1 | QL                                                           |
| <i>methylphenidate hcl er oral tablet extended<br/>release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>           | Tier 1 | QL                                                           |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5<br/>mg/5ml</i>                                            | Tier 1 | QL                                                           |
| <i>methylphenidate hcl oral tablet</i>                                                                      | Tier 1 | QL                                                           |
| <i>methylphenidate hcl oral tablet chewable</i>                                                             | Tier 3 |                                                              |
| <i>modafinil oral tablet 100 mg, 200 mg</i>                                                                 | Tier 1 | PA; QL                                                       |
| MYDAYIS                                                                                                     | Tier 3 | PA; ST; QL                                                   |
| NUVIGIL ORAL TABLET 150 MG, 200<br>MG, 250 MG, 50 MG                                                        | Tier 3 | PA; #; QL                                                    |
| <i>phendimetrazine tartrate</i>                                                                             | M      | Only covered in states: DC and<br>excluded elsewhere; TIER 3 |
| <i>phendimetrazine tartrate er</i>                                                                          | M      | Only covered in states: DC and<br>excluded elsewhere; TIER 3 |
| <i>phentermine hcl oral</i>                                                                                 | M      | Only covered in states: DC and<br>excluded elsewhere; TIER 3 |

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| Drug                                                                                                                                      | Status | Notes                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|
| PROCENTRA                                                                                                                                 | NC     | N5                                                           |
| PROVIGIL                                                                                                                                  | NC     | N5                                                           |
| QUILLICHEW ER ORAL TABLET<br>CHEWABLE EXTENDED RELEASE 20<br>MG, 30 MG, 40 MG                                                             | Tier 3 | PA; ST; QL                                                   |
| QUILLIVANT XR                                                                                                                             | Tier 3 | PA; ST; QL                                                   |
| REGIMEX                                                                                                                                   | M      | Only covered in states: DC and<br>excluded elsewhere; TIER 3 |
| RITALIN                                                                                                                                   | NC     | N5                                                           |
| RITALIN LA ORAL CAPSULE<br>EXTENDED RELEASE 24 HOUR 10 MG,<br>20 MG, 30 MG, 40 MG                                                         | NC     | N5                                                           |
| STRATTERA ORAL CAPSULE 10 MG, 100<br>MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG                                                                | Tier 3 | ST; #; QL                                                    |
| VYVANSE                                                                                                                                   | Tier 2 | QL                                                           |
| XENICAL                                                                                                                                   | M      | Only covered in states: DC and<br>excluded elsewhere; TIER 3 |
| ZENZEDI ORAL TABLET 10 MG, 5 MG                                                                                                           | Tier 1 | QL                                                           |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG,<br>20 MG, 30 MG, 7.5 MG                                                                                | NC     |                                                              |
| <b>*AMINOGLYCOSIDES*</b>                                                                                                                  |        |                                                              |
| <i>amikacin sulfate injection solution 1 gm/4ml,<br/>500 mg/2ml</i>                                                                       | Tier 3 |                                                              |
| BETHKIS                                                                                                                                   | Tier 5 | SP; QL                                                       |
| <i>gentamicin in saline intravenous solution 0.8-0.9<br/>mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-<br/>0.9 mg/ml-%, 2-0.9 mg/ml-%</i> | Tier 3 |                                                              |
| <i>gentamicin sulfate injection</i>                                                                                                       | Tier 5 |                                                              |
| <i>gentamicin sulfate intravenous</i>                                                                                                     | Tier 5 |                                                              |
| KITABIS PAK                                                                                                                               | NC     | N5                                                           |
| <i>neomycin sulfate oral</i>                                                                                                              | Tier 1 |                                                              |
| <i>paromomycin sulfate oral</i>                                                                                                           | Tier 1 |                                                              |
| <i>streptomycin sulfate intramuscular</i>                                                                                                 | Tier 5 |                                                              |
| TOBI                                                                                                                                      | NC     | N5; SP                                                       |
| TOBI PODHALER                                                                                                                             | Tier 4 | SP; QL                                                       |

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|----------------------------------------------------------------------|--------|----------------|
| <i>tobramycin inhalation</i>                                         | Tier 4 | SP; QL         |
| <i>tobramycin sulfate injection</i>                                  | Tier 5 |                |
| <b>*ANALGESICS - ANTI-INFLAMMATORY*</b>                              |        |                |
| ACTEMRA INTRAVENOUS                                                  | Tier 5 | PA; ST; SP     |
| ACTEMRA SUBCUTANEOUS                                                 | Tier 5 | PA; ST; SP; QL |
| ANAPROX DS                                                           | NC     | N5             |
| ARAVA ORAL TABLET 10 MG                                              | NC     | N5             |
| ARAVA ORAL TABLET 20 MG                                              | NC     |                |
| ARCALYST                                                             | Tier 5 | PA; SP         |
| ARTHROTEC ORAL TABLET DELAYED RELEASE                                | NC     | N5             |
| CELEBREX                                                             | NC     | N5             |
| <i>celecoxib oral</i>                                                | Tier 3 | QL             |
| DAYPRO                                                               | NC     | N5             |
| <i>diclofenac potassium</i>                                          | Tier 1 |                |
| <i>diclofenac sodium er</i>                                          | Tier 1 |                |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>    | Tier 1 |                |
| <i>diclofenac sodium oral tablet delayed release 75 mg</i>           | Tier 1 | LGC            |
| <i>diclofenac-misoprostol oral tablet delayed release</i>            | Tier 1 |                |
| DUEXIS                                                               | NC     |                |
| EC-NAPROSYN                                                          | NC     | N5             |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | Tier 4 | PA; ST; SP; QL |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED                           | Tier 4 | PA; ST; QL     |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Tier 4 | PA; ST; SP; QL |
| <i>etodolac er</i>                                                   | Tier 1 |                |
| <i>etodolac oral</i>                                                 | Tier 1 |                |
| FELDENE                                                              | NC     | N5             |
| <i>fenoprofen calcium oral</i>                                       | Tier 1 |                |

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| <b>Drug</b>                                                                     | <b>Status</b> | <b>Notes</b>   |
|---------------------------------------------------------------------------------|---------------|----------------|
| <i>flurbiprofen oral</i>                                                        | Tier 1        |                |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML    | Tier 4        | PA; ST; SP; QL |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT                                        | Tier 4        | PA; ST; SP; QL |
| HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT                         | Tier 4        | PA; ST; SP; QL |
| HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT                      | Tier 4        | PA; ST; SP; QL |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML | Tier 4        | PA; ST; SP; QL |
| IBUPROFEN COMFORT PAC                                                           | NC            |                |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                             | Tier 1        | LGC            |
| IC 400                                                                          | NC            |                |
| IC 800                                                                          | NC            |                |
| ILARIS                                                                          | Tier 5        | PA; SP         |
| ILARIS (150MG DELIVERED)                                                        | Tier 5        | PA; SP         |
| INDOCIN ORAL                                                                    | Tier 3        |                |
| INDOCIN RECTAL                                                                  | Tier 3        |                |
| <i>indomethacin er</i>                                                          | Tier 1        |                |
| <i>indomethacin oral</i>                                                        | Tier 1        | QL             |
| <i>ketoprofen er</i>                                                            | Tier 1        |                |
| <i>ketoprofen oral</i>                                                          | Tier 1        |                |
| <i>ketorolac tromethamine injection solution 15 mg/ml, 60 mg/2ml</i>            | Tier 3        |                |
| <i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>                  | Tier 3        |                |
| <i>ketorolac tromethamine oral</i>                                              | Tier 1        | QL             |
| KEVZARA                                                                         | Tier 5        | PA; ST; SP; QL |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                 | Tier 5        | PA; ST; SP; QL |
| <i>leflunomide oral</i>                                                         | Tier 1        | QL             |
| <i>meclofenamate sodium oral</i>                                                | Tier 1        |                |

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| <b>Drug</b>                                                                                                                                                               | <b>Status</b> | <b>Notes</b>   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <i>mefenamic acid oral</i>                                                                                                                                                | Tier 3        |                |
| <i>meloxicam oral tablet</i>                                                                                                                                              | Tier 1        | LGC            |
| MOBIC ORAL TABLET                                                                                                                                                         | NC            | N5             |
| <i>nabumetone oral</i>                                                                                                                                                    | Tier 1        |                |
| NALFON ORAL CAPSULE 400 MG                                                                                                                                                | Tier 3        |                |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG                                                                                                                      | NC            | N5             |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG                                                                                                              | NC            |                |
| NAPROSYN ORAL TABLET 250 MG, 500 MG                                                                                                                                       | NC            | N5             |
| <i>naproxen dr</i>                                                                                                                                                        | Tier 1        |                |
| <i>naproxen oral suspension</i>                                                                                                                                           | Tier 1        |                |
| <i>naproxen oral tablet</i>                                                                                                                                               | Tier 1        | LGC            |
| <i>naproxen sodium er</i>                                                                                                                                                 | NC            |                |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                                                                         | Tier 1        |                |
| ORENCIA CLICKJECT                                                                                                                                                         | Tier 5        | PA; ST; SP; QL |
| ORENCIA INTRAVENOUS                                                                                                                                                       | Tier 5        | PA; ST; SP     |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML                                                                                     | Tier 5        | PA; ST; SP; QL |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML                                              | Tier 5        | ST; SP         |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML                                                                                                                 | Tier 5        | ST             |
| <i>oxaprozin</i>                                                                                                                                                          | Tier 1        |                |
| <i>piroxicam oral</i>                                                                                                                                                     | Tier 1        |                |
| PONSTEL                                                                                                                                                                   | NC            | N5             |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | Tier 5        | ST; SP         |

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|-----------------------------------------------------------|--------|----------------|
| RIDAURA                                                   | Tier 3 |                |
| SIMPONI ARIA                                              | Tier 4 | PA; ST; SP; QL |
| SIMPONI SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR            | Tier 5 | PA; ST; SP; QL |
| SIMPONI SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE        | Tier 5 | PA; ST; SP; QL |
| SPRIX                                                     | NC     | #              |
| <i>sulindac oral</i>                                      | Tier 1 |                |
| TIVORBEX                                                  | Tier 3 | QL             |
| <i>tolmetin sodium</i>                                    | Tier 1 |                |
| VIMOVO                                                    | NC     |                |
| VIVLODEX                                                  | Tier 3 | ST; QL         |
| XELJANZ                                                   | Tier 5 | PA; ST; SP; QL |
| XELJANZ XR                                                | Tier 5 | PA; ST; SP; QL |
| ZIPSOR                                                    | NC     |                |
| ZORVOLEX                                                  | Tier 3 | QL             |
| <b>*ANALGESICS - NONNARCOTIC*</b>                         |        |                |
| ALLZITAL                                                  | Tier 3 |                |
| <i>aspir-81</i>                                           | CE     |                |
| <i>aspir-low</i>                                          | CE     |                |
| <i>bayer aspirin ec low dose</i>                          | CE     |                |
| <i>bayer low dose oral tablet chewable</i>                | CE     |                |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>     | Tier 1 |                |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> | Tier 3 |                |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>  | Tier 1 |                |
| <i>butalbital-aspirin-caffeine oral capsule</i>           | Tier 1 |                |
| <i>capacet</i>                                            | Tier 3 |                |
| <i>childrens aspirin</i>                                  | CE     |                |
| <i>diflunisal oral</i>                                    | Tier 1 |                |
| <i>ec-81 aspirin</i>                                      | CE     |                |
| ECOTRIN                                                   | CE     |                |
| <i>ecotrin low strength</i>                               | CE     |                |

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|--------------------------------------------------------------|--------|------------|
| <i>ecpirin</i>                                               | CE     |            |
| <i>esgic oral capsule</i>                                    | Tier 3 |            |
| ESGIC ORAL TABLET                                            | NC     | N5         |
| FIORINAL                                                     | NC     | N5         |
| <i>marten-tab</i>                                            | Tier 1 |            |
| <i>miniprin low dose</i>                                     | CE     |            |
| PRIALT                                                       | Tier 5 | SP         |
| <i>qc aspirin low dose oral tablet delayed release</i>       | CE     |            |
| <i>st joseph aspirin oral tablet delayed release</i>         | CE     |            |
| <i>tgt aspirin oral tablet delayed release</i>               | CE     |            |
| VANATOL LQ                                                   | NC     |            |
| <b>*ANALGESICS - OPIOID*</b>                                 |        |            |
| ABSTRAL                                                      | Tier 3 | PA; ST; QL |
| <i>acetaminophen-codeine #2</i>                              | Tier 1 | PA; QL     |
| <i>acetaminophen-codeine #3</i>                              | Tier 1 | PA; QL     |
| <i>acetaminophen-codeine #4</i>                              | Tier 1 | PA; QL     |
| <i>acetaminophen-codeine oral solution</i>                   | Tier 1 | PA         |
| <i>acetaminophen-codeine oral tablet</i>                     | Tier 1 | PA; QL     |
| ACTIQ                                                        | NC     | N5         |
| <i>apap-caff-dihydrocodeine oral capsule</i>                 | Tier 3 | PA; QL     |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>     | NC     |            |
| ARYMO ER                                                     | Tier 3 | PA; ST; QL |
| <i>ascomp-codeine</i>                                        | Tier 1 | PA; QL     |
| <i>aspirin-caff-dihydrocodeine</i>                           | Tier 3 | PA; QL     |
| BELBUCA                                                      | Tier 3 | PA; QL     |
| BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG        | Tier 3 | ST; MA; QL |
| <i>buprenorphine</i>                                         | Tier 1 | PA; QL     |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>        | Tier 3 |            |
| <i>buprenorphine hcl sublingual</i>                          | Tier 1 | QL         |
| <i>buprenorphine hcl-naloxone hcl</i>                        | Tier 1 | QL         |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i> | Tier 1 | PA; QL     |

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| Drug                                                             | Status | Notes      |
|------------------------------------------------------------------|--------|------------|
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>     | Tier 3 | PA; QL     |
| <i>butalbital-asa-caff-codeine</i>                               | Tier 1 | PA; QL     |
| <i>butorphanol tartrate injection</i>                            | Tier 3 |            |
| <i>butorphanol tartrate nasal</i>                                | Tier 1 | PA; QL     |
| BUTRANS                                                          | Tier 3 | PA; #; QL  |
| <i>codeine sulfate oral tablet</i>                               | Tier 1 | PA; QL     |
| CONZIP                                                           | NC     |            |
| DEMEROL INJECTION SOLUTION 75 MG/1.5ML                           | Tier 3 |            |
| DEMEROL INJECTION SOLUTION 75 MG/ML                              | NC     |            |
| DEMEROL ORAL                                                     | NC     | N5         |
| DILAUDID INJECTION SOLUTION 2 MG/ML, 4 MG/ML                     | Tier 3 |            |
| DILAUDID ORAL                                                    | NC     | N5         |
| DOLOPHINE ORAL TABLET 10 MG                                      | Tier 3 | PA; QL     |
| DOLOPHINE ORAL TABLET 5 MG                                       | NC     | N5         |
| DURAGESIC-100                                                    | NC     | N5         |
| DURAGESIC-12                                                     | NC     | N5         |
| DURAGESIC-25                                                     | NC     | N5         |
| DURAGESIC-50                                                     | NC     | N5         |
| DURAGESIC-75                                                     | NC     | N5         |
| <i>duramorph</i>                                                 | Tier 3 |            |
| EMBEDA                                                           | Tier 2 | PA; QL     |
| <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>       | Tier 1 | PA; QL     |
| ENDOCET ORAL TABLET 2.5-325 MG                                   | Tier 1 | PA; QL     |
| EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 8 MG | NC     | N5         |
| EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 32 MG              | Tier 3 | PA; ST; QL |
| <i>fentanyl</i>                                                  | Tier 1 | PA; QL     |
| <i>fentanyl citrate buccal</i>                                   | Tier 1 | PA; ST; QL |

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| Drug                                                                                                                      | Status | Notes         |
|---------------------------------------------------------------------------------------------------------------------------|--------|---------------|
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG                                                         | Tier 3 | PA; ST; #; QL |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG                                                                             | Tier 3 | PA; QL        |
| FIORINAL/CODEINE #3                                                                                                       | NC     | N5            |
| HYCET                                                                                                                     | NC     | N5            |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>                             | Tier 3 | PA            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | Tier 1 | PA; QL        |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                                  | Tier 1 | PA; QL        |
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>                              | Tier 3 | PA; QL        |
| <i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>                                                     | Tier 3 |               |
| <i>hydromorphone hcl oral liquid</i>                                                                                      | Tier 1 | PA            |
| <i>hydromorphone hcl oral tablet</i>                                                                                      | Tier 1 | PA; QL        |
| <i>hydromorphone hcl pf injection solution 50 mg/5ml</i>                                                                  | Tier 3 |               |
| <i>hydromorphone hcl rectal</i>                                                                                           | Tier 1 | PA            |
| HYSINGLA ER                                                                                                               | Tier 2 | PA; #; QL     |
| IBUDONE ORAL TABLET 10-200 MG                                                                                             | NC     | N5            |
| <i>ibudone oral tablet 5-200 mg</i>                                                                                       | Tier 3 | PA; QL        |
| INFUMORPH 200                                                                                                             | Tier 3 |               |
| INFUMORPH 500                                                                                                             | Tier 3 |               |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG                             | NC     | N5            |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG                                                                | Tier 3 | PA; ST; QL    |
| LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT                                                              | Tier 3 | PA; ST; QL    |
| <i>levorphanol tartrate oral</i>                                                                                          | Tier 3 | PA; QL        |
| LORCET                                                                                                                    | Tier 1 | PA; QL        |

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| <b>Drug</b>                                                                                 | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------------------------------------------------------|---------------|--------------|
| LORCET HD                                                                                   | Tier 1        | PA; QL       |
| LORCET PLUS ORAL TABLET 7.5-325 MG                                                          | Tier 1        | PA; QL       |
| <i>meperidine hcl injection solution 10 mg/ml, 100 mg/ml, 25 mg/ml, 50 mg/ml</i>            | Tier 3        |              |
| <i>meperidine hcl oral solution</i>                                                         | Tier 1        | PA           |
| <i>meperidine hcl oral tablet</i>                                                           | Tier 1        | PA; QL       |
| <i>methadone hcl injection</i>                                                              | Tier 3        | PA           |
| <i>methadone hcl intensol</i>                                                               | Tier 3        | PA           |
| <i>methadone hcl oral concentrate</i>                                                       | Tier 3        | PA           |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                      | Tier 1        | PA; QL       |
| <i>methadone hcl oral tablet</i>                                                            | Tier 1        | PA; QL       |
| METHADOSE ORAL CONCENTRATE 10 MG/ML                                                         | NC            |              |
| METHADOSE SUGAR-FREE                                                                        | NC            |              |
| MORPHABOND ER                                                                               | Tier 3        | PA; ST; QL   |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>                    | Tier 1        | PA           |
| <i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>                                   | Tier 1        |              |
| <i>morphine sulfate (pf) intravenous solution 10 mg/ml, 15 mg/ml</i>                        | Tier 1        |              |
| <i>morphine sulfate er beads</i>                                                            | Tier 1        | PA; QL       |
| <i>morphine sulfate er oral capsule extended release 24 hour</i>                            | Tier 1        | PA; QL       |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1        | PA; QL       |
| <i>morphine sulfate injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>                       | Tier 1        |              |
| <i>morphine sulfate oral solution</i>                                                       | Tier 1        | PA           |
| <i>morphine sulfate oral tablet</i>                                                         | Tier 1        | PA; QL       |
| <i>morphine sulfate rectal</i>                                                              | Tier 1        | PA           |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 30 MG, 60 MG                          | NC            |              |

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|----------------------------------------------------------------------------------------------------------------|--------|------------|
| MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG                                                                  | NC     | N5         |
| <i>nalbuphine hcl injection</i>                                                                                | Tier 5 |            |
| NORCO                                                                                                          | NC     | N5         |
| NUCYNTA                                                                                                        | Tier 3 | PA; ST; QL |
| NUCYNTA ER                                                                                                     | Tier 3 | PA; ST; QL |
| OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT                                                                | Tier 3 | PA; ST; QL |
| OPANA ORAL                                                                                                     | NC     | N5         |
| OXAYDO                                                                                                         | Tier 2 | PA; QL     |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | PA; QL     |
| <i>oxycodone hcl oral capsule</i>                                                                              | Tier 1 | PA; QL     |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                               | Tier 1 | PA         |
| <i>oxycodone hcl oral solution</i>                                                                             | Tier 1 | PA         |
| <i>oxycodone hcl oral tablet</i>                                                                               | Tier 1 | PA; QL     |
| <i>oxycodone-acetaminophen oral solution</i>                                                                   | Tier 1 | PA         |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                         | Tier 1 | PA; QL     |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>                                                             | Tier 1 | PA; QL     |
| <i>oxycodone-ibuprofen</i>                                                                                     | Tier 1 | PA; QL     |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT                                                               | Tier 2 | PA; QL     |
| <i>oxymorphone hcl</i>                                                                                         | Tier 1 | PA; QL     |
| <i>oxymorphone hcl er</i>                                                                                      | Tier 1 | PA; QL     |
| <i>pentazocine-naloxone hcl</i>                                                                                | Tier 3 | PA; QL     |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                                               | NC     | N5         |
| PRIMLEV                                                                                                        | Tier 3 | PA; QL     |
| ROXICODONE ORAL TABLET                                                                                         | NC     | N5         |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG                                                     | Tier 3 | #; QL      |
| SUBSYS                                                                                                         | Tier 3 | PA; ST; QL |
| SYNALGOS-DC                                                                                                    | Tier 3 | PA; QL     |

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| Drug                                                                                                            | Status | Notes      |
|-----------------------------------------------------------------------------------------------------------------|--------|------------|
| TALWIN                                                                                                          | Tier 3 |            |
| <i>tramadol hcl er (biphasic)</i>                                                                               | Tier 1 | PA; QL     |
| <i>tramadol hcl er oral capsule extended release 24 hour</i>                                                    | NC     |            |
| <i>tramadol hcl er oral tablet extended release 24 hour</i>                                                     | Tier 1 | PA; QL     |
| <i>tramadol hcl oral</i>                                                                                        | Tier 1 | PA; QL     |
| <i>tramadol-acetaminophen</i>                                                                                   | Tier 1 | PA; QL     |
| TREZIX ORAL CAPSULE 320.5-30-16 MG                                                                              | Tier 3 | PA; QL     |
| TYLENOL WITH CODEINE #3                                                                                         | NC     | N5         |
| TYLENOL WITH CODEINE #4                                                                                         | NC     | N5         |
| ULTRACET                                                                                                        | NC     | N5         |
| ULTRAM                                                                                                          | NC     | N5         |
| VERDROCET                                                                                                       | Tier 1 | PA; QL     |
| <i>vicodin es oral tablet 7.5-300 mg</i>                                                                        | Tier 3 | PA; QL     |
| <i>vicodin hp oral tablet 10-300 mg</i>                                                                         | Tier 3 | PA; QL     |
| <i>vicodin oral tablet 5-300 mg</i>                                                                             | Tier 3 | PA; QL     |
| XODOL                                                                                                           | NC     | N5         |
| XTAMPZA ER                                                                                                      | Tier 3 | PA; ST; QL |
| XYLON                                                                                                           | NC     |            |
| ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT                                                              | Tier 3 | PA; ST; QL |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | Tier 3 | ST; MA; QL |
| <b>*ANDROGENS-ANABOLIC*</b>                                                                                     |        |            |
| ANADROL-50                                                                                                      | Tier 3 |            |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR                                                                             | NC     |            |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)                                                              | Tier 2 | PA; #; QL  |
| ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)                                         | Tier 2 | PA; #; QL  |

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|-----------------------------------------------------------------------------------------|--------|--------|
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)                               | NC     | N5; #  |
| ANDROID                                                                                 | NC     | N5     |
| AXIRON                                                                                  | NC     | #      |
| <i>danazol oral</i>                                                                     | Tier 1 |        |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION                                                | NC     | N5     |
| FORTESTA                                                                                | NC     |        |
| METHITEST                                                                               | Tier 2 |        |
| <i>methyltestosterone oral</i>                                                          | Tier 1 |        |
| NATESTO                                                                                 | NC     |        |
| OXANDRIN                                                                                | NC     | N5     |
| <i>oxandrolone oral</i>                                                                 | Tier 3 |        |
| STRIANT                                                                                 | NC     |        |
| TESTIM                                                                                  | NC     | N5     |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>               | Tier 1 | QL     |
| <i>testosterone enanthate intramuscular solution</i>                                    | Tier 1 |        |
| <i>testosterone transdermal gel 10 mg/lact (2%)</i>                                     | Tier 1 | QL     |
| <i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> | Tier 1 | PA; QL |
| <i>testosterone transdermal solution</i>                                                | Tier 3 | PA; QL |
| TESTRED                                                                                 | NC     | N5; #  |
| VOGELXO PUMP                                                                            | NC     | N5     |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)                                                  | NC     | N5     |
| <b>*ANORECTAL AGENTS*</b>                                                               |        |        |
| ANA-LEX                                                                                 | NC     |        |
| ANALPRAM-HC RECTAL CREAM                                                                | NC     |        |
| ANUSOL-HC RECTAL CREAM                                                                  | NC     | N5     |
| <i>colocort</i>                                                                         | Tier 1 |        |
| CORTENEMA                                                                               | NC     | N5     |
| CORTIFOAM                                                                               | Tier 3 |        |

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|----------------------------------------------------------|--------|-----------|
| <i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>   | Tier 1 |           |
| <i>hydrocortisone rectal enema</i>                       | Tier 1 |           |
| <i>lidocaine-hydrocortisone ace rectal</i>               | NC     |           |
| <i>pramcort rectal</i>                                   | Tier 1 |           |
| PROCTOCORT RECTAL CREAM                                  | NC     |           |
| PROCTOFOAM HC                                            | Tier 3 |           |
| <i>procto-pak</i>                                        | Tier 3 |           |
| <i>proctosol hc</i>                                      | Tier 1 |           |
| <i>proctozone-hc rectal</i>                              | Tier 1 |           |
| RECTIV                                                   | Tier 3 | QL        |
| UCERIS RECTAL                                            | Tier 3 | PA; #; QL |
| <b>*ANTHELMINTICS*</b>                                   |        |           |
| ALBENZA                                                  | Tier 3 | QL        |
| BILTRICIDE                                               | Tier 2 |           |
| EMVERM                                                   | Tier 3 | QL        |
| <i>ivermectin oral</i>                                   | Tier 1 |           |
| STROMEKTOL                                               | NC     | N5        |
| <b>*ANTIANGINAL AGENTS*</b>                              |        |           |
| DILATRATE-SR                                             | Tier 3 |           |
| GONITRO                                                  | Tier 3 |           |
| ISORDIL TITRADOSE ORAL TABLET 40 MG                      | Tier 3 |           |
| ISORDIL TITRADOSE ORAL TABLET 5 MG                       | NC     | N5        |
| <i>isosorbide dinitrate er</i>                           | Tier 1 |           |
| <i>isosorbide dinitrate oral</i>                         | Tier 1 |           |
| <i>isosorbide mononitrate</i>                            | Tier 1 |           |
| <i>isosorbide mononitrate er</i>                         | Tier 1 |           |
| <i>minitran</i>                                          | Tier 1 |           |
| NITRO-BID                                                | Tier 3 |           |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | Tier 3 |           |
| <i>nitroglycerin in d5w</i>                              | Tier 3 |           |

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|----------------------------------------------------------------|---------------|--------------|
| <i>nitroglycerin intravenous</i>                               | Tier 3        |              |
| <i>nitroglycerin sublingual</i>                                | Tier 1        |              |
| <i>nitroglycerin transdermal patch 24 hour</i>                 | Tier 1        |              |
| <i>nitroglycerin translingual aerosol solution</i>             | Tier 3        |              |
| <i>nitroglycerin translingual solution</i>                     | Tier 1        | QL           |
| NITROLINGUAL                                                   | NC            | N5           |
| NITROMIST                                                      | Tier 3        |              |
| NITROSTAT                                                      | Tier 3        | ST           |
| <i>nitro-time oral capsule extended release 2.5 mg, 6.5 mg</i> | Tier 1        |              |
| RANEXA                                                         | Tier 3        | QL           |
| <b>*ANTIANXIETY AGENTS*</b>                                    |               |              |
| <i>alprazolam er</i>                                           | Tier 1        | QL           |
| ALPRAZOLAM INTENSOL                                            | Tier 3        |              |
| <i>alprazolam oral</i>                                         | Tier 1        |              |
| <i>alprazolam xr</i>                                           | Tier 1        | QL           |
| ATIVAN ORAL                                                    | NC            |              |
| <i>buspirone hcl oral tablet 10 mg, 5 mg</i>                   | Tier 1        | LGC          |
| <i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>          | Tier 1        |              |
| <i>chlordiazepoxide hcl</i>                                    | Tier 1        |              |
| <i>clorazepate dipotassium</i>                                 | Tier 1        |              |
| <i>diazepam intensol</i>                                       | Tier 3        |              |
| <i>diazepam oral concentrate</i>                               | Tier 1        |              |
| <i>diazepam oral solution 1 mg/ml</i>                          | Tier 1        |              |
| <i>diazepam oral tablet</i>                                    | Tier 1        |              |
| <i>hydroxyzine hcl intramuscular</i>                           | Tier 3        |              |
| <i>hydroxyzine hcl oral syrup</i>                              | Tier 1        |              |
| <i>hydroxyzine pamoate oral</i>                                | Tier 1        |              |
| <i>lorazepam oral</i>                                          | Tier 1        |              |
| <i>meprobamate</i>                                             | Tier 1        |              |
| <i>oxazepam</i>                                                | Tier 1        |              |
| TRANXENE-T ORAL TABLET 7.5 MG                                  | NC            | N5           |
| VALIUM                                                         | NC            | N5           |

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| Drug                                                                                                       | Status | Notes      |
|------------------------------------------------------------------------------------------------------------|--------|------------|
| VISTARIL                                                                                                   | NC     | N5         |
| XANAX                                                                                                      | NC     | N5         |
| XANAX XR                                                                                                   | NC     | N5         |
| <b>*ANTIARRHYTHMICS*</b>                                                                                   |        |            |
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i>                                                           | Tier 1 |            |
| <i>disopyramide phosphate oral</i>                                                                         | Tier 1 |            |
| <i>dofetilide</i>                                                                                          | Tier 1 |            |
| <i>flecainide acetate</i>                                                                                  | Tier 1 |            |
| <i>lidocaine hcl (cardiac) intravenous solution 20 mg/ml</i>                                               | Tier 3 |            |
| <i>lidocaine in d5w</i>                                                                                    | Tier 3 |            |
| <i>mexiletine hcl oral</i>                                                                                 | Tier 1 |            |
| MULTAQ                                                                                                     | Tier 3 | QL         |
| NEXTERONE                                                                                                  | Tier 3 |            |
| NORPACE CR                                                                                                 | Tier 3 |            |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>                                                         | Tier 1 |            |
| <i>procainamide hcl injection</i>                                                                          | Tier 3 |            |
| <i>propafenone hcl</i>                                                                                     | Tier 1 |            |
| <i>propafenone hcl er</i>                                                                                  | Tier 1 | SP; QL     |
| <i>quinidine gluconate er</i>                                                                              | Tier 1 |            |
| <i>quinidine gluconate injection</i>                                                                       | Tier 3 |            |
| <i>quinidine sulfate oral</i>                                                                              | Tier 3 |            |
| RYTHMOL SR                                                                                                 | NC     | N5         |
| TIKOSYN                                                                                                    | Tier 3 | #          |
| <b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>                                                           |        |            |
| ACCOLATE                                                                                                   | Tier 3 | QL         |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 3 | #; QL      |
| ADVAIR HFA                                                                                                 | Tier 3 | #; QL      |
| AEROSPAN                                                                                                   | Tier 3 | PA; ST; QL |
| AIRDUO RESPICLICK 113/14                                                                                   | Tier 3 | PA; ST; QL |

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|------------------------------------------------------------------------------|--------|------------|
| AIRDUO RESPICLICK 232/14                                                     | Tier 3 | PA; ST; QL |
| AIRDUO RESPICLICK 55/14                                                      | Tier 3 | PA; ST; QL |
| <i>albuterol sulfate er</i>                                                  | Tier 1 |            |
| <i>albuterol sulfate inhalation</i>                                          | Tier 1 |            |
| <i>albuterol sulfate oral</i>                                                | Tier 1 |            |
| ALVESCO                                                                      | Tier 3 | PA; ST; QL |
| <i>aminophylline intravenous</i>                                             | Tier 3 |            |
| ANORO ELLIPTA                                                                | Tier 2 | QL         |
| ARCAPTA NEOHALER                                                             | Tier 3 | PA; ST; QL |
| ARMONAIR RESPICLICK 113                                                      | Tier 3 | PA; ST; QL |
| ARMONAIR RESPICLICK 232                                                      | Tier 3 | PA; ST; QL |
| ARMONAIR RESPICLICK 55                                                       | Tier 3 | PA; ST; QL |
| ARNUITY ELLIPTA                                                              | Tier 3 | QL         |
| ASMANEX 120 METERED DOSES                                                    | Tier 2 |            |
| ASMANEX 14 METERED DOSES                                                     | Tier 2 |            |
| ASMANEX 30 METERED DOSES                                                     | Tier 2 |            |
| ASMANEX 60 METERED DOSES                                                     | Tier 2 |            |
| ASMANEX HFA                                                                  | Tier 2 |            |
| ATROVENT HFA                                                                 | Tier 3 | QL         |
| BEVESPI AEROSPHERE                                                           | Tier 3 | PA; ST; QL |
| BREO ELLIPTA INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 100-25<br>MCG/INH | Tier 2 | QL         |
| BREO ELLIPTA INHALATION AEROSOL<br>POWDER BREATH ACTIVATED 200-25<br>MCG/INH | Tier 2 |            |
| BROVANA                                                                      | Tier 3 | PA; ST; QL |
| <i>budesonide inhalation suspension 0.25 mg/2ml,<br/>0.5 mg/2ml</i>          | Tier 1 | PA; QL     |
| <i>budesonide inhalation suspension 1 mg/2ml</i>                             | Tier 1 | PA; QL; AL |
| COMBIVENT RESPIMAT                                                           | Tier 2 | QL         |
| <i>cromolyn sodium inhalation</i>                                            | Tier 1 |            |
| DALIRESP                                                                     | Tier 3 | PA; ST; QL |
| DULERA                                                                       | Tier 2 | QL         |

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| Drug                                                                                              | Status | Notes      |
|---------------------------------------------------------------------------------------------------|--------|------------|
| ELIXOPHYLLIN                                                                                      | Tier 3 |            |
| FLOVENT DISKUS                                                                                    | Tier 3 | #; QL      |
| FLOVENT HFA                                                                                       | Tier 3 | QL         |
| <i>fluticasone-salmeterol</i>                                                                     | Tier 1 | QL         |
| <i>ipratropium bromide inhalation</i>                                                             | Tier 1 |            |
| <i>ipratropium-albuterol</i>                                                                      | Tier 1 |            |
| <i>levalbuterol hcl inhalation nebulization solution</i><br>0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml | Tier 1 |            |
| <i>metaproterenol sulfate oral</i>                                                                | Tier 1 |            |
| <i>montelukast sodium oral</i>                                                                    | Tier 1 | QL         |
| PERFOROMIST                                                                                       | Tier 3 | PA; ST; QL |
| PROAIR HFA                                                                                        | Tier 2 | #          |
| PROVENTIL HFA                                                                                     | Tier 3 | ST; #      |
| PULMICORT                                                                                         | NC     | N5         |
| PULMICORT FLEXHALER                                                                               | Tier 3 | PA; ST; QL |
| QVAR INHALATION AEROSOL SOLUTION                                                                  | Tier 2 |            |
| SEEBRI NEOHALER                                                                                   | Tier 3 | PA; ST; QL |
| SEREVENT DISKUS                                                                                   | Tier 3 | QL         |
| SINGULAIR                                                                                         | NC     | N5         |
| SPIRIVA HANDIHALER                                                                                | Tier 2 | QL         |
| SPIRIVA RESPIMAT                                                                                  | Tier 2 | QL         |
| STIOLTO RESPIMAT                                                                                  | Tier 2 | QL         |
| STRIVERDI RESPIMAT                                                                                | Tier 3 | PA; ST     |
| SYMBICORT                                                                                         | Tier 2 | QL         |
| <i>terbutaline sulfate injection</i>                                                              | Tier 3 |            |
| <i>terbutaline sulfate oral</i>                                                                   | Tier 1 |            |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 400 MG                              | Tier 2 |            |
| <i>theochron oral tablet extended release 12 hour</i><br>100 mg, 200 mg, 300 mg                   | Tier 1 |            |
| <i>theophylline</i>                                                                               | Tier 3 |            |
| <i>theophylline er</i>                                                                            | Tier 1 |            |

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| Drug                                                                                                                                                                    | Status | Notes      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED                                                                                                             | Tier 3 | ST; QL     |
| UTIBRON NEOHALER                                                                                                                                                        | Tier 3 | PA; ST; QL |
| VENTOLIN HFA                                                                                                                                                            | Tier 2 |            |
| XOLAIR                                                                                                                                                                  | Tier 4 | PA; ST; SP |
| XOPENEX                                                                                                                                                                 | NC     | N5         |
| XOPENEX CONCENTRATE                                                                                                                                                     | NC     | N5         |
| XOPENEX HFA                                                                                                                                                             | Tier 3 | ST; QL     |
| <i>zafirlukast</i>                                                                                                                                                      | Tier 1 | QL         |
| <i>zileuton er</i>                                                                                                                                                      | Tier 3 | QL         |
| ZYFLO                                                                                                                                                                   | Tier 3 | QL         |
| ZYFLO CR                                                                                                                                                                | Tier 3 | QL         |
| <b>*ANTICOAGULANTS*</b>                                                                                                                                                 |        |            |
| ARIXTRA                                                                                                                                                                 | NC     | N5         |
| BEVYXXA                                                                                                                                                                 | Tier 3 | PA; ST; QL |
| COUMADIN ORAL                                                                                                                                                           | NC     | N5         |
| ELIQUIS                                                                                                                                                                 | Tier 2 |            |
| <i>enoxaparin sodium</i>                                                                                                                                                | Tier 1 | QL         |
| <i>fondaparinux sodium</i>                                                                                                                                              | Tier 3 | QL         |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | Tier 3 | QL         |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                                                             | Tier 1 |            |
| <i>heparin sodium (porcine) pf</i>                                                                                                                                      | Tier 1 |            |
| IPRIVASK                                                                                                                                                                | Tier 3 | QL         |
| <i>jantoven</i>                                                                                                                                                         | Tier 1 | LGC        |
| LOVENOX                                                                                                                                                                 | NC     | N5         |
| PRADAXA                                                                                                                                                                 | Tier 3 | ST         |
| SAVAYSA                                                                                                                                                                 | Tier 3 | ST         |
| <i>warfarin sodium oral</i>                                                                                                                                             | Tier 1 | LGC        |

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| Drug                                                             | Status | Notes  |
|------------------------------------------------------------------|--------|--------|
| XARELTO                                                          | Tier 2 |        |
| XARELTO STARTER PACK                                             | Tier 2 |        |
| <b>*ANTICONVULSANTS*</b>                                         |        |        |
| APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG                 | Tier 3 | QL     |
| BANZEL ORAL SUSPENSION                                           | Tier 3 |        |
| BANZEL ORAL TABLET                                               | Tier 3 | QL     |
| BRIVIACT ORAL SOLUTION                                           | Tier 3 | PA; QL |
| BRIVIACT ORAL TABLET                                             | Tier 3 | PA; QL |
| <i>carbamazepine er</i>                                          | Tier 1 |        |
| <i>carbamazepine oral suspension</i>                             | Tier 1 |        |
| <i>carbamazepine oral tablet</i>                                 | Tier 1 | LGC    |
| <i>carbamazepine oral tablet chewable</i>                        | Tier 1 |        |
| CARBATROL                                                        | NC     | N5     |
| CELONTIN                                                         | Tier 2 |        |
| CEREBYX                                                          | Tier 5 |        |
| <i>clonazepam oral</i>                                           | Tier 1 |        |
| DEPAKENE ORAL CAPSULE                                            | NC     | N5     |
| DEPAKENE ORAL SOLUTION                                           | NC     | N5     |
| DEPAKOTE                                                         | NC     | N5     |
| DEPAKOTE ER                                                      | NC     | N5     |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE         | NC     | N5     |
| DIASTAT ACUDIAL                                                  | Tier 2 |        |
| DIASTAT PEDIATRIC                                                | Tier 2 |        |
| <i>diazepam rectal</i>                                           | Tier 1 | QL     |
| DILANTIN INFATABS                                                | NC     | N5     |
| DILANTIN ORAL CAPSULE 100 MG                                     | NC     | N5     |
| DILANTIN ORAL CAPSULE 30 MG                                      | Tier 2 |        |
| DILANTIN ORAL SUSPENSION                                         | NC     | N5     |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | Tier 1 |        |
| <i>divalproex sodium oral tablet delayed release</i>             | Tier 1 |        |

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| Drug                                                                                                    | Status | Notes |
|---------------------------------------------------------------------------------------------------------|--------|-------|
| <i>epitol</i>                                                                                           | Tier 1 | LGC   |
| <i>ethosuximide oral</i>                                                                                | Tier 1 |       |
| <i>felbamate</i>                                                                                        | Tier 1 |       |
| FELBATOL                                                                                                | NC     | N5    |
| <i>fosphenytoin sodium</i>                                                                              | Tier 5 |       |
| FYCOMPA ORAL SUSPENSION                                                                                 | Tier 3 |       |
| FYCOMPA ORAL TABLET                                                                                     | Tier 3 | QL    |
| <i>gabapentin oral capsule</i>                                                                          | Tier 1 | QL    |
| <i>gabapentin oral solution 250 mg/5ml</i>                                                              | Tier 1 |       |
| <i>gabapentin oral tablet</i>                                                                           | Tier 1 | QL    |
| GABITRIL ORAL TABLET 12 MG, 16 MG                                                                       | Tier 3 | QL    |
| GABITRIL ORAL TABLET 2 MG, 4 MG                                                                         | NC     | N5    |
| KEPPRA ORAL                                                                                             | NC     | N5    |
| KEPPRA XR                                                                                               | NC     | N5    |
| KLONOPIN                                                                                                | NC     | N5    |
| LAMICTAL ODT ORAL KIT                                                                                   | Tier 3 |       |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                                                                    | NC     | N5    |
| LAMICTAL ORAL TABLET                                                                                    | NC     | N5    |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG                                                               | NC     | N5    |
| LAMICTAL STARTER                                                                                        | Tier 3 |       |
| LAMICTAL XR ORAL KIT                                                                                    | Tier 3 |       |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                        | NC     | N5    |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 1 | QL    |
| <i>lamotrigine oral tablet</i>                                                                          | Tier 1 |       |
| <i>lamotrigine oral tablet chewable</i>                                                                 | Tier 3 |       |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>                                 | Tier 3 | QL    |
| <i>lamotrigine starter kit-blue</i>                                                                     | Tier 1 |       |
| <i>lamotrigine starter kit-green</i>                                                                    | Tier 1 |       |

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|---------------------------------------------------------------------------------|--------|---------------|
| <i>lamotrigine starter kit-orange</i>                                           | Tier 1 |               |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>     | Tier 1 | QL            |
| <i>levetiracetam in nacl</i>                                                    | Tier 3 |               |
| <i>levetiracetam oral</i>                                                       | Tier 1 |               |
| LYRICA                                                                          | Tier 2 |               |
| MYSOLINE                                                                        | NC     | N5            |
| NEURONTIN                                                                       | NC     | N5            |
| ONFI ORAL SUSPENSION                                                            | Tier 3 |               |
| ONFI ORAL TABLET 10 MG, 20 MG                                                   | Tier 3 | QL            |
| <i>oxcarbazepine</i>                                                            | Tier 1 |               |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG         | Tier 3 | QL            |
| PEGANONE                                                                        | Tier 3 |               |
| PHENYTEK                                                                        | Tier 2 |               |
| <i>phenytoin infatabs</i>                                                       | Tier 1 |               |
| <i>phenytoin oral suspension 125 mg/5ml</i>                                     | Tier 1 |               |
| <i>phenytoin oral tablet chewable</i>                                           | Tier 1 |               |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                            | Tier 1 |               |
| <i>phenytoin sodium injection</i>                                               | Tier 3 |               |
| <i>primidone oral</i>                                                           | Tier 1 |               |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 3 | QL            |
| SABRIL                                                                          | Tier 5 | PA; #; SP; QL |
| SPRITAM                                                                         | Tier 3 | ST; QL        |
| TEGRETOL ORAL SUSPENSION                                                        | NC     | N5            |
| TEGRETOL ORAL TABLET                                                            | NC     | N5            |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG                         | NC     | N5; #         |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG                 | NC     | N5            |
| <i>tiagabine hcl oral tablet 2 mg, 4 mg</i>                                     | Tier 1 | QL            |

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| Drug                                                                    | Status | Notes      |
|-------------------------------------------------------------------------|--------|------------|
| TOPAMAX                                                                 | NC     | N5         |
| TOPAMAX SPRINKLE                                                        | NC     | N5         |
| <i>topiramate oral capsule sprinkle</i>                                 | NC     |            |
| <i>topiramate oral tablet</i>                                           | Tier 1 |            |
| TRILEPTAL                                                               | NC     | N5         |
| TROKENDI XR                                                             | Tier 3 | #; QL      |
| <i>valproate sodium intravenous solution 100 mg/ml</i>                  | Tier 3 |            |
| <i>valproic acid oral capsule</i>                                       | Tier 1 |            |
| <i>vigabatrin</i>                                                       | Tier 4 | PA; SP; QL |
| VIMPAT INTRAVENOUS                                                      | Tier 3 |            |
| VIMPAT ORAL SOLUTION                                                    | Tier 3 | #; QL      |
| VIMPAT ORAL TABLET                                                      | Tier 3 | #; QL      |
| ZARONTIN                                                                | NC     | N5         |
| ZONEGRAN                                                                | NC     |            |
| <i>zonisamide oral</i>                                                  | Tier 1 |            |
| <b>*ANTIDEMENTIA AGENT COMBINATIONS***</b>                              |        |            |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK                           | Tier 2 | PA; AL     |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG       | Tier 2 | PA; QL; AL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG        | Tier 2 | PA         |
| <b>*ANTIDEPRESSANTS*</b>                                                |        |            |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | LGC        |
| <i>amitriptyline hcl oral tablet 150 mg</i>                             | Tier 1 |            |
| <i>amoxapine</i>                                                        | Tier 1 |            |
| ANAFRANIL                                                               | NC     | N5         |
| APLENZIN                                                                | NC     |            |
| <i>bupropion hcl er (sr)</i>                                            | Tier 1 | QL         |
| <i>bupropion hcl er (xl)</i>                                            | Tier 1 | QL         |

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| <b>Drug</b>                                                                             | <b>Status</b> | <b>Notes</b> |
|-----------------------------------------------------------------------------------------|---------------|--------------|
| <i>bupropion hcl oral</i>                                                               | Tier 1        | QL           |
| CELEXA ORAL TABLET                                                                      | NC            | N5           |
| <i>citalopram hydrobromide oral solution</i>                                            | Tier 1        |              |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                          | Tier 1        | LGC; QL      |
| <i>clomipramine hcl oral</i>                                                            | Tier 1        |              |
| CYMBALTA                                                                                | NC            | N5           |
| <i>desipramine hcl oral</i>                                                             | Tier 1        |              |
| <i>desvenlafaxine er</i>                                                                | Tier 3        | QL           |
| <i>desvenlafaxine succinate er</i>                                                      | Tier 3        | PA; ST; QL   |
| <i>doxepin hcl oral</i>                                                                 | Tier 1        |              |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i> | Tier 1        | QL           |
| EFFEXOR XR                                                                              | NC            | N5           |
| EMSAM                                                                                   | Tier 3        | QL           |
| <i>escitalopram oxalate oral solution</i>                                               | Tier 1        | QL           |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                              | Tier 1        | QL           |
| FETZIMA                                                                                 | Tier 3        | PA; ST; QL   |
| FETZIMA TITRATION                                                                       | Tier 3        | PA; ST; QL   |
| <i>fluoxetine hcl oral capsule</i>                                                      | Tier 1        | LGC          |
| <i>fluoxetine hcl oral capsule delayed release</i>                                      | Tier 1        | QL           |
| <i>fluoxetine hcl oral solution</i>                                                     | Tier 1        |              |
| <i>fluoxetine hcl oral tablet 10 mg</i>                                                 | Tier 1        |              |
| <i>fluoxetine hcl oral tablet 20 mg</i>                                                 | Tier 1        | QL           |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                                 | Tier 3        | QL           |
| <i>fluvoxamine maleate er</i>                                                           | Tier 1        | QL           |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                             | Tier 1        | QL           |
| FORFIVO XL                                                                              | NC            |              |
| <i>imipramine pamoate</i>                                                               | Tier 3        |              |
| KHEDEZLA                                                                                | Tier 3        | PA; ST; QL   |
| LEXAPRO ORAL TABLET                                                                     | NC            | N5           |
| <i>maprotiline hcl</i>                                                                  | Tier 1        | QL           |

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| Drug                                                                                  | Status | Notes         |
|---------------------------------------------------------------------------------------|--------|---------------|
| MARPLAN                                                                               | Tier 3 |               |
| <i>mirtazapine oral</i>                                                               | Tier 1 | QL            |
| NARDIL                                                                                | NC     | N5            |
| <i>nefazodone hcl</i>                                                                 | Tier 3 |               |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG                                                    | NC     | N5            |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>                                    | Tier 1 | LGC           |
| <i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>                                    | Tier 1 |               |
| <i>nortriptyline hcl oral solution</i>                                                | Tier 1 |               |
| PAMELOR ORAL CAPSULE                                                                  | NC     | N5            |
| PARNATE                                                                               | NC     | N5            |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | Tier 1 | QL            |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                          | Tier 1 | LGC; QL       |
| PAXIL CR                                                                              | NC     | N5            |
| PAXIL ORAL SUSPENSION                                                                 | Tier 3 | QL            |
| PAXIL ORAL TABLET                                                                     | NC     | N5            |
| PEXEVA                                                                                | NC     |               |
| <i>phenelzine sulfate oral</i>                                                        | Tier 1 |               |
| PRISTIQ                                                                               | Tier 3 | PA; ST; #; QL |
| <i>protriptyline hcl</i>                                                              | Tier 1 |               |
| PROZAC ORAL CAPSULE                                                                   | NC     | N5            |
| REMERON                                                                               | NC     | N5            |
| REMERON SOLTAB                                                                        | NC     | N5            |
| <i>sertraline hcl oral concentrate</i>                                                | Tier 1 |               |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                | Tier 1 | LGC; QL       |
| SURMONTIL ORAL CAPSULE 25 MG, 50 MG                                                   | Tier 3 |               |
| TOFRANIL ORAL TABLET 50 MG                                                            | Tier 3 |               |
| <i>tranylcypromine sulfate</i>                                                        | Tier 1 |               |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                | Tier 1 | LGC           |
| <i>trazodone hcl oral tablet 300 mg</i>                                               | Tier 1 |               |
| TRINTELLIX                                                                            | Tier 3 | PA; ST; QL    |

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| Drug                                                                                                                                                       | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>                                                                     | Tier 1 | QL    |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>                                                                      | NC     |       |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>                                                                                      | Tier 3 | QL    |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                                                                    | Tier 1 | QL    |
| VIIBRYD ORAL TABLET                                                                                                                                        | Tier 3 | QL    |
| VIIBRYD STARTER PACK                                                                                                                                       | Tier 3 |       |
| WELLBUTRIN SR                                                                                                                                              | NC     | N5    |
| WELLBUTRIN XL                                                                                                                                              | NC     |       |
| ZOLOFT                                                                                                                                                     | NC     |       |
| <b>*ANTIDIABETICS*</b>                                                                                                                                     |        |       |
| <i>acarbose</i>                                                                                                                                            | Tier 1 |       |
| ACTOPLUS MET                                                                                                                                               | NC     | N5    |
| ACTOPLUS MET XR                                                                                                                                            | Tier 3 | QL    |
| ACTOS                                                                                                                                                      | NC     | N5    |
| ADLYXIN                                                                                                                                                    | NC     |       |
| ADLYXIN STARTER PACK                                                                                                                                       | NC     |       |
| AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT | Tier 3 | PA    |
| <i>alogliptin benzoate</i>                                                                                                                                 | Tier 1 | QL    |
| <i>alogliptin-metformin hcl</i>                                                                                                                            | Tier 1 | QL    |
| <i>alogliptin-pioglitazone</i>                                                                                                                             | Tier 1 | QL    |
| AMARYL                                                                                                                                                     | NC     | N5    |
| APIDRA                                                                                                                                                     | Tier 3 | ST    |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                                                                         | Tier 3 | ST    |
| AVANDIA ORAL TABLET 2 MG, 4 MG                                                                                                                             | Tier 3 | QL    |
| BASAGLAR KWIKPEN                                                                                                                                           | Tier 3 | ST    |

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| Drug                                                                 | Status | Notes     |
|----------------------------------------------------------------------|--------|-----------|
| BYDUREON SUBCUTANEOUS PEN-INJECTOR                                   | Tier 3 | ST; QL    |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                 | Tier 3 | ST; #; QL |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | Tier 3 | ST; #; QL |
| <i>chlorpropamide</i>                                                | Tier 1 |           |
| CYCLOSET                                                             | Tier 3 | QL        |
| DUETACT                                                              | NC     | N5        |
| FARXIGA ORAL TABLET 10 MG                                            | Tier 3 | QL        |
| FARXIGA ORAL TABLET 5 MG                                             | Tier 3 |           |
| FORTAMET                                                             | NC     |           |
| <i>glimepiride</i>                                                   | Tier 1 | LGC       |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i> | Tier 1 | LGC       |
| <i>glipizide oral</i>                                                | Tier 1 | LGC       |
| <i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>      | Tier 1 |           |
| <i>glipizide-metformin hcl</i>                                       | Tier 1 |           |
| GLUCAGEN HYPOKIT                                                     | Tier 3 | QL        |
| GLUCAGON EMERGENCY                                                   | Tier 2 |           |
| GLUCOPHAGE ORAL TABLET 1000 MG                                       | NC     |           |
| GLUCOPHAGE ORAL TABLET 500 MG, 850 MG                                | NC     | N5        |
| GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG            | Tier 3 |           |
| GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG            | NC     | N5        |
| GLUCOTROL                                                            | NC     | N5        |
| GLUCOTROL XL                                                         | NC     | N5        |
| GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG                          | NC     | N5        |
| GLUMETZA                                                             | NC     |           |
| <i>glyburide micronized oral tablet 1.5 mg</i>                       | Tier 1 |           |
| <i>glyburide micronized oral tablet 3 mg, 6 mg</i>                   | Tier 1 | LGC       |

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| <b>Drug</b>                                                                        | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------------------------------|---------------|--------------|
| <i>glyburide oral tablet 1.25 mg</i>                                               | Tier 1        |              |
| <i>glyburide oral tablet 2.5 mg, 5 mg</i>                                          | Tier 1        | LGC          |
| <i>glyburide-metformin</i>                                                         | Tier 1        |              |
| GLYNASE                                                                            | NC            | N5           |
| GLYSET                                                                             | Tier 3        |              |
| HUMALOG                                                                            | Tier 2        |              |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML        | Tier 2        |              |
| HUMALOG MIX 50/50                                                                  | Tier 2        |              |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                     | Tier 2        |              |
| HUMALOG MIX 75/25                                                                  | Tier 2        |              |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                     | Tier 2        |              |
| HUMULIN 70/30                                                                      | Tier 2        | QL           |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                         | Tier 2        |              |
| HUMULIN N                                                                          | Tier 2        | QL           |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                             | Tier 2        |              |
| HUMULIN R                                                                          | Tier 2        |              |
| HUMULIN R U-500 (CONCENTRATED)                                                     | Tier 2        |              |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | Tier 2        |              |
| INVOKANA                                                                           | Tier 2        | QL           |
| JANUMET                                                                            | Tier 2        | QL           |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | Tier 2        | QL           |
| JANUVIA                                                                            | Tier 2        | QL           |

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| Drug                                                                                      | Status | Notes      |
|-------------------------------------------------------------------------------------------|--------|------------|
| JARDIANCE                                                                                 | Tier 3 | QL         |
| JENTADUETO                                                                                | Tier 2 | QL         |
| JENTADUETO XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR 2.5-1000<br>MG, 5-1000 MG           | Tier 2 | QL         |
| KAZANO                                                                                    | Tier 3 | ST; QL     |
| KOMBIGLYZE XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR 2.5-1000<br>MG, 5-1000 MG, 5-500 MG | Tier 3 | ST; QL     |
| KORLYM                                                                                    | Tier 5 | PA; SP; QL |
| LANTUS                                                                                    | Tier 3 | ST         |
| LANTUS SOLOSTAR SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR                                     | Tier 3 | ST         |
| LEVEMIR                                                                                   | Tier 2 |            |
| LEVEMIR FLEXTOUCH                                                                         | Tier 2 |            |
| <i>metformin hcl er (mod)</i>                                                             | NC     |            |
| <i>metformin hcl er (osm) oral tablet extended<br/>release 24 hour 1000 mg, 500 mg</i>    | NC     |            |
| <i>metformin hcl er oral tablet extended release 24<br/>hour 500 mg</i>                   | Tier 1 | LGC        |
| <i>metformin hcl er oral tablet extended release 24<br/>hour 750 mg</i>                   | Tier 1 |            |
| <i>metformin hcl oral</i>                                                                 | Tier 1 | LGC        |
| <i>miglitol</i>                                                                           | Tier 1 |            |
| <i>nateglinide</i>                                                                        | Tier 3 |            |
| NESINA                                                                                    | Tier 3 | ST; QL     |
| NOVOLIN 70/30                                                                             | Tier 3 | ST         |
| NOVOLIN 70/30 RELION                                                                      | Tier 3 | ST         |
| NOVOLIN N                                                                                 | Tier 3 | ST         |
| NOVOLIN N RELION                                                                          | Tier 3 | ST         |
| NOVOLIN R                                                                                 | Tier 3 | ST         |
| NOVOLIN R RELION                                                                          | Tier 3 | ST         |
| NOVOLOG                                                                                   | Tier 3 | ST         |
| NOVOLOG FLEXPEN SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR                                     | Tier 3 | ST         |

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| Drug                                                                  | Status | Notes  |
|-----------------------------------------------------------------------|--------|--------|
| NOVOLOG MIX 70/30                                                     | Tier 3 | ST     |
| NOVOLOG MIX 70/30 FLEXPEN<br>SUBCUTANEOUS SUSPENSION PEN-<br>INJECTOR | Tier 3 | ST     |
| NOVOLOG PENFILL SUBCUTANEOUS<br>SOLUTION CARTRIDGE                    | Tier 3 | ST     |
| ONGLYZA                                                               | Tier 3 | ST; QL |
| OSENI                                                                 | Tier 3 | ST; QL |
| <i>pioglitazone hcl</i>                                               | Tier 1 | QL     |
| <i>pioglitazone hcl-glimepiride</i>                                   | Tier 1 | QL     |
| <i>pioglitazone hcl-metformin hcl</i>                                 | Tier 1 | QL     |
| PRANDIN ORAL TABLET 1 MG, 2 MG                                        | NC     | N5     |
| PRECOSE                                                               | NC     | N5     |
| PROGLYCEM                                                             | Tier 3 |        |
| <i>repaglinide</i>                                                    | Tier 3 |        |
| <i>repaglinide-metformin hcl</i>                                      | Tier 3 | QL     |
| RIOMET                                                                | Tier 3 |        |
| STARLIX                                                               | NC     | N5     |
| SYMLINPEN 120 SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR                   | Tier 3 | PA     |
| SYMLINPEN 60 SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR                    | Tier 3 | PA     |
| TANZEUM                                                               | Tier 3 | ST; QL |
| <i>tolazamide</i>                                                     | Tier 1 |        |
| <i>tolbutamide</i>                                                    | Tier 3 |        |
| TOUJEO SOLOSTAR                                                       | Tier 3 | ST     |
| TRADJENTA                                                             | Tier 2 | QL     |
| TRESIBA FLEXTOUCH                                                     | Tier 2 |        |
| TRULICITY                                                             | Tier 2 | QL     |
| VICTOZA SUBCUTANEOUS SOLUTION<br>PEN-INJECTOR                         | Tier 2 | QL     |
| <b>*ANTIDIARRHEALS*</b>                                               |        |        |
| <i>diphenoxylate-atropine</i>                                         | Tier 1 |        |
| LOMOTIL ORAL TABLET                                                   | NC     | N5     |

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| Drug                                                                 | Status | Notes      |
|----------------------------------------------------------------------|--------|------------|
| MOTOFEN                                                              | Tier 3 |            |
| MYTESI                                                               | Tier 3 | PA; ST; QL |
| <i>opium</i>                                                         | Tier 3 |            |
| VSL#3 DS                                                             | Tier 3 |            |
| <b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>                          |        |            |
| <i>deferoxamine mesylate</i>                                         | Tier 4 | SP         |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG                     | NC     | N5; SP     |
| VISTOGARD                                                            | Tier 4 | SP; QL     |
| <b>*ANTIDOTES*</b>                                                   |        |            |
| CHEMET                                                               | Tier 3 |            |
| <i>deferoxamine mesylate</i>                                         | Tier 4 | SP         |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG                     | NC     | N5; SP     |
| EVZIO                                                                | NC     |            |
| EXJADE                                                               | Tier 5 | PA; SP     |
| FERRIPROX ORAL SOLUTION                                              | Tier 5 | PA         |
| FERRIPROX ORAL TABLET                                                | Tier 5 | PA; SP     |
| JADENU                                                               | Tier 5 | PA; SP     |
| JADENU SPRINKLE                                                      | Tier 5 | PA; SP     |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>                     | Tier 3 |            |
| <i>naltrexone hcl oral</i>                                           | Tier 1 |            |
| NARCAN                                                               | Tier 2 |            |
| VISTOGARD                                                            | Tier 4 | SP; QL     |
| VIVITROL                                                             | Tier 3 |            |
| <b>*ANTIEMETICS*</b>                                                 |        |            |
| AKYNZEO                                                              | Tier 3 | PA; ST; QL |
| ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML                               | Tier 5 | #          |
| ANZEMET ORAL                                                         | Tier 3 | QL         |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i> | Tier 1 | QL         |
| CESAMET                                                              | Tier 3 | QL         |

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| Drug                                                                          | Status | Notes  |
|-------------------------------------------------------------------------------|--------|--------|
| DICLEGIS                                                                      | Tier 3 | QL     |
| <i>dronabinol</i>                                                             | Tier 1 | PA; QL |
| EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG                                       | Tier 3 | QL     |
| EMEND ORAL SUSPENSION RECONSTITUTED                                           | Tier 2 |        |
| <i>granisetron hcl intravenous</i>                                            | Tier 5 |        |
| <i>granisetron hcl oral</i>                                                   | Tier 1 |        |
| MARINOL                                                                       | NC     | N5     |
| <i>meclizine hcl oral tablet</i>                                              | Tier 3 |        |
| <i>ondansetron</i>                                                            | Tier 1 |        |
| <i>ondansetron hcl injection solution 4 mg/2ml</i>                            | Tier 1 |        |
| <i>ondansetron hcl oral</i>                                                   | Tier 1 |        |
| SANCUSO                                                                       | Tier 3 | QL     |
| <i>scopolamine</i>                                                            | Tier 1 |        |
| SYNDROS                                                                       | NC     |        |
| TIGAN INTRAMUSCULAR                                                           | Tier 3 |        |
| TIGAN ORAL                                                                    | NC     | N5     |
| TRANSDERM-SCOP (1.5 MG)                                                       | Tier 3 |        |
| <i>trimethobenzamide hcl oral</i>                                             | Tier 1 |        |
| VARUBI                                                                        | Tier 3 | QL     |
| ZOFRAN ODT                                                                    | Tier 3 |        |
| ZOFRAN ORAL SOLUTION                                                          | Tier 3 |        |
| ZOFRAN ORAL TABLET 4 MG                                                       | Tier 3 |        |
| ZOFRAN ORAL TABLET 8 MG                                                       | NC     |        |
| ZUPLENZ                                                                       | NC     |        |
| <b>*ANTIFUNGALS*</b>                                                          |        |        |
| AMBISOME                                                                      | Tier 3 |        |
| ANCOBON                                                                       | Tier 3 |        |
| CRESEMBA ORAL                                                                 | Tier 3 |        |
| DIFLUCAN                                                                      | NC     | N5     |
| <i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i> | Tier 3 |        |
| <i>fluconazole oral</i>                                                       | Tier 1 |        |

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|---------------------------------------------------|--------|-----------------|
| <i>flucytosine oral</i>                           | Tier 3 |                 |
| <i>griseofulvin microsize oral</i>                | Tier 1 |                 |
| <i>griseofulvin ultramicrosize</i>                | Tier 1 |                 |
| GRIS-PEG                                          | NC     | N5              |
| <i>itraconazole oral</i>                          | Tier 1 | QL              |
| <i>ketoconazole oral</i>                          | Tier 1 | QL              |
| LAMISIL ORAL TABLET                               | NC     | N5              |
| NOXAFIL INTRAVENOUS                               | Tier 3 |                 |
| NOXAFIL ORAL SUSPENSION                           | Tier 3 |                 |
| NOXAFIL ORAL TABLET DELAYED RELEASE               | Tier 3 | QL              |
| <i>nystatin oral tablet</i>                       | Tier 1 |                 |
| ONMEL                                             | NC     |                 |
| SPORANOX ORAL CAPSULE                             | NC     | N5              |
| SPORANOX ORAL SOLUTION                            | Tier 3 |                 |
| SPORANOX PULSEPAK                                 | NC     | N5              |
| <i>terbinafine hcl oral</i>                       | Tier 1 |                 |
| VFEND                                             | NC     | N5              |
| <i>voriconazole intravenous</i>                   | Tier 3 |                 |
| <i>voriconazole oral tablet</i>                   | Tier 1 |                 |
| <b>*ANTI-HISTAMINES*</b>                          |        |                 |
| ALAVERT ORAL TABLET                               | Tier 1 |                 |
| <i>alavert oral tablet dispersible</i>            | Tier 1 | Select OTC      |
| ALLEGRA ALLERGY                                   | Tier 1 | Select OTC      |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION         | Tier 1 | Select OTC      |
| ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE | Tier 1 | Select OTC      |
| <i>allergy relief oral tablet dispersible</i>     | Tier 1 | Select OTC      |
| <i>carbinoxamine maleate oral solution</i>        | Tier 3 |                 |
| <i>carbinoxamine maleate oral tablet</i>          | Tier 3 |                 |
| <i>cetirizine hcl oral syrup 1 mg/ml</i>          | Tier 1 | LGC             |
| <i>cetirizine hcl oral tablet 10 mg</i>           | Tier 1 | LGC; Select OTC |
| <i>cetirizine hcl oral tablet 5 mg</i>            | Tier 1 | LGC             |

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|-----------------------------------------------------------|---------------|-----------------|
| <i>cetirizine hcl oral tablet chewable</i>                | Tier 1        | Select OTC      |
| <i>childrens loratadine</i>                               | Tier 1        | Select OTC      |
| CLARINEX ORAL SYRUP                                       | Tier 3        |                 |
| CLARINEX ORAL TABLET                                      | NC            | N5              |
| CLARITIN ORAL SYRUP                                       | NC            | N5; Select OTC  |
| CLARITIN ORAL TABLET                                      | NC            | Select OTC      |
| CLARITIN ORAL TABLET CHEWABLE                             | Tier 1        | Select OTC      |
| CLARITIN REDITABS ORAL TABLET<br>DISPERSIBLE 5 MG         | Tier 1        |                 |
| <i>cyproheptadine hcl oral</i>                            | Tier 1        |                 |
| <i>desloratadine</i>                                      | Tier 3        | QL              |
| <i>diphenhydramine hcl injection</i>                      | Tier 3        |                 |
| <i>fexofenadine hcl childrens</i>                         | Tier 1        | Select OTC      |
| <i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>         | Tier 1        | Select OTC      |
| <i>hm fexofenadine hcl</i>                                | Tier 1        | Select OTC      |
| <i>kls aller-tec childrens oral solution 1 mg/ml</i>      | Tier 1        | LGC             |
| <i>levocetirizine dihydrochloride oral</i>                | NC            |                 |
| <i>loratadine allergy relief oral tablet dispersible</i>  | Tier 1        | Select OTC      |
| <i>loratadine childrens</i>                               | Tier 1        | Select OTC      |
| <i>loratadine oral solution</i>                           | Tier 1        | Select OTC      |
| <i>loratadine oral syrup</i>                              | Tier 1        | Select OTC      |
| <i>loratadine oral tablet</i>                             | Tier 1        | LGC; Select OTC |
| <i>phenadoz rectal suppository 12.5 mg</i>                | Tier 1        |                 |
| <i>promethazine hcl injection</i>                         | Tier 1        |                 |
| <i>promethazine hcl oral syrup</i>                        | Tier 1        |                 |
| <i>promethazine hcl oral tablet</i>                       | Tier 1        |                 |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | Tier 1        |                 |
| <i>promethegan</i>                                        | Tier 1        |                 |
| <i>qc allergy relief childrens oral syrup 5 mg/5ml</i>    | Tier 1        | LGC; Select OTC |
| RYVENT                                                    | NC            |                 |
| TRIAMINIC ALLERCHEWS                                      | Tier 1        | Select OTC      |
| WAL-ITIN CHILDRENS                                        | Tier 1        | Select OTC      |

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| Drug                                                             | Status | Notes      |
|------------------------------------------------------------------|--------|------------|
| WAL-ITIN ORAL SYRUP                                              | Tier 1 | Select OTC |
| WAL-ITIN ORAL TABLET DISPERSIBLE                                 | Tier 1 | Select OTC |
| WAL-VERT                                                         | Tier 1 | Select OTC |
| <i>wal-zyr childrens oral solution 1 mg/ml</i>                   | Tier 1 | LGC        |
| XYZAL                                                            | NC     | N5         |
| XYZAL ALLERGY 24HR                                               | Tier 1 | Select OTC |
| XYZAL ALLERGY 24HR CHILDRENS                                     | Tier 1 | Select OTC |
| ZYRTEC ALLERGY ORAL TABLET                                       | Tier 1 | Select OTC |
| ZYRTEC CHILDRENS ALLERGY ORAL SYRUP                              | NC     | N5         |
| <b>*ANTIHYPERLIPIDEMICS*</b>                                     |        |            |
| ALTOPREV                                                         | Tier 3 | QL         |
| ANTARA ORAL CAPSULE 30 MG, 90 MG                                 | Tier 3 | QL         |
| <i>atorvastatin calcium oral tablet 10 mg</i>                    | CE     | QL         |
| <i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>      | Tier 1 | QL         |
| <i>cholestyramine light oral powder</i>                          | Tier 1 |            |
| COLESTID                                                         | NC     | N5         |
| COLESTID FLAVORED                                                | NC     | N5         |
| <i>colestipol hcl oral granules</i>                              | Tier 1 |            |
| CRESTOR                                                          | Tier 3 | ST; #; QL  |
| <i>ezetimibe</i>                                                 | Tier 1 | QL         |
| <i>ezetimibe-simvastatin</i>                                     | Tier 1 | QL         |
| <i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>         | Tier 3 | QL         |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | Tier 1 | QL         |
| <i>fenofibrate oral capsule</i>                                  | Tier 3 | QL         |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                     | NC     |            |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>      | Tier 1 | QL         |
| <i>fenofibric acid oral capsule delayed release</i>              | Tier 1 |            |
| <i>fenofibric acid oral tablet</i>                               | Tier 1 | QL         |
| FENOGLIDE                                                        | NC     |            |

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|----------------------------------------------------|--------|----------------|
| FIBRICOR                                           | Tier 3 | QL             |
| <i>fluvastatin sodium</i>                          | Tier 1 | QL             |
| <i>fluvastatin sodium er</i>                       | Tier 3 |                |
| <i>gemfibrozil oral</i>                            | Tier 1 | LGC            |
| JUXTAPID                                           | Tier 5 | PA; ST; SP; QL |
| KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE    | Tier 5 | PA; ST; SP; QL |
| LESCOL ORAL CAPSULE 20 MG                          | NC     | N5             |
| LESCOL XL                                          | NC     | N5             |
| LIPITOR                                            | NC     | N5             |
| LIPOFEN                                            | Tier 3 | QL             |
| LIVALO                                             | Tier 3 | ST; QL         |
| LOFIBRA ORAL CAPSULE                               | NC     | N5             |
| LOFIBRA ORAL TABLET 54 MG                          | NC     | N5             |
| <i>lovastatin</i>                                  | Tier 1 | LGC; QL        |
| LOVAZA                                             | NC     | N5             |
| MEVACOR ORAL TABLET 40 MG                          | NC     | N5             |
| <i>niacin er (antihyperlipidemic)</i>              | Tier 1 |                |
| NIACOR                                             | Tier 3 |                |
| NIASPAN                                            | NC     | N5             |
| <i>omega-3-acid ethyl esters</i>                   | Tier 1 | QL             |
| PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG          | NC     | N5             |
| <i>pravastatin sodium</i>                          | Tier 1 | LGC; QL        |
| <i>prevalite oral packet</i>                       | Tier 1 |                |
| QUESTRAN LIGHT ORAL POWDER                         | NC     | N5             |
| <i>rosuvastatin calcium</i>                        | Tier 1 | QL             |
| <i>simvastatin oral tablet 10 mg, 5 mg</i>         | CE     | LGC; QL        |
| <i>simvastatin oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | LGC; QL        |
| TRICOR                                             | NC     | N5             |
| TRIGLIDE ORAL TABLET 160 MG                        | NC     | N5             |
| TRILIPIX                                           | NC     | N5             |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM                  | Tier 2 | QL             |

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|------------------------------------------------------------|--------|-----------|
| VYTORIN                                                    | Tier 3 | ST; #; QL |
| WELCHOL                                                    | Tier 3 | #         |
| ZETIA                                                      | Tier 3 | ST; QL    |
| ZOCOR                                                      | NC     | N5        |
| <b>*ANTIHYPERTENSIVES*</b>                                 |        |           |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 5 MG                    | NC     | N5        |
| ACCUPRIL ORAL TABLET 40 MG                                 | NC     |           |
| ACCURETIC                                                  | NC     | N5        |
| ACEON ORAL TABLET 4 MG, 8 MG                               | NC     | N5        |
| ALTACE ORAL CAPSULE                                        | NC     | N5        |
| <i>amlodipine besy-benazepril hcl</i>                      | Tier 1 |           |
| <i>amlodipine besylate-valsartan</i>                       | Tier 1 | QL        |
| <i>amlodipine-olmesartan</i>                               | Tier 3 | QL        |
| <i>amlodipine-valsartan-hctz</i>                           | Tier 1 | QL        |
| ATACAND HCT                                                | NC     | N5        |
| ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG                      | NC     | N5        |
| ATACAND ORAL TABLET 32 MG                                  | Tier 3 | QL        |
| <i>atenolol-chlorthalidone</i>                             | Tier 1 | LGC       |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG               | NC     | N5        |
| AVAPRO                                                     | NC     | N5        |
| AZOR                                                       | Tier 3 | ST; QL    |
| <i>benazepril hcl oral</i>                                 | Tier 1 | LGC       |
| <i>benazepril-hydrochlorothiazide</i>                      | Tier 1 | LGC       |
| BENICAR                                                    | Tier 3 | ST; QL    |
| BENICAR HCT                                                | Tier 3 | ST; QL    |
| <i>bisoprolol-hydrochlorothiazide</i>                      | Tier 1 | LGC       |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i> | Tier 1 | QL        |
| <i>candesartan cilexetil-hctz</i>                          | Tier 1 | QL        |
| <i>captopril oral</i>                                      | Tier 1 | LGC       |
| <i>captopril-hydrochlorothiazide</i>                       | Tier 1 |           |

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| <b>Drug</b>                                             | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------------------|---------------|--------------|
| CARDURA                                                 | NC            | N5           |
| CATAPRES                                                | NC            | N5           |
| CATAPRES-TTS-1                                          | NC            | N5           |
| CATAPRES-TTS-2                                          | NC            | N5           |
| CATAPRES-TTS-3                                          | NC            | N5           |
| <i>clonidine hcl oral</i>                               | Tier 1        | LGC          |
| <i>clonidine hcl transdermal</i>                        | Tier 3        |              |
| CLORPRES ORAL TABLET 0.1-15 MG                          | Tier 3        |              |
| CORZIDE                                                 | NC            | N5           |
| COZAAR                                                  | NC            | N5           |
| DEMSER                                                  | Tier 3        |              |
| DIBENZYLINE                                             | NC            | N5           |
| DIOVAN                                                  | NC            | N5           |
| DIOVAN HCT                                              | NC            | N5           |
| <i>doxazosin mesylate</i>                               | Tier 1        | LGC          |
| DUTOPROL                                                | NC            |              |
| EDARBI                                                  | Tier 3        | ST; QL       |
| EDARBYCLOR                                              | Tier 3        | ST; QL       |
| <i>enalapril maleate oral</i>                           | Tier 1        | LGC          |
| <i>enalapril-hydrochlorothiazide</i>                    | Tier 1        | LGC          |
| EPANED ORAL SOLUTION                                    | Tier 3        | PA; QL       |
| <i>eplerenone</i>                                       | Tier 3        |              |
| <i>eprosartan mesylate</i>                              | Tier 3        | QL           |
| EXFORGE                                                 | NC            | N5           |
| EXFORGE HCT                                             | Tier 3        |              |
| <i>fosinopril sodium</i>                                | Tier 1        |              |
| <i>fosinopril sodium-hctz</i>                           | Tier 1        |              |
| <i>guanfacine hcl oral</i>                              | Tier 1        |              |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i> | Tier 1        |              |
| <i>hydralazine hcl oral tablet 25 mg</i>                | Tier 1        | LGC          |
| HYZAAR                                                  | NC            | N5           |
| INSPRA                                                  | NC            | N5           |
| <i>irbesartan</i>                                       | Tier 1        | QL           |

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|-----------------------------------------------------------|---------------|--------------|
| <i>irbesartan-hydrochlorothiazide</i>                     | Tier 1        | QL           |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>  | Tier 1        | LGC          |
| <i>lisinopril oral tablet 30 mg, 40 mg</i>                | Tier 1        |              |
| <i>lisinopril-hydrochlorothiazide</i>                     | Tier 1        | LGC          |
| LOPRESSOR HCT ORAL TABLET 50-25 MG                        | NC            | N5           |
| <i>losartan potassium oral tablet 100 mg</i>              | Tier 1        | LGC          |
| <i>losartan potassium oral tablet 25 mg, 50 mg</i>        | Tier 1        | LGC; QL      |
| <i>losartan potassium-hctz</i>                            | Tier 1        | LGC          |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | NC            | N5           |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                  | NC            | N5           |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG  | NC            | N5           |
| <i>methyldopa oral</i>                                    | Tier 1        |              |
| <i>methyldopa-hydrochlorothiazide</i>                     | Tier 1        |              |
| <i>methyldopate hcl</i>                                   | Tier 3        |              |
| <i>metoprolol-hctz er</i>                                 | NC            |              |
| <i>metoprolol-hydrochlorothiazide</i>                     | Tier 1        |              |
| MICARDIS                                                  | NC            | N5           |
| MICARDIS HCT                                              | NC            | N5           |
| MINIPRESS                                                 | NC            | N5           |
| <i>minoxidil oral</i>                                     | Tier 1        |              |
| <i>moexipril hcl</i>                                      | Tier 1        |              |
| <i>moexipril-hydrochlorothiazide</i>                      | Tier 1        |              |
| <i>nadolol-bendroflumethiazide</i>                        | Tier 3        |              |
| <i>olmesartan medoxomil oral</i>                          | Tier 1        | QL           |
| <i>olmesartan medoxomil-hctz</i>                          | Tier 1        | QL           |
| <i>olmesartan-amlodipine-hctz</i>                         | Tier 3        | QL           |
| <i>perindopril erbumine</i>                               | Tier 3        |              |
| <i>phenoxybenzamine hcl oral</i>                          | Tier 4        | PA           |
| <i>prazosin hcl oral</i>                                  | Tier 1        |              |
| PRESTALIA                                                 | Tier 3        |              |

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|-----------------------------------------------------|--------|----------------|
| PRINIVIL                                            | NC     | N5             |
| <i>propranolol-hctz</i>                             | Tier 1 |                |
| QBRELIS                                             | Tier 3 | PA             |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 |                |
| <i>quinapril-hydrochlorothiazide</i>                | Tier 1 |                |
| <i>ramipril</i>                                     | Tier 1 |                |
| TARKA                                               | NC     | N5             |
| TEKTURNA                                            | Tier 3 | ST; QL         |
| TEKTURNA HCT                                        | Tier 3 | ST; QL         |
| <i>telmisartan</i>                                  | Tier 1 | QL             |
| <i>telmisartan-amlodipine</i>                       | Tier 1 | ST; QL         |
| <i>telmisartan-hctz</i>                             | Tier 1 | QL             |
| <i>terazosin hcl oral</i>                           | Tier 1 | LGC            |
| <i>trandolapril</i>                                 | Tier 1 |                |
| <i>trandolapril-verapamil hcl er</i>                | Tier 3 |                |
| TRIBENZOR                                           | Tier 3 | ST; #; QL      |
| TWYNSTA                                             | NC     | N5             |
| <i>valsartan</i>                                    | Tier 1 | QL             |
| <i>valsartan-hydrochlorothiazide</i>                | Tier 1 | QL             |
| VASERETIC                                           | NC     | N5             |
| VASOTEC                                             | NC     |                |
| VECAMYL                                             | Tier 5 | PA; ST; SP; QL |
| ZESTRIL ORAL TABLET 10 MG, 20 MG, 5 MG              | NC     | N5             |
| ZIAC                                                | NC     | N5             |
| <b>*ANTI-INFECTIVE AGENTS - MISC.*</b>              |        |                |
| ALINIA ORAL SUSPENSION RECONSTITUTED                | Tier 3 | #; QL          |
| ALINIA ORAL TABLET                                  | Tier 3 | #; QL          |
| <i>atovaquone oral</i>                              | Tier 1 |                |
| AZACTAM                                             | NC     | N5             |
| AZACTAM IN DEXTROSE                                 | NC     |                |
| <i>aztreonam</i>                                    | Tier 5 |                |

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| BACTRIM                                                                 | NC     | N5     |
| BACTRIM DS                                                              | Tier 3 |        |
| CAYSTON                                                                 | Tier 5 | SP; QL |
| CLEOCIN IN D5W                                                          | NC     |        |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG                                     | NC     | N5     |
| CLEOCIN ORAL CAPSULE 75 MG                                              | NC     |        |
| CLEOCIN ORAL SOLUTION RECONSTITUTED                                     | NC     | N5     |
| CLEOCIN PHOSPHATE INJECTION                                             | NC     | N5     |
| CLEOCIN PHOSPHATE INTRAVENOUS SOLUTION 600 MG/4ML, 900 MG/6ML           | NC     |        |
| <i>clindamycin hcl oral</i>                                             | Tier 1 |        |
| <i>clindamycin palmitate hcl</i>                                        | Tier 1 |        |
| <i>clindamycin phosphate injection</i>                                  | Tier 4 |        |
| <i>clindamycin phosphate intravenous solution 150 mg/ml, 900 mg/6ml</i> | Tier 4 |        |
| <i>colistimethate sodium injection</i>                                  | Tier 4 | SP     |
| COLY-MYCIN M                                                            | NC     | N5; SP |
| <i>dapsone oral</i>                                                     | Tier 1 |        |
| FLAGYL ORAL CAPSULE                                                     | NC     | N5     |
| FLAGYL ORAL TABLET 250 MG                                               | NC     | N5     |
| FLAGYL ORAL TABLET 500 MG                                               | Tier 3 |        |
| IMPAVIDO                                                                | Tier 3 | PA; QL |
| <i>linezolid oral suspension reconstituted</i>                          | Tier 1 | QL     |
| <i>linezolid oral tablet</i>                                            | Tier 1 | QL     |
| MEPRON                                                                  | NC     | N5     |
| <i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>   | Tier 3 |        |
| <i>metronidazole oral capsule</i>                                       | Tier 1 |        |
| <i>metronidazole oral tablet 250 mg</i>                                 | Tier 1 |        |
| NEBUPENT                                                                | Tier 4 |        |
| PRIMSOL                                                                 | Tier 3 |        |
| SIVEXTRO ORAL                                                           | Tier 3 | QL     |

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|--------------------------------------------------------------------|--------|--------|
| <i>sulfamethoxazole-trimethoprim intravenous</i>                   | Tier 3 |        |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Tier 1 | LGC    |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                   | Tier 1 | LGC    |
| TINDAMAX ORAL TABLET 500 MG                                        | NC     | N5     |
| <i>tinidazole oral</i>                                             | Tier 3 |        |
| <i>trimethoprim oral</i>                                           | Tier 1 |        |
| <i>vancomycin hcl oral</i>                                         | Tier 3 |        |
| XIFAXAN ORAL TABLET 200 MG                                         | Tier 3 | QL     |
| XIFAXAN ORAL TABLET 550 MG                                         | Tier 2 | PA; QL |
| ZYVOX ORAL                                                         | NC     | N5     |
| <b>*ANTIMALARIALS*</b>                                             |        |        |
| <i>atovaquone-proguanil hcl</i>                                    | Tier 3 |        |
| <i>chloroquine phosphate oral</i>                                  | Tier 1 |        |
| COARTEM                                                            | Tier 3 |        |
| DARAPRIM                                                           | Tier 2 |        |
| <i>hydroxychloroquine sulfate oral</i>                             | Tier 1 |        |
| MALARONE                                                           | NC     | N5     |
| <i>mefloquine hcl</i>                                              | Tier 3 |        |
| PLAQUENIL                                                          | NC     | N5     |
| <i>primaquine phosphate oral</i>                                   | Tier 1 |        |
| QUALAQUIN                                                          | NC     | N5     |
| <i>quinine sulfate oral</i>                                        | Tier 3 |        |
| <b>*ANTIMYASTHENIC AGENTS*</b>                                     |        |        |
| <i>guanidine hcl oral</i>                                          | Tier 3 |        |
| MESTINON ORAL SYRUP                                                | Tier 3 |        |
| MESTINON ORAL TABLET                                               | NC     | N5     |
| MESTINON ORAL TABLET EXTENDED RELEASE                              | NC     | N5     |
| <i>pyridostigmine bromide er</i>                                   | Tier 1 |        |
| <i>pyridostigmine bromide oral</i>                                 | Tier 1 |        |
| REGONOL INTRAVENOUS                                                | Tier 3 |        |

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|----------------------------------------------|--------|------------|
| <b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>   |        |            |
| <i>guanidine hcl oral</i>                    | Tier 3 |            |
| MESTINON ORAL SYRUP                          | Tier 3 |            |
| MESTINON ORAL TABLET                         | NC     | N5         |
| MESTINON ORAL TABLET EXTENDED RELEASE        | NC     | N5         |
| <i>pyridostigmine bromide er</i>             | Tier 1 |            |
| <i>pyridostigmine bromide oral</i>           | Tier 1 |            |
| REGONOL INTRAVENOUS                          | Tier 3 |            |
| <b>*ANTIMYCOBACTERIAL AGENTS*</b>            |        |            |
| CAPASTAT SULFATE                             | Tier 5 |            |
| <i>cycloserine oral</i>                      | Tier 3 |            |
| <i>ethambutol hcl oral</i>                   | Tier 1 |            |
| <i>isoniazid injection</i>                   | Tier 3 |            |
| <i>isoniazid oral</i>                        | Tier 1 |            |
| MYAMBUTOL                                    | NC     | N5         |
| MYCOBUTIN                                    | NC     | N5         |
| PASER                                        | Tier 3 |            |
| PRIFTIN                                      | Tier 3 |            |
| <i>pyrazinamide oral</i>                     | Tier 1 |            |
| <i>rifabutin</i>                             | Tier 3 |            |
| RIFADIN ORAL                                 | NC     | N5         |
| RIFAMATE                                     | Tier 3 |            |
| <i>rifampin oral</i>                         | Tier 1 |            |
| RIFATER                                      | Tier 3 |            |
| SIRTURO                                      | Tier 5 | PA; SP; QL |
| TRECATOR                                     | Tier 3 |            |
| <b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b> |        |            |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG   | Tier 5 | PA; SP; QL |
| VENCLEXTA STARTING PACK                      | Tier 5 | PA; SP; QL |

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| <b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b> |        |                |
| ACTIMMUNE                                         | Tier 5 | PA; SP         |
| <i>adrucil intravenous solution 5 gm/100ml</i>    | Tier 3 |                |
| AFINITOR                                          | Tier 5 | PA; SP; QL     |
| AFINITOR DISPERZ                                  | Tier 5 | PA; SP; QL     |
| ALECENSA                                          | Tier 5 | PA; SP; QL     |
| ALFERON N                                         | Tier 5 | SP             |
| ALKERAN                                           | Tier 3 |                |
| ALUNBRIG                                          | Tier 5 | PA; SP; QL     |
| <i>anastrozole oral</i>                           | Tier 1 |                |
| ARIMIDEX                                          | NC     | N5             |
| AROMASIN                                          | NC     | N5             |
| ARZERRA                                           | Tier 5 | PA             |
| <i>bexarotene</i>                                 | Tier 4 | PA; SP         |
| <i>bicalutamide</i>                               | Tier 1 | QL             |
| BOSULIF                                           | Tier 5 | PA; ST; SP; QL |
| BUSULFEX                                          | Tier 5 |                |
| CABOMETYX                                         | Tier 5 | PA; SP; QL     |
| CAMPTOSAR                                         | NC     | N5             |
| <i>capecitabine</i>                               | Tier 1 | PA; SP         |
| CAPRELSA ORAL TABLET 100 MG, 300 MG               | Tier 5 | PA; SP; QL     |
| CASODEX                                           | NC     | N5             |
| COMETRIQ (100 MG DAILY DOSE)                      | Tier 5 | PA; SP; QL     |
| COMETRIQ (140 MG DAILY DOSE)                      | Tier 4 | PA; SP; QL     |
| COMETRIQ (60 MG DAILY DOSE)                       | Tier 5 | PA; SP; QL     |
| COTELLIC                                          | Tier 5 | PA; SP; QL     |
| <i>cyclophosphamide injection</i>                 | Tier 1 |                |
| <i>cyclophosphamide oral capsule</i>              | Tier 1 |                |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML   | Tier 3 |                |
| ELIGARD                                           | Tier 5 | PA; SP         |
| EMCYT                                             | Tier 2 |                |

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|--------------------------------------------------------------------------|--------|----------------|
| ERIVEDGE                                                                 | Tier 5 | PA; SP; QL     |
| ETHYOL                                                                   | Tier 5 |                |
| <i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i> | Tier 5 |                |
| <i>etoposide oral</i>                                                    | Tier 1 |                |
| <i>exemestane</i>                                                        | Tier 1 |                |
| FARESTON                                                                 | Tier 2 |                |
| FARYDAK                                                                  | Tier 5 | PA; SP; QL     |
| FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML                               | Tier 5 | PA; SP         |
| FEMARA                                                                   | NC     | N5             |
| FIRMAGON                                                                 | Tier 5 | PA; SP         |
| <i>fluorouracil intravenous solution 5 gm/100ml</i>                      | Tier 3 |                |
| <i>flutamide</i>                                                         | Tier 1 |                |
| GILOTRIF                                                                 | Tier 5 | PA; SP; QL     |
| GLEEVEC                                                                  | NC     | N5; #; SP      |
| GLEOSTINE                                                                | Tier 3 |                |
| HEXALEN                                                                  | Tier 4 |                |
| HYCAMTIN ORAL                                                            | Tier 5 | PA; SP         |
| HYDREA                                                                   | Tier 3 |                |
| <i>hydroxyurea oral</i>                                                  | Tier 1 |                |
| ICLUSIG ORAL TABLET 15 MG, 45 MG                                         | Tier 5 | PA; ST; SP; QL |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>                      | Tier 1 | PA; SP; QL     |
| IMBRUVICA                                                                | Tier 5 | PA; ST; SP; QL |
| INLYTA                                                                   | Tier 5 | PA; SP; QL     |
| INTRON A                                                                 | Tier 3 | PA; SP         |
| IRESSA                                                                   | Tier 5 | PA; QL         |
| <i>irinotecan hcl</i>                                                    | Tier 4 |                |
| JAKAFI                                                                   | Tier 5 | PA; SP; QL     |
| JEVTANA                                                                  | Tier 5 | PA             |
| KEPIVANCE                                                                | Tier 5 | PA             |
| KISQALI FEMARA 200 DOSE                                                  | Tier 5 | PA; SP; QL     |
| KISQALI FEMARA 400 DOSE                                                  | Tier 5 | PA; SP; QL     |

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|--------------------------------------------------------------------------------------------------|--------|----------------|
| KISQALI FEMARA 600 DOSE                                                                          | Tier 5 | PA; SP; QL     |
| LENVIMA 10 MG DAILY DOSE                                                                         | Tier 5 | PA; ST; SP; QL |
| LENVIMA 14 MG DAILY DOSE                                                                         | Tier 5 | PA; ST; SP; QL |
| LENVIMA 18 MG DAILY DOSE                                                                         | Tier 5 | PA; SP; QL     |
| LENVIMA 20 MG DAILY DOSE                                                                         | Tier 5 | PA; ST; SP; QL |
| LENVIMA 24 MG DAILY DOSE                                                                         | Tier 5 | PA; ST; SP; QL |
| LENVIMA 8 MG DAILY DOSE                                                                          | Tier 5 | PA; SP; QL     |
| <i>letrozole oral</i>                                                                            | Tier 1 |                |
| <i>leucovorin calcium injection solution reconstituted 350 mg, 500 mg</i>                        | Tier 3 |                |
| <i>leucovorin calcium oral</i>                                                                   | Tier 1 |                |
| LEUKERAN                                                                                         | Tier 4 |                |
| <i>leuprolide acetate injection</i>                                                              | Tier 4 | PA; SP         |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                                       | Tier 5 | PA; ST; QL     |
| LUPRON DEPOT (1-MONTH)                                                                           | Tier 5 | PA; #; SP      |
| LUPRON DEPOT (3-MONTH)                                                                           | Tier 5 | PA; #; SP      |
| LUPRON DEPOT (4-MONTH)                                                                           | Tier 5 | PA; #; SP      |
| LUPRON DEPOT (6-MONTH)                                                                           | Tier 5 | PA; #; SP      |
| LYSODREN                                                                                         | Tier 2 |                |
| MATULANE                                                                                         | Tier 4 |                |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>                                   | Tier 1 |                |
| <i>megestrol acetate oral tablet</i>                                                             | Tier 1 |                |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                                | Tier 5 | PA; QL         |
| <i>melphalan</i>                                                                                 | Tier 1 |                |
| <i>melphalan hcl</i>                                                                             | Tier 4 |                |
| <i>mercaptopurine oral</i>                                                                       | Tier 1 |                |
| MESNEX ORAL                                                                                      | Tier 5 |                |
| <i>methotrexate oral</i>                                                                         | Tier 1 |                |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 250 mg/10ml, 50 mg/2ml</i> | Tier 1 |                |
| <i>mitoxantrone hcl</i>                                                                          | Tier 3 |                |
| MYLERAN                                                                                          | Tier 3 |                |

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|------------------------------------------------------------------------|--------|----------------|
| NERLYNX                                                                | Tier 5 | PA; SP; QL     |
| NEXAVAR                                                                | Tier 5 | PA; ST; SP; QL |
| NILANDRON                                                              | Tier 2 |                |
| <i>nilutamide</i>                                                      | Tier 1 |                |
| NINLARO                                                                | Tier 5 | PA; ST; QL     |
| ODOMZO                                                                 | Tier 5 | PA; QL         |
| POMALYST                                                               | Tier 5 | PA; ST; SP; QL |
| PURIXAN                                                                | Tier 5 | PA; ST; SP; QL |
| RITUXAN INTRAVENOUS SOLUTION                                           | Tier 5 | PA; ST         |
| RYDAPT                                                                 | Tier 5 | PA; SP; QL     |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG         | Tier 5 | PA; ST; SP; QL |
| STIVARGA                                                               | Tier 5 | PA; ST; SP; QL |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG                     | Tier 2 | PA; ST; SP; QL |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG                    | Tier 5 | PA; SP         |
| SYNRIBO                                                                | Tier 5 | PA; ST         |
| TABLOID                                                                | Tier 2 |                |
| TAFINLAR                                                               | Tier 5 | PA; SP; QL     |
| TAGRISSO                                                               | Tier 5 | PA; SP; QL     |
| <i>tamoxifen citrate oral</i>                                          | CE     |                |
| TARCEVA                                                                | Tier 3 | PA; SP; QL     |
| TARGRETIN ORAL                                                         | NC     | N5; SP         |
| TASIGNA                                                                | Tier 5 | PA; ST; SP; QL |
| TEMODAR ORAL                                                           | NC     | N5; SP         |
| <i>temozolomide</i>                                                    | Tier 1 | PA; SP         |
| <i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i> | Tier 5 |                |
| TORISEL                                                                | Tier 5 |                |
| TRELSTAR MIXJECT                                                       | Tier 5 | PA; #; SP      |
| <i>tretinoin oral</i>                                                  | Tier 1 | SP; AL         |
| TREXALL                                                                | Tier 3 |                |
| TYKERB                                                                 | Tier 5 | PA; ST; SP     |

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|--------------------------------------------------------------------------------|--------|----------------|
| UVADEX                                                                         | Tier 3 |                |
| VANTAS                                                                         | Tier 5 | PA; SP         |
| VORAXAZE                                                                       | Tier 5 |                |
| VOTRIENT                                                                       | Tier 5 | PA; SP; QL     |
| XALKORI                                                                        | Tier 5 | PA; SP; QL     |
| XATMEP                                                                         | Tier 3 | PA             |
| XELODA                                                                         | NC     | N5; SP         |
| XTANDI                                                                         | Tier 5 | PA; ST; SP; QL |
| YERVOY                                                                         | Tier 5 | PA             |
| ZALTRAP                                                                        | Tier 5 | PA             |
| ZANOSAR                                                                        | Tier 5 |                |
| ZELBORAF                                                                       | Tier 5 | PA; ST; SP; QL |
| ZOLADEX                                                                        | Tier 5 | PA; SP         |
| ZOLINZA                                                                        | Tier 5 | PA; ST; SP; QL |
| ZYKADIA                                                                        | Tier 5 | PA; ST; SP; QL |
| ZYTIGA ORAL TABLET 250 MG                                                      | Tier 2 | PA; SP; QL     |
| ZYTIGA ORAL TABLET 500 MG                                                      | Tier 2 | PA; QL         |
| <b>*ANTIPARKINSON AGENTS*</b>                                                  |        |                |
| <i>amantadine hcl oral</i>                                                     | Tier 1 |                |
| AZILECT                                                                        | Tier 3 | QL             |
| <i>benztropine mesylate injection</i>                                          | Tier 5 |                |
| <i>benztropine mesylate oral</i>                                               | Tier 1 | LGC            |
| <i>bromocriptine mesylate oral</i>                                             | Tier 1 |                |
| <i>carbidopa oral</i>                                                          | Tier 3 |                |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 |                |
| <i>carbidopa-levodopa oral tablet</i>                                          | Tier 1 |                |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-250 mg</i>         | Tier 1 |                |
| COMTAN                                                                         | NC     | N5             |
| ELDEPRYL                                                                       | NC     | N5             |
| <i>entacapone</i>                                                              | Tier 1 |                |
| LODOSYN                                                                        | NC     | N5             |

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|---------------------------------------------------------------------------------------------|--------|------------|
| MIRAPEX                                                                                     | NC     | N5         |
| MIRAPEX ER                                                                                  | NC     | N5         |
| NEUPRO                                                                                      | Tier 3 | #; QL      |
| <i>pramipexole dihydrochloride</i>                                                          | Tier 1 |            |
| <i>pramipexole dihydrochloride er</i>                                                       | Tier 3 | QL         |
| <i>rasagiline mesylate oral</i>                                                             | Tier 1 | QL         |
| REQUIP                                                                                      | NC     | N5         |
| REQUIP XL                                                                                   | NC     | N5         |
| <i>ropinirole hcl</i>                                                                       | Tier 1 |            |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | Tier 1 | QL         |
| RYTARY                                                                                      | Tier 3 |            |
| <i>selegiline hcl oral</i>                                                                  | Tier 1 |            |
| SINEMET                                                                                     | NC     | N5         |
| SINEMET CR                                                                                  | NC     | N5         |
| STALEVO 100                                                                                 | Tier 3 |            |
| STALEVO 125                                                                                 | Tier 3 |            |
| STALEVO 150                                                                                 | Tier 3 |            |
| STALEVO 200                                                                                 | Tier 3 |            |
| STALEVO 50                                                                                  | Tier 3 |            |
| STALEVO 75                                                                                  | Tier 3 |            |
| TASMAR ORAL TABLET 100 MG                                                                   | NC     | N5         |
| <i>tolcapone</i>                                                                            | Tier 3 |            |
| <i>trihexyphenidyl hcl oral elixir</i>                                                      | Tier 1 |            |
| <i>trihexyphenidyl hcl oral tablet 2 mg</i>                                                 | Tier 1 | LGC        |
| <i>trihexyphenidyl hcl oral tablet 5 mg</i>                                                 | Tier 1 |            |
| XADAGO                                                                                      | Tier 3 | PA; ST; QL |
| ZELAPAR                                                                                     | NC     |            |
| <b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>                                                    |        |            |
| ABILIFY ORAL TABLET                                                                         | NC     | N5         |
| <i>aripiprazole oral solution</i>                                                           | Tier 1 | QL         |
| <i>aripiprazole oral tablet</i>                                                             | Tier 1 | QL         |

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| <b>Drug</b>                                                                     | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------------------------------------------|---------------|--------------|
| <i>aripiprazole oral tablet dispersible</i>                                     | Tier 1        | QL           |
| <i>chlorpromazine hcl injection solution 25 mg/ml</i>                           | Tier 3        |              |
| <i>chlorpromazine hcl oral</i>                                                  | Tier 1        |              |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                       | Tier 1        | QL           |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1        | QL           |
| CLOZARIL                                                                        | NC            | N5           |
| <i>compro</i>                                                                   | Tier 1        |              |
| EQUETRO                                                                         | Tier 3        |              |
| FANAPT                                                                          | Tier 3        | ST; QL       |
| FANAPT TITRATION PACK                                                           | Tier 3        | ST           |
| FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG                          | NC            | N5           |
| FAZACLO ORAL TABLET DISPERSIBLE 150 MG, 200 MG                                  | NC            |              |
| <i>fluphenazine decanoate injection</i>                                         | Tier 3        |              |
| <i>fluphenazine hcl injection</i>                                               | Tier 3        |              |
| <i>fluphenazine hcl oral concentrate</i>                                        | Tier 3        |              |
| <i>fluphenazine hcl oral elixir</i>                                             | Tier 3        |              |
| <i>fluphenazine hcl oral tablet</i>                                             | Tier 1        |              |
| GEODON INTRAMUSCULAR                                                            | Tier 3        |              |
| GEODON ORAL                                                                     | NC            | N5           |
| HALDOL                                                                          | Tier 3        |              |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML                               | Tier 3        |              |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML                                | NC            |              |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i>                   | Tier 3        |              |
| <i>haloperidol decanoate intramuscular solution 50 mg/ml</i>                    | NC            |              |
| <i>haloperidol lactate injection</i>                                            | Tier 3        |              |

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| <b>Drug</b>                                                                                              | <b>Status</b> | <b>Notes</b> |
|----------------------------------------------------------------------------------------------------------|---------------|--------------|
| <i>haloperidol lactate oral</i>                                                                          | Tier 1        |              |
| <i>haloperidol oral</i>                                                                                  | Tier 1        |              |
| INVEGA                                                                                                   | NC            | N5           |
| INVEGA SUSTENNA                                                                                          | Tier 3        |              |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 80 MG                                                           | Tier 2        | ST; QL       |
| LATUDA ORAL TABLET 60 MG                                                                                 | Tier 2        | ST           |
| <i>lithium</i>                                                                                           | Tier 1        |              |
| <i>lithium carbonate er</i>                                                                              | Tier 1        |              |
| <i>lithium carbonate oral</i>                                                                            | Tier 1        |              |
| <i>loxapine succinate oral</i>                                                                           | Tier 1        |              |
| NUPLAZID                                                                                                 | Tier 5        | PA; SP; QL   |
| <i>olanzapine intramuscular</i>                                                                          | Tier 3        |              |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                  | Tier 1        | QL           |
| <i>olanzapine oral tablet dispersible</i>                                                                | Tier 1        | QL           |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>                     | Tier 3        | QL           |
| <i>perphenazine oral</i>                                                                                 | Tier 1        |              |
| <i>prochlorperazine</i>                                                                                  | Tier 1        |              |
| <i>prochlorperazine maleate oral</i>                                                                     | Tier 1        |              |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 3        | QL           |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | Tier 1        | QL           |
| REXULTI                                                                                                  | Tier 3        | PA; ST; QL   |
| RISPERDAL                                                                                                | NC            | N5           |
| RISPERDAL M-TAB                                                                                          | NC            | N5           |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                                 | Tier 1        | QL           |
| <i>risperidone oral solution</i>                                                                         | Tier 1        |              |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                   | Tier 1        | QL           |

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| Drug                                                                                         | Status | Notes         |
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| <i>risperidone oral tablet dispersible 0.25 mg</i>                                           | Tier 1 |               |
| <i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                    | Tier 1 | QL            |
| SAPHRIS                                                                                      | Tier 3 | ST; QL        |
| SEROQUEL                                                                                     | NC     | N5            |
| SEROQUEL XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR 150 MG,<br>200 MG, 300 MG, 400 MG, 50 MG | Tier 3 | PA; ST; #; QL |
| <i>thioridazine hcl oral</i>                                                                 | Tier 1 |               |
| <i>thiothixene oral</i>                                                                      | Tier 1 |               |
| <i>trifluoperazine hcl oral</i>                                                              | Tier 1 |               |
| VERSACLOZ                                                                                    | Tier 3 | ST            |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3<br>MG, 4.5 MG, 6 MG                                           | Tier 3 | ST; QL        |
| VRAYLAR ORAL CAPSULE THERAPY<br>PACK                                                         | Tier 3 | ST            |
| <i>ziprasidone hcl</i>                                                                       | Tier 1 | QL            |
| ZYPREXA ORAL                                                                                 | NC     |               |
| ZYPREXA ZYDIS                                                                                | NC     |               |
| <b>*ANTIRETROVIRALS ADJUVANTS***</b>                                                         |        |               |
| TYBOST                                                                                       | Tier 3 | QL            |
| <b>*ANTISEPTICS &amp; DISINFECTANTS*</b>                                                     |        |               |
| <i>formadon</i>                                                                              | Tier 3 |               |
| <i>formaldehyde external solution 10 %</i>                                                   | Tier 3 |               |
| IODOSORB                                                                                     | Tier 2 |               |
| KERR TRIPLE DYE SWABS                                                                        | Tier 3 |               |
| <b>*ANTIVIRALS*</b>                                                                          |        |               |
| <i>abacavir sulfate</i>                                                                      | Tier 1 |               |
| <i>abacavir sulfate-lamivudine</i>                                                           | Tier 1 |               |
| <i>abacavir-lamivudine-zidovudine</i>                                                        | Tier 1 |               |
| <i>acyclovir oral capsule</i>                                                                | Tier 1 | LGC           |
| <i>acyclovir oral suspension</i>                                                             | Tier 1 |               |
| <i>acyclovir oral tablet 400 mg</i>                                                          | Tier 1 | LGC           |
| <i>acyclovir oral tablet 800 mg</i>                                                          | Tier 1 |               |

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|-------------------------------------------------------|--------|----------------|
| <i>adefovir dipivoxil</i>                             | Tier 1 | SP; QL         |
| APTIVUS                                               | Tier 2 |                |
| ATRIPLA                                               | Tier 3 | QL             |
| BARACLUDE ORAL SOLUTION                               | Tier 5 | SP             |
| BARACLUDE ORAL TABLET                                 | NC     | N5; SP         |
| <i>cidofovir intravenous</i>                          | Tier 4 | SP             |
| COMBIVIR                                              | NC     | N5             |
| COMPLERA                                              | Tier 3 | QL             |
| COPEGUS                                               | NC     | N5; SP         |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG                  | Tier 2 |                |
| CYTOVENE                                              | NC     | N5; SP         |
| DAKLINZA                                              | Tier 5 | PA; ST; SP; QL |
| DESCOVY                                               | Tier 3 | PA; QL         |
| <i>didanosine</i>                                     | Tier 1 |                |
| EDURANT                                               | Tier 2 | QL             |
| EMTRIVA ORAL CAPSULE                                  | Tier 2 | QL             |
| EMTRIVA ORAL SOLUTION                                 | Tier 2 |                |
| <i>entecavir</i>                                      | Tier 4 | SP; QL         |
| EPIVIR                                                | NC     | N5             |
| EPIVIR HBV ORAL SOLUTION                              | NC     |                |
| EPIVIR HBV ORAL TABLET                                | NC     | N5             |
| EPZICOM                                               | Tier 3 | #              |
| EVOTAZ                                                | Tier 3 |                |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | QL             |
| FAMVIR ORAL TABLET 500 MG                             | NC     | N5             |
| FLUMADINE                                             | NC     | N5             |
| <i>fosamprenavir calcium</i>                          | Tier 1 |                |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED            | Tier 5 | PA; #; SP      |
| <i>ganciclovir sodium</i>                             | Tier 4 | SP             |
| GENVOYA                                               | Tier 5 | PA; QL         |
| HEPSERA                                               | NC     | N5; SP         |

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|--------------------------------------------------------------------------|--------|----------------|
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG                              | Tier 2 | QL             |
| INVIRASE                                                                 | Tier 3 |                |
| ISENTRESS HD                                                             | Tier 3 | QL             |
| ISENTRESS ORAL PACKET                                                    | Tier 3 |                |
| ISENTRESS ORAL TABLET                                                    | Tier 3 | QL             |
| ISENTRESS ORAL TABLET CHEWABLE                                           | Tier 3 | QL             |
| KALETRA ORAL SOLUTION                                                    | NC     | N5; #          |
| KALETRA ORAL TABLET                                                      | Tier 2 | #              |
| <i>lamivudine</i>                                                        | Tier 1 |                |
| <i>lamivudine-zidovudine</i>                                             | Tier 1 |                |
| LEXIVA ORAL SUSPENSION                                                   | Tier 2 |                |
| LEXIVA ORAL TABLET                                                       | Tier 3 | #              |
| <i>lopinavir-ritonavir</i>                                               | Tier 1 |                |
| MODERIBA 1200 DOSE PACK                                                  | Tier 3 | SP             |
| MODERIBA 800 DOSE PACK                                                   | Tier 3 | SP             |
| <i>moderiba oral tablet 200 mg</i>                                       | Tier 1 | SP             |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i> | Tier 1 | QL             |
| <i>nevirapine oral tablet</i>                                            | Tier 1 |                |
| NORVIR ORAL CAPSULE                                                      | Tier 2 | #              |
| NORVIR ORAL SOLUTION                                                     | Tier 2 |                |
| NORVIR ORAL TABLET                                                       | Tier 2 |                |
| ODEFSEY                                                                  | Tier 3 | QL             |
| OLYSIO                                                                   | Tier 5 | PA; ST; SP; QL |
| <i>oseltamivir phosphate</i>                                             | Tier 1 | QL             |
| PEGASYS PROCLICK                                                         | Tier 2 | PA; SP         |
| PEGASYS SUBCUTANEOUS SOLUTION                                            | Tier 2 | PA; SP         |
| PEGINTRON                                                                | Tier 3 | PA; SP         |
| PREZCOBIX                                                                | Tier 2 |                |
| PREZISTA ORAL SUSPENSION                                                 | Tier 2 | QL             |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG                       | Tier 2 | QL             |
| REBETOL ORAL CAPSULE                                                     | NC     | N5; SP         |

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|------------------------------------------------------|--------|------------|
| REBETOL ORAL SOLUTION                                | Tier 3 | SP; QL     |
| RELENZA DISKHALER                                    | Tier 3 | QL         |
| RESCRIPTOR                                           | Tier 3 |            |
| RETROVIR INTRAVENOUS                                 | Tier 3 |            |
| RETROVIR ORAL CAPSULE                                | NC     | N5         |
| RETROVIR ORAL SYRUP                                  | NC     | N5         |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG          | Tier 3 | #; QL      |
| REYATAZ ORAL PACKET                                  | Tier 3 | #          |
| <i>ribasphere oral capsule</i>                       | Tier 1 | SP         |
| <i>ribasphere oral tablet 200 mg</i>                 | Tier 1 | SP         |
| <i>ribasphere oral tablet 400 mg, 600 mg</i>         | Tier 3 | SP         |
| <i>ribasphere ribapak oral tablet 400 mg, 600 mg</i> | Tier 3 | SP         |
| <i>ribavirin oral capsule</i>                        | Tier 1 | SP         |
| <i>ribavirin oral tablet 200 mg</i>                  | Tier 1 | SP         |
| <i>rimantadine hcl</i>                               | Tier 1 |            |
| SELZENTRY ORAL SOLUTION                              | Tier 2 | QL         |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 75 MG           | Tier 2 | QL         |
| SELZENTRY ORAL TABLET 300 MG                         | Tier 2 |            |
| SITAVIG                                              | NC     |            |
| SOVALDI                                              | Tier 4 | PA; SP; QL |
| <i>stavudine oral capsule</i>                        | Tier 1 |            |
| STRIBILD                                             | Tier 5 | PA; QL     |
| SUSTIVA ORAL CAPSULE                                 | Tier 3 |            |
| SUSTIVA ORAL TABLET                                  | Tier 3 | #          |
| TAMIFLU ORAL CAPSULE                                 | Tier 3 | QL         |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML        | Tier 3 | #; QL      |
| TIVICAY                                              | Tier 3 | QL         |
| TRIUMEQ                                              | Tier 2 | QL         |
| TRIZIVIR                                             | NC     | N5         |
| TRUVADA                                              | Tier 3 | PA         |
| <i>valacyclovir hcl oral</i>                         | Tier 1 |            |

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|----------------------------------------------------------------|--------|----------------|
| VALCYTE ORAL SOLUTION RECONSTITUTED                            | Tier 5 | PA; SP         |
| VALCYTE ORAL TABLET                                            | NC     | N5; SP         |
| <i>valganciclovir hcl oral solution reconstituted</i>          | Tier 4 | PA; SP         |
| <i>valganciclovir hcl oral tablet</i>                          | Tier 4 | PA; SP; QL     |
| VALTREX                                                        | NC     | N5             |
| VEMLIDY                                                        | Tier 5 | PA; ST; SP; QL |
| VIDEX                                                          | Tier 2 |                |
| VIDEX EC                                                       | NC     | N5             |
| VIRACEPT ORAL TABLET                                           | Tier 3 |                |
| VIRAMUNE ORAL SUSPENSION                                       | NC     |                |
| VIRAMUNE ORAL TABLET                                           | NC     | N5             |
| VIRAMUNE XR                                                    | NC     | N5             |
| VIREAD ORAL POWDER                                             | Tier 3 |                |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                      | Tier 3 | QL             |
| VIREAD ORAL TABLET 300 MG                                      | Tier 3 | #; QL          |
| ZERIT                                                          | NC     | N5             |
| ZIAGEN                                                         | NC     | N5             |
| <i>zidovudine</i>                                              | Tier 1 |                |
| ZOVIRAX ORAL                                                   | NC     |                |
| <b>*ASSORTED CLASSES*</b>                                      |        |                |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | Tier 5 | SP; QL         |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG         | Tier 5 | SP             |
| ATGAM                                                          | Tier 5 | SP             |
| AZASAN                                                         | Tier 5 |                |
| <i>azathioprine oral</i>                                       | Tier 1 |                |
| BENLYSTA INTRAVENOUS                                           | Tier 5 | PA; ST; SP     |
| BENLYSTA SUBCUTANEOUS                                          | Tier 5 | PA; ST; SP; QL |
| CELLCEPT                                                       | Tier 5 | SP             |
| CELLCEPT INTRAVENOUS                                           | Tier 5 |                |

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| Drug                                            | Status | Notes      |
|-------------------------------------------------|--------|------------|
| CUPRIMINE ORAL CAPSULE 250 MG                   | Tier 5 | PA; ST     |
| <i>cyclosporine intravenous</i>                 | Tier 1 | SP         |
| <i>cyclosporine modified</i>                    | Tier 1 |            |
| <i>cyclosporine oral capsule</i>                | Tier 1 |            |
| DEPEN TITRATABS                                 | Tier 4 | PA         |
| ENVARUSUS XR                                    | Tier 5 |            |
| <i>engraf oral capsule 100 mg, 25 mg</i>        | Tier 1 |            |
| GENGRAF ORAL CAPSULE 50 MG                      | Tier 1 |            |
| <i>engraf oral solution</i>                     | Tier 1 |            |
| HYLAFEM                                         | NC     |            |
| IMURAN                                          | NC     | N5         |
| <i>kionex oral powder</i>                       | Tier 1 |            |
| <i>morcin</i>                                   | NC     |            |
| <i>mycophenolate mofetil</i>                    | Tier 1 | SP         |
| MYFORTIC                                        | Tier 5 | SP         |
| NEORAL                                          | Tier 5 | SP         |
| NULOJIX                                         | Tier 5 | SP         |
| <i>physiolyte</i>                               | Tier 3 |            |
| PROGRAF                                         | Tier 5 | SP         |
| RAPAMUNE                                        | Tier 5 | SP         |
| REVLIMID                                        | Tier 5 | PA; SP; QL |
| SANDIMMUNE                                      | Tier 5 | SP         |
| SIMULECT                                        | Tier 5 | SP         |
| <i>sirolimus oral</i>                           | Tier 1 | SP         |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 |            |
| <i>sterile water for irrigation</i>             | Tier 3 |            |
| SYPRINE                                         | Tier 5 | PA; ST; #  |
| <i>tacrolimus oral</i>                          | Tier 1 | SP         |
| THALAMUS COMPOSITUM<br>SUBLINGUAL               | NC     |            |
| THALOMID                                        | Tier 2 | PA; SP     |
| THYMOGLOBULIN                                   | Tier 5 | SP         |
| <i>tis-u-sol</i>                                | Tier 1 |            |

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| Drug                                                                                             | Status | Notes      |
|--------------------------------------------------------------------------------------------------|--------|------------|
| TRAUMEEL EXTERNAL OINTMENT                                                                       | NC     |            |
| VELTASSA                                                                                         | Tier 5 | PA; QL     |
| XIAFLEX                                                                                          | Tier 4 | SP         |
| ZORTRESS                                                                                         | Tier 5 | SP         |
| <b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>                                             |        |            |
| DUPIXENT                                                                                         | Tier 5 | PA; SP; QL |
| <b>*BETA BLOCKER &amp; ANGIOTENSIN II RECEPTOR ANTAGONIST COMB***</b>                            |        |            |
| BYVALSON                                                                                         | Tier 3 | PA; ST; QL |
| <b>*BETA BLOCKERS*</b>                                                                           |        |            |
| <i>acebutolol hcl oral</i>                                                                       | Tier 1 |            |
| <i>atenolol oral</i>                                                                             | Tier 1 | LGC        |
| BETAPACE AF ORAL TABLET 80 MG                                                                    | Tier 3 |            |
| <i>betaxolol hcl oral</i>                                                                        | Tier 3 |            |
| <i>bisoprolol fumarate</i>                                                                       | Tier 1 | LGC        |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG                                                  | Tier 3 | PA; ST; QL |
| <i>carvedilol</i>                                                                                | Tier 1 | LGC        |
| COREG                                                                                            | NC     | N5         |
| COREG CR                                                                                         | Tier 3 | #; QL      |
| CORGARD                                                                                          | NC     | N5         |
| HEMANGEOL                                                                                        | Tier 2 | PA         |
| INDERAL LA                                                                                       | NC     | N5         |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG                                           | Tier 3 | QL         |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG                                  | Tier 3 | QL         |
| <i>labetalol hcl intravenous</i>                                                                 | Tier 3 |            |
| <i>labetalol hcl oral</i>                                                                        | Tier 1 |            |
| LOPRESSOR ORAL                                                                                   | NC     | N5         |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | QL         |

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| <b>Drug</b>                                                        | <b>Status</b> | <b>Notes</b> |
|--------------------------------------------------------------------|---------------|--------------|
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i>           | Tier 3        |              |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>        | Tier 1        | LGC          |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>              | Tier 1        |              |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                     | Tier 1        |              |
| <i>pindolol</i>                                                    | Tier 1        |              |
| <i>propranolol hcl er</i>                                          | Tier 1        |              |
| <i>propranolol hcl intravenous</i>                                 | Tier 3        |              |
| <i>propranolol hcl oral solution</i>                               | Tier 1        |              |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>      | Tier 1        | LGC          |
| <i>propranolol hcl oral tablet 60 mg</i>                           | Tier 1        |              |
| <i>sorine oral tablet 120 mg, 80 mg</i>                            | Tier 1        | LGC          |
| <i>sorine oral tablet 160 mg, 240 mg</i>                           | Tier 1        |              |
| <i>sotalol hcl (af) oral tablet 120 mg</i>                         | Tier 1        | LGC          |
| <i>sotalol hcl (af) oral tablet 160 mg</i>                         | Tier 1        |              |
| <i>sotalol hcl intravenous</i>                                     | Tier 3        |              |
| <i>sotalol hcl oral tablet 120 mg, 80 mg</i>                       | Tier 1        | LGC          |
| <i>sotalol hcl oral tablet 240 mg</i>                              | Tier 1        |              |
| <b>SOTYLIZE</b>                                                    | Tier 3        |              |
| <i>timolol maleate oral</i>                                        | Tier 1        |              |
| <b>TOPROL XL</b>                                                   | NC            | N5           |
| <b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>                     |               |              |
| <b>CHOLBAM</b>                                                     | Tier 5        | PA           |
| <b>*BIOLOGICALS MISC*</b>                                          |               |              |
| <b>ADAGEN</b>                                                      | Tier 5        | PA; SP       |
| <i>mixed vespil venom protein injection solution reconstituted</i> | Tier 5        |              |
| <b>VENOMIL MIXED VESPID VENOM</b>                                  | Tier 5        |              |
| <b>*BULK CHEMICALS - NY***</b>                                     |               |              |
| <i>nystatin</i>                                                    | Tier 3        |              |

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| Drug                                                                                                               | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>*CALCIUM CHANNEL BLOCKERS*</b>                                                                                  |        |       |
| ADALAT CC                                                                                                          | NC     | N5    |
| <i>afeditab cr oral tablet extended release 24 hour 30 mg, 60 mg</i>                                               | Tier 1 | QL    |
| <i>amlodipine besylate oral</i>                                                                                    | Tier 1 | LGC   |
| CALAN SR                                                                                                           | NC     | N5    |
| CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-%, 40-5 MG/200ML-%                                                 | Tier 3 |       |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG                                   | NC     |       |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG                                                            | Tier 3 | QL    |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG                                    | NC     | N5    |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 420 MG                                                            | NC     |       |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>                              | Tier 1 | QL    |
| <i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>                           | Tier 1 | QL    |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL    |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | Tier 1 | QL    |
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour 420 mg</i>                                   | Tier 3 |       |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>                                               | Tier 1 | QL    |
| <i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>                                         | Tier 1 |       |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                               | Tier 1 | QL    |

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|---------------------------------------------------------------------------------------------------------------|---------------|--------------|
| <i>diltiazem hcl intravenous solution 50 mg/10ml</i>                                                          | Tier 3        |              |
| <i>diltiazem hcl intravenous solution reconstituted</i>                                                       | Tier 3        |              |
| <i>diltiazem hcl oral</i>                                                                                     | Tier 1        | LGC          |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                   | Tier 1        | QL           |
| <i>felodipine er</i>                                                                                          | Tier 1        | QL           |
| <b>ISOPTIN SR ORAL TABLET EXTENDED RELEASE 240 MG</b>                                                         | NC            | N5           |
| <i>isradipine</i>                                                                                             | Tier 1        |              |
| <i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>                          | Tier 3        | QL           |
| <i>matzim la oral tablet extended release 24 hour 420 mg</i>                                                  | Tier 3        |              |
| <i>nicardipine hcl intravenous</i>                                                                            | Tier 3        |              |
| <i>nicardipine hcl oral</i>                                                                                   | Tier 1        |              |
| <i>nifediac cc oral tablet extended release 24 hour 30 mg</i>                                                 | Tier 1        | QL           |
| <i>nifedical xl oral tablet extended release 24 hour 60 mg</i>                                                | Tier 1        | QL           |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                 | Tier 1        | QL           |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                 | Tier 1        | QL           |
| <i>nifedipine oral</i>                                                                                        | Tier 1        |              |
| <i>nimodipine oral</i>                                                                                        | Tier 1        |              |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | Tier 1        | QL           |
| <b>NORVASC</b>                                                                                                | NC            | N5           |
| <b>NYMALIZE ORAL SOLUTION 60 MG/20ML</b>                                                                      | Tier 3        | QL           |
| <b>PROCARDIA XL</b>                                                                                           | NC            | N5           |
| <b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>                                        | NC            | N5           |

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| Drug                                                                                          | Status | Notes          |
|-----------------------------------------------------------------------------------------------|--------|----------------|
| <i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | Tier 1 | QL             |
| TIAZAC                                                                                        | NC     | N5             |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>          | Tier 1 | QL             |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>  | Tier 1 |                |
| <i>verapamil hcl er oral tablet extended release 120 mg</i>                                   | Tier 1 | LGC            |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>                           | Tier 1 |                |
| <i>verapamil hcl intravenous</i>                                                              | Tier 3 |                |
| <i>verapamil hcl oral</i>                                                                     | Tier 1 | LGC            |
| VERELAN                                                                                       | NC     | N5             |
| <b>*CARDIOTONICS*</b>                                                                         |        |                |
| <i>digoxin oral solution</i>                                                                  | Tier 1 |                |
| <i>digoxin oral tablet</i>                                                                    | Tier 1 | LGC            |
| LANOXIN ORAL TABLET 125 MCG                                                                   | NC     | N5             |
| LANOXIN ORAL TABLET 250 MCG                                                                   | NC     |                |
| <b>*CARDIOVASCULAR AGENTS - MISC.*</b>                                                        |        |                |
| ADCIRCA                                                                                       | Tier 5 | PA; ST; SP; QL |
| ADEMPAS                                                                                       | Tier 5 | PA; ST; SP; QL |
| <i>amlodipine-atorvastatin</i>                                                                | NC     |                |
| BIDIL                                                                                         | Tier 3 |                |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | NC     |                |
| CIALIS ORAL TABLET 2.5 MG, 5 MG                                                               | Tier 2 | PA; N1; QL     |
| <i>epoprostenol sodium</i>                                                                    | Tier 1 | PA; SP         |
| FLOLAN                                                                                        | Tier 5 | PA; SP         |
| <i>isoxsuprine hcl oral tablet 10 mg</i>                                                      | Tier 3 |                |
| LETAIRIS                                                                                      | Tier 4 | PA; SP         |
| OPSUMIT                                                                                       | Tier 4 | PA; SP; QL     |
| ORENITRAM                                                                                     | Tier 5 | PA; SP         |

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| Drug                                                                                    | Status | Notes         |
|-----------------------------------------------------------------------------------------|--------|---------------|
| REMODULIN                                                                               | Tier 5 | PA; SP        |
| REVATIO INTRAVENOUS                                                                     | Tier 5 | PA; SP        |
| REVATIO ORAL SUSPENSION<br>RECONSTITUTED                                                | Tier 5 | PA; ST; #; SP |
| REVATIO ORAL TABLET                                                                     | NC     | N5; SP        |
| <i>sildenafil citrate oral</i>                                                          | Tier 1 | PA; SP; QL    |
| TRACLEER                                                                                | Tier 4 | PA; #; SP     |
| TYVASO                                                                                  | Tier 5 | PA; SP; QL    |
| TYVASO REFILL                                                                           | Tier 5 | PA; SP; QL    |
| TYVASO STARTER                                                                          | Tier 5 | PA; SP; QL    |
| VELETRI                                                                                 | Tier 5 | PA; SP        |
| VENTAVIS                                                                                | Tier 5 | PA; SP        |
| <b>*CEPHALOSPORINS*</b>                                                                 |        |               |
| CEDAX ORAL CAPSULE                                                                      | Tier 3 |               |
| CEDAX ORAL SUSPENSION<br>RECONSTITUTED 180 MG/5ML                                       | Tier 3 |               |
| <i>cefaclor</i>                                                                         | Tier 1 |               |
| <i>cefaclor er</i>                                                                      | Tier 1 |               |
| <i>cefadroxil oral suspension reconstituted</i>                                         | Tier 1 |               |
| <i>cefadroxil oral tablet</i>                                                           | Tier 1 |               |
| <i>cefazolin sodium injection</i>                                                       | Tier 5 |               |
| <i>cefazolin sodium intravenous solution<br/>reconstituted</i>                          | Tier 5 |               |
| <i>cefazolin sodium-dextrose intravenous solution<br/>reconstituted</i>                 | Tier 3 |               |
| <i>cefdinir</i>                                                                         | Tier 1 |               |
| <i>cefditoren pivoxil</i>                                                               | Tier 3 |               |
| <i>cefepime hcl</i>                                                                     | Tier 5 |               |
| <i>cefepime-dextrose</i>                                                                | Tier 5 |               |
| <i>cefixime</i>                                                                         | Tier 3 | QL            |
| <i>cefotaxime sodium injection solution<br/>reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i> | Tier 5 |               |
| <i>cefotetan disodium</i>                                                               | Tier 5 |               |
| <i>cefotetan disodium-dextrose</i>                                                      | Tier 3 |               |

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|---------------------------------------------------------------------------------------|---------------|--------------|
| <i>cefoxitin sodium</i>                                                               | Tier 5        |              |
| <i>cefoxitin sodium-dextrose</i>                                                      | Tier 5        |              |
| <i>cefpodoxime proxetil</i>                                                           | Tier 1        |              |
| <i>cefprozil</i>                                                                      | Tier 1        |              |
| <i>ceftazidime and dextrose</i>                                                       | Tier 3        |              |
| <i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>                  | Tier 5        |              |
| CEFTIN ORAL SUSPENSION RECONSTITUTED                                                  | Tier 3        |              |
| CEFTIN ORAL TABLET                                                                    | NC            | N5           |
| <i>ceftriaxone sodium in dextrose</i>                                                 | Tier 3        |              |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | Tier 5        |              |
| <i>ceftriaxone sodium intravenous</i>                                                 | Tier 5        |              |
| <i>ceftriaxone sodium-dextrose</i>                                                    | Tier 3        |              |
| <i>cefuroxime axetil oral tablet</i>                                                  | Tier 1        |              |
| <i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>      | Tier 5        |              |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>                    | Tier 5        |              |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                         | Tier 1        | LGC          |
| <i>cephalexin oral suspension reconstituted</i>                                       | Tier 1        |              |
| <i>cephalexin oral tablet</i>                                                         | Tier 1        |              |
| DAXBIA                                                                                | NC            |              |
| KEFLEX                                                                                | NC            | N5           |
| MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM                                  | NC            | N5           |
| MAXIPIME INTRAVENOUS                                                                  | NC            |              |
| ROCEPHIN INJECTION SOLUTION RECONSTITUTED 1 GM                                        | Tier 5        |              |
| SPECTRACEF ORAL TABLET 400 MG                                                         | Tier 3        |              |
| SUPRAX ORAL CAPSULE                                                                   | Tier 3        | #            |
| SUPRAX ORAL SUSPENSION RECONSTITUTED                                                  | Tier 3        |              |
| SUPRAX ORAL TABLET CHEWABLE                                                           | Tier 3        | #            |

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| Drug                                                        | Status | Notes |
|-------------------------------------------------------------|--------|-------|
| <i>tazicef injection</i>                                    | Tier 5 |       |
| <i>tazicef intravenous solution reconstituted</i>           | Tier 5 |       |
| TEFLARO                                                     | Tier 5 |       |
| <b>*CHEMICALS*</b>                                          |        |       |
| <i>cholestyramine</i>                                       | Tier 3 |       |
| <i>pentylene glycol</i>                                     | Tier 3 |       |
| <i>quinidine sulfate dihydrate</i>                          | Tier 3 |       |
| <i>sodium hydroxide pellet</i>                              | Tier 3 |       |
| <i>testosterone cypionate</i>                               | Tier 3 |       |
| <i>testosterone powder</i>                                  | Tier 3 |       |
| <i>triacetin</i>                                            | Tier 3 |       |
| <i>zinc acetate powder</i>                                  | Tier 3 |       |
| <b>*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b> |        |       |
| TRULANCE                                                    | NC     |       |
| <b>*CONTRACEPTIVES*</b>                                     |        |       |
| <i>altavera</i>                                             | CE     |       |
| <i>alyacen 1/35</i>                                         | CE     |       |
| <i>alyacen 7/7/7</i>                                        | CE     |       |
| <i>amethia</i>                                              | CE     |       |
| <i>amethia lo</i>                                           | CE     |       |
| <i>apri</i>                                                 | CE     |       |
| <i>aranelle</i>                                             | CE     |       |
| <i>aviane</i>                                               | CE     |       |
| <i>azurette</i>                                             | CE     |       |
| <i>balziva</i>                                              | CE     |       |
| BEYAZ                                                       | Tier 3 |       |
| BREVICON (28)                                               | Tier 3 |       |
| <i>briellyn</i>                                             | CE     |       |
| <i>camila</i>                                               | CE     |       |
| <i>camrese</i>                                              | CE     |       |
| <i>camrese lo</i>                                           | CE     |       |
| <i>caziant</i>                                              | CE     |       |

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|------------------------------------------------------------------------|---------------|--------------|
| <i>cesia</i>                                                           | CE            |              |
| <i>chateal</i>                                                         | CE            |              |
| <i>cryselle-28</i>                                                     | CE            |              |
| <i>cyclafem 1/35</i>                                                   | CE            |              |
| <i>cyclafem 7/7/7</i>                                                  | CE            |              |
| CYCLESSA                                                               | Tier 3        |              |
| <i>dasetta 1/35</i>                                                    | CE            |              |
| <i>dasetta 7/7/7</i>                                                   | CE            |              |
| <i>daysee</i>                                                          | CE            |              |
| DEBLITANE                                                              | CE            |              |
| DEPO-PROVERA INTRAMUSCULAR<br>SUSPENSION 150 MG/ML                     | Tier 3        |              |
| DESOGEN                                                                | Tier 3        |              |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30<br/>mg-mcg</i>    | CE            |              |
| <i>drospiren-eth estrad-levomefol oral tablet 3-<br/>0.03-0.451 mg</i> | CE            |              |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03<br/>mg</i>        | CE            |              |
| <i>elinest</i>                                                         | CE            |              |
| ELLA                                                                   | CE            |              |
| <i>emoquette</i>                                                       | CE            |              |
| <i>enpresse-28</i>                                                     | CE            |              |
| <i>errin</i>                                                           | CE            |              |
| ESTROSTEP FE                                                           | Tier 3        |              |
| FALESSA ORAL KIT 20-1-0.1 MCG-MG                                       | CE            | QL           |
| <i>falmina</i>                                                         | CE            |              |
| FAYOSIM                                                                | CE            |              |
| GENERESS FE                                                            | Tier 3        |              |
| <i>gianvi</i>                                                          | CE            |              |
| <i>gildagia</i>                                                        | CE            |              |
| <i>gildess fe 1.5/30</i>                                               | CE            |              |
| <i>gildess fe 1/20</i>                                                 | CE            |              |
| <i>heather</i>                                                         | CE            | QL           |

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|---------------------------------------------------------------------------------------|---------------|--------------|
| <i>introvale</i>                                                                      | CE            |              |
| <i>jolessa</i>                                                                        | CE            |              |
| <i>jolivette</i>                                                                      | CE            | QL           |
| <i>junel 1.5/30</i>                                                                   | CE            |              |
| <i>junel 1/20</i>                                                                     | CE            |              |
| <i>junel fe 1.5/30</i>                                                                | CE            |              |
| <i>junel fe 1/20</i>                                                                  | CE            |              |
| <i>kariva</i>                                                                         | CE            |              |
| <i>kelnor 1/35</i>                                                                    | CE            |              |
| <i>kurvelo</i>                                                                        | CE            |              |
| KYLEENA                                                                               | CE            |              |
| LARIN FE 1.5/30                                                                       | CE            | QL           |
| <i>leena</i>                                                                          | CE            |              |
| <i>lessina</i>                                                                        | CE            |              |
| <i>levonest</i>                                                                       | CE            |              |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 mg</i> | CE            |              |
| <i>levonorgestrel-ethinyl estrad</i>                                                  | CE            |              |
| <i>levora 0.15/30 (28)</i>                                                            | CE            |              |
| LO LOESTRIN FE                                                                        | Tier 3        |              |
| LOESTRIN 1.5/30 (21)                                                                  | Tier 3        |              |
| LOESTRIN 1/20 (21)                                                                    | Tier 3        |              |
| LOESTRIN FE 1.5/30                                                                    | Tier 3        |              |
| LOESTRIN FE 1/20                                                                      | Tier 3        |              |
| <i>lomedica 24 fe</i>                                                                 | CE            |              |
| <i>loryna</i>                                                                         | CE            |              |
| LOSEASONIQUE                                                                          | Tier 3        |              |
| <i>low-ogestrel</i>                                                                   | CE            |              |
| <i>lutra</i>                                                                          | CE            |              |
| LYZA                                                                                  | CE            | QL           |
| <i>marlissa</i>                                                                       | CE            |              |
| <i>medroxyprogesterone acetate intramuscular suspension</i>                           | CE            |              |

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| Drug                                                                        | Status | Notes |
|-----------------------------------------------------------------------------|--------|-------|
| MIBELAS 24 FE                                                               | CE     |       |
| <i>microgestin 1.5/30</i>                                                   | CE     |       |
| <i>microgestin 1/20</i>                                                     | CE     |       |
| <i>microgestin fe 1.5/30</i>                                                | CE     |       |
| <i>microgestin fe 1/20</i>                                                  | CE     |       |
| MINASTRIN 24 FE                                                             | Tier 3 |       |
| MIRCETTE                                                                    | NC     | N5    |
| MIRENA (52 MG)                                                              | CE     | #     |
| <i>mono-linyah</i>                                                          | CE     |       |
| <i>mononessa</i>                                                            | CE     |       |
| <i>myzilra</i>                                                              | CE     | QL    |
| NATAZIA                                                                     | Tier 3 |       |
| <i>necon 0.5/35 (28)</i>                                                    | CE     |       |
| <i>necon 1/35 (28)</i>                                                      | CE     |       |
| <i>necon 1/50 (28)</i>                                                      | CE     |       |
| NEXPLANON                                                                   | CE     | QL    |
| <i>next choice one dose</i>                                                 | CE     | QL    |
| NIKKI                                                                       | CE     | QL    |
| <i>nora-be</i>                                                              | CE     | QL    |
| <i>norethin ace-eth estrad-fe</i>                                           | CE     |       |
| <i>norethindrone oral</i>                                                   | CE     |       |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                | CE     |       |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> | CE     |       |
| NORLYROC                                                                    | CE     | QL    |
| <i>nortrel 0.5/35 (28)</i>                                                  | CE     |       |
| <i>nortrel 1/35 (21)</i>                                                    | CE     |       |
| <i>nortrel 1/35 (28)</i>                                                    | CE     |       |
| <i>nortrel 7/7/7</i>                                                        | CE     |       |
| NUVARING                                                                    | CE     | #; QL |
| <i>ocella</i>                                                               | CE     |       |
| <i>ogestrel</i>                                                             | CE     |       |

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| Drug                         | Status | Notes |
|------------------------------|--------|-------|
| OPTION 2                     | CE     |       |
| <i>orsythia</i>              | CE     |       |
| ORTHO MICRONOR               | Tier 3 |       |
| ORTHO TRI-CYCLEN (28)        | Tier 3 |       |
| ORTHO TRI-CYCLEN LO          | Tier 3 |       |
| ORTHO-CYCLEN (28)            | Tier 3 |       |
| ORTHO-NOVUM 1/35 (28)        | Tier 3 |       |
| ORTHO-NOVUM 7/7/7 (28)       | Tier 3 |       |
| PARAGARD INTRAUTERINE COPPER | CE     |       |
| <i>philith</i>               | CE     |       |
| PLAN B ONE-STEP              | Tier 3 |       |
| <i>portia-28</i>             | CE     |       |
| <i>previfem</i>              | CE     |       |
| QUARTETTE                    | CE     | #     |
| <i>quasense</i>              | CE     |       |
| RAJANI                       | CE     |       |
| <i>reclipsen</i>             | CE     |       |
| RIVELSA                      | CE     |       |
| SAFYRAL                      | Tier 3 | #     |
| SEASONIQUE                   | NC     | N5    |
| SHAROBEL                     | CE     | QL    |
| SKYLA                        | CE     | QL    |
| <i>solia</i>                 | CE     | QL    |
| <i>sprintec 28</i>           | CE     |       |
| <i>sronyx</i>                | CE     |       |
| <i>syeda</i>                 | CE     |       |
| <i>take action</i>           | CE     | QL    |
| TAYTULLA                     | Tier 3 |       |
| <i>tilia fe</i>              | CE     |       |
| <i>tri-legest fe</i>         | CE     |       |
| <i>tri-linyah</i>            | CE     |       |
| <i>trinessa (28)</i>         | CE     |       |
| TRI-NORINYL (28)             | Tier 3 |       |

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| Drug                                                                           | Status | Notes |
|--------------------------------------------------------------------------------|--------|-------|
| <i>tri-previfem</i>                                                            | CE     |       |
| <i>tri-sprintec</i>                                                            | CE     |       |
| <i>trivora (28)</i>                                                            | CE     |       |
| <i>velivet</i>                                                                 | CE     |       |
| <i>vestura</i>                                                                 | CE     |       |
| <i>viorele</i>                                                                 | CE     | QL    |
| <i>wera</i>                                                                    | CE     |       |
| <i>wymzya fe</i>                                                               | CE     |       |
| XULANE                                                                         | CE     | QL    |
| YASMIN 28                                                                      | Tier 3 |       |
| YAZ                                                                            | Tier 3 |       |
| <i>zarah</i>                                                                   | CE     |       |
| <i>zenchent</i>                                                                | CE     |       |
| <i>zovia 1/35e (28)</i>                                                        | CE     |       |
| <i>zovia 1/50e (28)</i>                                                        | CE     |       |
| <b>*CORTICOSTEROIDS*</b>                                                       |        |       |
| <i>budesonide oral</i>                                                         | Tier 1 |       |
| CORTEF                                                                         | NC     | N5    |
| DEPO-MEDROL                                                                    | Tier 3 |       |
| DEXAMETHASONE INTENSOL                                                         | Tier 2 |       |
| <i>dexamethasone oral elixir</i>                                               | Tier 1 |       |
| <i>dexamethasone oral tablet</i>                                               | Tier 1 |       |
| <i>dexamethasone sod phosphate pf</i>                                          | Tier 3 |       |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml</i> | Tier 3 |       |
| EMFLAZA                                                                        | NC     |       |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES                             | NC     | N5    |
| <i>fludrocortisone acetate oral</i>                                            | Tier 1 |       |
| <i>hydrocortisone oral</i>                                                     | Tier 1 |       |
| LOCORT 11-DAY                                                                  | NC     |       |
| LOCORT 7-DAY                                                                   | NC     |       |
| MEDROL ORAL TABLET                                                             | NC     | N5    |

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| Drug                                                                                         | Status | Notes      |
|----------------------------------------------------------------------------------------------|--------|------------|
| <i>methylprednisolone oral tablet</i>                                                        | Tier 1 |            |
| <i>methylprednisolone sodium succ injection solution reconstituted 40 mg</i>                 | Tier 3 |            |
| MILLIPRED ORAL SOLUTION                                                                      | Tier 3 |            |
| ORAPRED ODT                                                                                  | NC     | N5         |
| PEDIAPRED                                                                                    | NC     | N5         |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>                      | Tier 3 |            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | Tier 1 |            |
| <i>prednisolone sodium phosphate oral tablet dispersible</i>                                 | Tier 3 |            |
| PREDNISON INTENSOL                                                                           | Tier 2 |            |
| <i>prednisone oral solution</i>                                                              | Tier 1 |            |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>                               | Tier 1 | LGC        |
| <i>prednisone oral tablet 50 mg</i>                                                          | Tier 1 |            |
| RAYOS                                                                                        | Tier 3 | ST         |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 500 MG                                  | Tier 3 |            |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG                                    | Tier 3 |            |
| UCERIS ORAL                                                                                  | Tier 3 | ST; #; QL  |
| ZODEX 12-DAY                                                                                 | NC     |            |
| ZONACORT 11 DAY                                                                              | NC     |            |
| ZONACORT 7 DAY                                                                               | NC     |            |
| <b>*COUGH/COLD/ALLERGY*</b>                                                                  |        |            |
| <i>acetylcysteine inhalation</i>                                                             | Tier 1 |            |
| <i>alavert allergy/sinus</i>                                                                 | Tier 1 | Select OTC |
| ALLEGRA-D ALLERGY & CONGESTION                                                               | Tier 1 | Select OTC |
| <i>benzonatate</i>                                                                           | Tier 1 |            |
| <i>cetirizine-pseudoephedrine er</i>                                                         | Tier 1 | Select OTC |
| CLARINEX-D 12 HOUR                                                                           | Tier 3 | QL         |
| CLARITIN-D 12 HOUR                                                                           | Tier 1 | Select OTC |

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|------------------------------------------------------------------------------------|--------|----------------|
| CLARITIN-D 24 HOUR                                                                 | NC     | N5; Select OTC |
| <i>fexofenadine-pseudoephed er oral tablet<br/>extended release 24 hour</i>        | Tier 1 | Select OTC     |
| <i>guaifenesin ac</i>                                                              | NC     |                |
| HYCOFENIX                                                                          | Tier 3 |                |
| <i>hydromet</i>                                                                    | Tier 1 |                |
| <i>loratadine-d 12hr</i>                                                           | Tier 1 | Select OTC     |
| <i>loratadine-d 24hr</i>                                                           | Tier 1 | Select OTC     |
| LORTUSS EX ORAL LIQUID 30-10-100<br>MG/5ML                                         | Tier 2 |                |
| <i>mm loratadine-d 24 hour</i>                                                     | Tier 1 | Select OTC     |
| <i>nebusal inhalation nebulization solution 3 %</i>                                | Tier 1 |                |
| NEBUSAL INHALATION<br>NEBULIZATION SOLUTION 6 %                                    | Tier 2 |                |
| OBREDON                                                                            | Tier 3 |                |
| <i>promethazine vc/codeine</i>                                                     | Tier 1 |                |
| <i>promethazine-dm</i>                                                             | Tier 1 |                |
| <i>pseudoeph-chlorphen-hydrocod</i>                                                | Tier 3 |                |
| REZIRA                                                                             | Tier 3 |                |
| SEMPREX-D                                                                          | Tier 3 |                |
| <i>sodium chloride inhalation nebulization solution<br/>10 %, 7 %</i>              | Tier 1 |                |
| TESSALON PERLES                                                                    | NC     | N5             |
| TUSNEL C                                                                           | NC     |                |
| TUSSICAPS                                                                          | Tier 3 | QL             |
| TUZISTRA XR ORAL SUSPENSION<br>EXTENDED RELEASE                                    | Tier 3 |                |
| <i>wal-fex d allergy &amp; congestion oral tablet<br/>extended release 24 hour</i> | Tier 1 | Select OTC     |
| ZUTRIPRO                                                                           | NC     |                |
| ZYRTEC-D ALLERGY & CONGESTION                                                      | NC     | N5; Select OTC |
| <b>*CYCLIN-DEPENDENT KINASES (CDK)<br/>INHIBITORS***</b>                           |        |                |
| IBRANCE                                                                            | Tier 5 | PA; SP; QL     |

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| Drug                                            | Status | Notes      |
|-------------------------------------------------|--------|------------|
| KISQALI 200 DOSE                                | Tier 5 | PA; SP; QL |
| KISQALI 400 DOSE                                | Tier 5 | PA; SP; QL |
| KISQALI 600 DOSE                                | Tier 5 | PA; SP; QL |
| <b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b> |        |            |
| ORKAMBI                                         | Tier 5 | PA; QL     |
| <b>*DERMATOLOGICALS*</b>                        |        |            |
| ABREVA                                          | Tier 1 | Select OTC |
| ABSORICA                                        | NC     |            |
| ACANYA                                          | NC     |            |
| <i>acitretin</i>                                | Tier 1 | QL         |
| <i>acyclovir external</i>                       | Tier 3 |            |
| ACZONE                                          | Tier 3 | ST; #      |
| <i>adapalene external cream</i>                 | Tier 3 |            |
| <i>adapalene external gel 0.1 %</i>             | NC     |            |
| <i>adapalene external gel 0.3 %</i>             | Tier 3 |            |
| <i>adapalene external lotion</i>                | Tier 3 |            |
| <i>adapalene-benzoyl peroxide</i>               | Tier 1 |            |
| AKTIPAK                                         | Tier 3 |            |
| ALA SCALP                                       | Tier 3 |            |
| ALA-QUIN                                        | NC     |            |
| <i>alclometasone dipropionate</i>               | Tier 1 |            |
| ALCORTIN A                                      | NC     |            |
| ALDARA                                          | NC     | N5         |
| ALOQUIN                                         | NC     |            |
| ALTABAX                                         | Tier 3 |            |
| <i>amcinonide</i>                               | Tier 3 |            |
| AMELUZ                                          | Tier 3 |            |
| <i>ammonium lactate external cream</i>          | Tier 2 |            |
| <i>ammonium lactate external lotion</i>         | Tier 3 |            |
| <i>amnesteam</i>                                | Tier 3 | PA; ST; QL |
| APEXICON E                                      | Tier 3 |            |
| ASTERO                                          | NC     |            |

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| Drug                                                         | Status | Notes      |
|--------------------------------------------------------------|--------|------------|
| ATRALIN                                                      | NC     |            |
| AVAGE                                                        | Tier 3 |            |
| <i>avar cleanser</i>                                         | Tier 3 |            |
| AVAR LS CLEANSER                                             | NC     | N5         |
| <i>avar-e emollient</i>                                      | Tier 3 |            |
| <i>avar-e green</i>                                          | Tier 3 |            |
| AVAR-E LS                                                    | NC     | N5         |
| <i>avita external cream</i>                                  | Tier 1 | PA; QL; AL |
| <i>avita external gel</i>                                    | Tier 1 | PA; AL     |
| AVO CREAM                                                    | Tier 3 |            |
| AZELEX                                                       | Tier 3 |            |
| BACTROBAN EXTERNAL CREAM                                     | NC     | N5         |
| BACTROBAN EXTERNAL OINTMENT                                  | NC     |            |
| BENSAL HP                                                    | NC     |            |
| BENZACLIN                                                    | NC     |            |
| BENZACLIN WITH PUMP                                          | NC     | #          |
| <i>benzoyl peroxide-erythromycin</i>                         | Tier 1 |            |
| <i>betamethasone dipropionate aug external cream</i>         | Tier 1 |            |
| <i>betamethasone dipropionate aug external gel</i>           | Tier 1 | QL         |
| <i>betamethasone dipropionate aug external lotion</i>        | Tier 1 | QL         |
| <i>betamethasone dipropionate aug external ointment</i>      | Tier 1 | QL         |
| <i>betamethasone dipropionate external</i>                   | Tier 1 |            |
| <i>betamethasone valerate external</i>                       | Tier 3 |            |
| BIAFINE                                                      | Tier 3 |            |
| BIONECT EXTERNAL CREAM                                       | Tier 3 |            |
| BIONECT EXTERNAL GEL                                         | Tier 3 |            |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT | NC     | N5         |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT  | Tier 5 | PA         |
| BP CLEANSING WASH                                            | Tier 1 |            |
| <i>calcipotriene external cream</i>                          | Tier 3 | ST         |
| <i>calcipotriene external ointment</i>                       | Tier 3 | ST         |

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| <b>Drug</b>                                    | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------|---------------|--------------|
| <i>calcipotriene external solution</i>         | Tier 3        |              |
| <i>calcipotriene-betameth diprop</i>           | NC            |              |
| <i>calcitrene</i>                              | Tier 3        | ST           |
| <i>calcitriol external</i>                     | Tier 3        |              |
| <i>cantharidin</i>                             | Tier 3        |              |
| CAPEX                                          | NC            |              |
| CARAC                                          | NC            |              |
| CEM-UREA                                       | NC            |              |
| CENTANY                                        | NC            | N5           |
| CENTANY AT                                     | Tier 3        |              |
| CICLODAN CREAM                                 | NC            |              |
| CICLODAN EXTERNAL SOLUTION                     | Tier 1        | PA           |
| CICLODAN SOLUTION                              | NC            |              |
| <i>ciclopirox external gel</i>                 | Tier 3        |              |
| <i>ciclopirox external shampoo</i>             | Tier 3        |              |
| <i>ciclopirox external solution</i>            | Tier 1        | PA           |
| <i>ciclopirox olamine external cream</i>       | Tier 1        |              |
| <i>ciclopirox olamine external suspension</i>  | Tier 3        |              |
| <i>ciclopirox treatment</i>                    | NC            |              |
| <i>claravis</i>                                | Tier 1        | QL           |
| CLEOCIN-T                                      | NC            | N5           |
| CLINDACIN ETZ EXTERNAL KIT                     | NC            |              |
| CLINDACIN PAC                                  | NC            |              |
| CLINDAGEL                                      | NC            | N5           |
| <i>clindamycin phos-benzoyl perox</i>          | NC            |              |
| <i>clindamycin phosphate external foam</i>     | Tier 3        |              |
| <i>clindamycin phosphate external gel</i>      | Tier 3        |              |
| <i>clindamycin phosphate external lotion</i>   | Tier 3        |              |
| <i>clindamycin phosphate external solution</i> | Tier 3        |              |
| <i>clindamycin phosphate external swab</i>     | Tier 1        |              |
| <i>clindamycin-tretinoin</i>                   | Tier 3        |              |
| <i>clobetasol propionate e</i>                 | Tier 3        | QL           |
| <i>clobetasol propionate emulsion</i>          | Tier 3        | QL           |

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| <b>Drug</b>                                                                  | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------------------------|---------------|--------------|
| <i>clobetasol propionate external cream</i>                                  | Tier 3        | QL           |
| <i>clobetasol propionate external foam</i>                                   | Tier 3        | QL           |
| <i>clobetasol propionate external gel</i>                                    | Tier 3        | QL           |
| <i>clobetasol propionate external liquid</i>                                 | Tier 3        | QL           |
| <i>clobetasol propionate external lotion</i>                                 | Tier 3        | QL           |
| <i>clobetasol propionate external ointment</i>                               | Tier 3        | QL           |
| <i>clobetasol propionate external shampoo</i>                                | Tier 3        | QL           |
| <i>clobetasol propionate external solution</i>                               | Tier 3        | QL           |
| CLOBEX                                                                       | NC            | N5           |
| CLOBEX SPRAY                                                                 | NC            | N5           |
| <i>clocortolone pivalate</i>                                                 | Tier 3        |              |
| <i>clodan external shampoo</i>                                               | Tier 3        | QL           |
| CLODERM                                                                      | Tier 3        |              |
| <i>clotrimazole-betamethasone</i>                                            | Tier 1        |              |
| <i>coal tar external solution</i>                                            | Tier 1        |              |
| <i>collagenase</i>                                                           | Tier 3        |              |
| CONDYLOX EXTERNAL GEL                                                        | Tier 3        |              |
| CORDRAN EXTERNAL CREAM                                                       | Tier 3        | #            |
| CORDRAN EXTERNAL LOTION                                                      | Tier 3        |              |
| CORDRAN EXTERNAL OINTMENT                                                    | Tier 3        | #            |
| CORDRAN EXTERNAL TAPE                                                        | Tier 3        | #; QL        |
| CORMAX SCALP APPLICATION                                                     | Tier 3        | QL           |
| CORTISPORIN EXTERNAL                                                         | Tier 2        |              |
| COSENTYX                                                                     | Tier 5        | PA; ST; SP   |
| COSENTYX SENSOREADY PEN<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 150 MG/ML | Tier 5        | PA; ST; SP   |
| CUTIVATE EXTERNAL CREAM                                                      | NC            | N5           |
| CUTIVATE EXTERNAL LOTION                                                     | NC            | N5           |
| DENAVIR                                                                      | Tier 3        |              |
| DERMA-SMOOTH/FS BODY                                                         | NC            |              |
| DERMASORB TA                                                                 | Tier 3        |              |
| DESONATE                                                                     | Tier 3        |              |

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| <b>Drug</b>                                   | <b>Status</b> | <b>Notes</b> |
|-----------------------------------------------|---------------|--------------|
| <i>desonide external</i>                      | Tier 3        |              |
| DESOWEN EXTERNAL CREAM                        | NC            | N5           |
| DESOWEN EXTERNAL LOTION                       | NC            | N5           |
| <i>desoximetasone external</i>                | Tier 3        |              |
| <i>diclofenac sodium transdermal gel 1 %</i>  | Tier 1        | QL           |
| <i>diclofenac sodium transdermal gel 3 %</i>  | NC            |              |
| <i>diclofenac sodium transdermal solution</i> | NC            |              |
| DICLOFEX DC                                   | NC            |              |
| DIFFERIN EXTERNAL CREAM                       | NC            |              |
| DIFFERIN EXTERNAL GEL 0.1 %                   | Tier 1        | Select OTC   |
| DIFFERIN EXTERNAL GEL 0.3 %                   | NC            |              |
| DIFFERIN EXTERNAL LOTION                      | Tier 3        | ST           |
| <i>diflorasone diacetate external</i>         | Tier 3        |              |
| DIPROLENE                                     | NC            | N5           |
| DIPROLENE AF                                  | NC            | N5           |
| DOVONEX EXTERNAL CREAM                        | NC            | N5           |
| <i>doxepin hcl external</i>                   | Tier 3        | QL           |
| <i>doxycycline</i>                            | NC            |              |
| DRITHO-CREME HP                               | Tier 3        |              |
| DUAC                                          | NC            |              |
| <i>econazole nitrate external</i>             | Tier 3        | QL           |
| ECOZA                                         | NC            |              |
| EFUDEX EXTERNAL CREAM                         | NC            | N5           |
| ELIDEL                                        | Tier 3        | PA; ST       |
| ELOCON EXTERNAL CREAM                         | NC            | N5           |
| ELOCON EXTERNAL OINTMENT                      | NC            | N5           |
| ENSTILAR                                      | Tier 3        | QL           |
| EPICERAM                                      | Tier 3        |              |
| EPIDUO                                        | Tier 2        | #            |
| EPIDUO FORTE                                  | Tier 2        |              |
| EPIFOAM                                       | Tier 3        |              |
| ERTACZO                                       | NC            |              |
| <i>ery</i>                                    | Tier 1        |              |

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|-------------------------------------------------|--------|-------------|
| ERYGEL                                          | NC     | N5          |
| <i>erythromycin external</i>                    | Tier 1 |             |
| EURAX                                           | Tier 3 |             |
| EXELDERM                                        | NC     |             |
| EXODERM EXTERNAL LOTION                         | Tier 3 |             |
| EXTINA                                          | NC     | N5          |
| FABIOR                                          | Tier 3 | ST          |
| FINACEA                                         | Tier 3 | #           |
| <i>finasteride oral tablet 1 mg</i>             | Tier 3 |             |
| FIRST-HYDROCORTISONE                            | Tier 3 |             |
| FLECTOR                                         | NC     |             |
| <i>fluocinolone acetonide</i>                   | Tier 3 |             |
| <i>fluocinolone acetonide body</i>              | Tier 1 |             |
| <i>fluocinolone acetonide external cream</i>    | Tier 3 |             |
| <i>fluocinolone acetonide external ointment</i> | Tier 3 |             |
| <i>fluocinolone acetonide external solution</i> | Tier 1 |             |
| <i>fluocinonide external cream 0.05 %</i>       | Tier 3 | ST; LGC; QL |
| <i>fluocinonide external cream 0.1 %</i>        | Tier 3 | QL          |
| <i>fluocinonide external gel</i>                | Tier 3 | QL          |
| <i>fluocinonide external ointment</i>           | Tier 1 | QL          |
| <i>fluocinonide external solution</i>           | Tier 1 | QL          |
| FLUOROPLEX                                      | NC     |             |
| <i>fluorouracil external cream 0.5 %</i>        | NC     |             |
| <i>fluorouracil external cream 5 %</i>          | Tier 1 |             |
| <i>fluorouracil external solution</i>           | Tier 1 |             |
| <i>flurandrenolide</i>                          | Tier 3 |             |
| <i>fluticasone propionate external cream</i>    | Tier 3 | ST          |
| <i>fluticasone propionate external lotion</i>   | Tier 3 |             |
| <i>fluticasone propionate external ointment</i> | Tier 1 |             |
| GEBAUERS PAIN EASE                              | Tier 3 |             |
| GEBAUERS SPRAY AND STRETCH                      | Tier 3 |             |
| GENADUR EXTERNAL                                | Tier 3 |             |
| <i>gentamicin sulfate external cream</i>        | Tier 1 |             |

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| <b>Drug</b>                                                | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------|---------------|--------------|
| <i>gentamicin sulfate external ointment</i>                | Tier 1        | LGC          |
| <i>geri-hydrolac 12 external cream</i>                     | Tier 2        |              |
| HALAC                                                      | NC            |              |
| <i>halobetasol propionate</i>                              | Tier 3        | QL           |
| HALOG                                                      | Tier 3        |              |
| HALOTIN                                                    | NC            |              |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | NC            |              |
| <i>hydrocortisone butyr lipo base</i>                      | Tier 1        |              |
| <i>hydrocortisone butyrate external ointment</i>           | Tier 1        |              |
| <i>hydrocortisone butyrate external solution</i>           | Tier 1        |              |
| <i>hydrocortisone external cream 2.5 %</i>                 | Tier 1        |              |
| <i>hydrocortisone external lotion 2.5 %</i>                | Tier 1        |              |
| <i>hydrocortisone external ointment 2.5 %</i>              | Tier 1        |              |
| <i>hydrocortisone valerate</i>                             | Tier 1        |              |
| HYLATOPIC PLUS EXTERNAL CREAM                              | Tier 3        |              |
| <i>imiquimod external</i>                                  | Tier 1        | QL           |
| INOVA 4/1 ACNE CONTROL THERAPY                             | Tier 3        |              |
| INOVA 8/2 ACNE CONTROL THERAPY                             | Tier 3        |              |
| JUBLIA                                                     | Tier 3        | PA; ST       |
| KENALOG EXTERNAL                                           | NC            | N5           |
| KERALYT SCALP                                              | Tier 3        |              |
| <i>ketoconazole external cream</i>                         | Tier 1        |              |
| <i>ketoconazole external foam</i>                          | NC            |              |
| <i>ketoconazole external shampoo</i>                       | Tier 1        |              |
| KETODAN EXTERNAL KIT                                       | NC            |              |
| KLARON                                                     | NC            | N5           |
| KLOFENSAID II                                              | NC            |              |
| <i>lactic acid e</i>                                       | Tier 3        |              |
| <i>lactic acid external lotion</i>                         | Tier 3        |              |
| LATISSE                                                    | Tier 3        |              |
| LDO PLUS                                                   | NC            |              |
| LEVULAN KERASTICK                                          | Tier 3        | QL           |

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| <b>Drug</b>                                 | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------|---------------|--------------|
| <i>lidocaine external ointment</i>          | Tier 3        | PA; QL       |
| <i>lidocaine external patch 5 %</i>         | Tier 3        | PA; ST       |
| <i>lidocaine hcl external solution</i>      | Tier 1        |              |
| <i>lidocaine pak</i>                        | Tier 3        | QL           |
| <i>lidocaine-prilocaine external cream</i>  | Tier 1        | PA; QL       |
| <i>lidocaine-tetracaine</i>                 | Tier 3        | QL           |
| LIDODERM                                    | NC            | N5           |
| <i>lidovin</i>                              | NC            |              |
| <i>lidozol</i>                              | NC            |              |
| <i>lindane external shampoo</i>             | Tier 1        |              |
| LOCOID EXTERNAL CREAM                       | NC            | N5           |
| LOCOID EXTERNAL LOTION                      | Tier 3        |              |
| LOCOID LIPOCREAM                            | NC            | N5           |
| LOPROX EXTERNAL CREAM                       | NC            | N5           |
| LOPROX EXTERNAL KIT 0.77 %                  | NC            |              |
| LOPROX EXTERNAL SHAMPOO                     | NC            | N5           |
| LOTRISONE EXTERNAL CREAM                    | NC            | N5           |
| LUXIQ                                       | NC            | N5           |
| LUZU                                        | NC            |              |
| LYCELLE                                     | Tier 3        |              |
| <i>malathion external</i>                   | Tier 1        |              |
| <i>melpaque hp</i>                          | Tier 3        |              |
| <i>methoxsalen rapid</i>                    | Tier 3        |              |
| METROCREAM                                  | Tier 3        |              |
| METROGEL EXTERNAL GEL                       | NC            | N5           |
| METROLOTION                                 | Tier 3        |              |
| <i>metronidazole external gel 0.75 %</i>    | Tier 1        |              |
| <i>metronidazole external gel 1 %</i>       | Tier 3        |              |
| MICORT-HC                                   | NC            |              |
| MIRVASO                                     | Tier 3        |              |
| <i>mometasone furoate external cream</i>    | Tier 3        |              |
| <i>mometasone furoate external ointment</i> | Tier 3        |              |
| <i>mometasone furoate external solution</i> | Tier 1        |              |

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| Drug                                             | Status | Notes |
|--------------------------------------------------|--------|-------|
| <i>mupirocin calcium</i>                         | Tier 1 | QL    |
| <i>mupirocin external</i>                        | Tier 1 | QL    |
| <i>myorisan oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 3 | QL    |
| MYORISAN ORAL CAPSULE 30 MG                      | Tier 3 | QL    |
| <i>naftifine hcl external cream 2 %</i>          | NC     |       |
| NAFTIN EXTERNAL CREAM 2 %                        | NC     |       |
| NAFTIN EXTERNAL GEL 1 %                          | NC     |       |
| NAFTIN EXTERNAL GEL 2 %                          | NC     | #     |
| <i>napro external</i>                            | NC     |       |
| NATROBA                                          | Tier 3 |       |
| NEOSALUS CP                                      | Tier 3 |       |
| NEOSALUS EXTERNAL FOAM                           | Tier 3 |       |
| NEOSALUS EXTERNAL LOTION                         | Tier 3 |       |
| NEO-SYNALAR EXTERNAL CREAM                       | Tier 3 |       |
| NEUAC EXTERNAL GEL                               | NC     |       |
| NIZORAL                                          | NC     | N5    |
| NORITATE                                         | Tier 3 |       |
| NUCORT                                           | NC     |       |
| <i>nyamyc</i>                                    | Tier 1 |       |
| <i>nystatin external</i>                         | Tier 1 |       |
| <i>nystatin-triamcinolone</i>                    | Tier 1 |       |
| <i>nystop</i>                                    | Tier 1 |       |
| OLUX                                             | NC     | N5    |
| OLUX-E                                           | NC     | N5    |
| ONEXTON                                          | NC     |       |
| ORACEA                                           | NC     |       |
| OVACE PLUS EXTERNAL SHAMPOO                      | NC     | N5    |
| OVACE PLUS WASH                                  | NC     | N5    |
| OVACE WASH                                       | NC     | N5    |
| OVIDE                                            | NC     | N5    |
| <i>oxiconazole nitrate</i>                       | NC     |       |
| OXISTAT                                          | NC     |       |
| OXSORALEN ULTRA                                  | NC     | N5    |

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| Drug                                 | Status | Notes     |
|--------------------------------------|--------|-----------|
| PANDEL                               | Tier 3 |           |
| PANRETIN                             | Tier 2 |           |
| PENLAC                               | NC     | N5        |
| PENNSAID TRANSDERMAL SOLUTION 2 %    | NC     |           |
| <i>permethrin external cream</i>     | Tier 1 |           |
| PICATO EXTERNAL GEL 0.015 %, 0.05 %  | Tier 3 | QL        |
| PLEXION                              | NC     | N5        |
| PLEXION CLEANSER EXTERNAL LIQUID     | NC     | N5        |
| PLEXION CLEANSING CLOTH EXTERNAL PAD | Tier 3 | ST        |
| PLIAGLIS                             | Tier 3 | QL        |
| PODOCON                              | Tier 3 |           |
| PRAMOSONE EXTERNAL CREAM 1-1 %       | Tier 3 |           |
| PRAMOSONE EXTERNAL LOTION 1-2.5 %    | Tier 3 |           |
| PRAMOSONE EXTERNAL OINTMENT 1-2.5 %  | Tier 3 |           |
| <i>prednicarbate</i>                 | Tier 3 |           |
| PROMISEB                             | Tier 3 |           |
| PROPECIA                             | Tier 3 |           |
| PROTOPIC                             | NC     | N5        |
| PRUDOXIN                             | Tier 3 | QL        |
| PRUTECT                              | Tier 3 |           |
| <i>psorcon</i>                       | Tier 3 |           |
| RADIAGEL                             | Tier 3 |           |
| RADIAPLEXRX                          | Tier 3 |           |
| REFISSA                              | Tier 3 |           |
| REGENECARE                           | Tier 3 |           |
| REGRANEX                             | Tier 3 | PA; QL    |
| RENOVA                               | Tier 3 |           |
| RETIN-A                              | NC     | N5; AL    |
| RETIN-A MICRO                        | NC     | N5; #; AL |

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| Drug                                             | Status | Notes          |
|--------------------------------------------------|--------|----------------|
| RETIN-A MICRO PUMP EXTERNAL GEL<br>0.04 %, 0.1 % | NC     | N5; #; AL      |
| RETIN-A MICRO PUMP EXTERNAL GEL<br>0.08 %        | Tier 3 | PA; ST; AL     |
| RHOFADE                                          | Tier 3 | QL             |
| <i>rosadan external gel</i>                      | Tier 1 |                |
| ROSADAN EXTERNAL KIT                             | NC     |                |
| <i>rosanil cleanser</i>                          | Tier 3 |                |
| <i>rynoderma</i>                                 | NC     |                |
| <i>salacyn</i>                                   | Tier 3 |                |
| SALEX                                            | Tier 3 |                |
| <i>salicylic acid external cream</i>             | Tier 3 |                |
| <i>salicylic acid external liquid 26 %</i>       | Tier 3 |                |
| <i>salicylic acid external lotion</i>            | Tier 3 |                |
| <i>salicylic acid external shampoo</i>           | Tier 3 |                |
| <i>salicylic acid wart remover</i>               | Tier 3 |                |
| SANTYL                                           | Tier 3 | QL             |
| <i>scalacort</i>                                 | Tier 3 |                |
| <i>seb-prev wash</i>                             | Tier 3 |                |
| <i>selenium sulfide external lotion</i>          | Tier 1 |                |
| <i>selenium sulfide external shampoo</i>         | NC     |                |
| <i>selenium sulf-pyrrithione-urea</i>            | NC     |                |
| SELRX                                            | NC     |                |
| SERNIVO                                          | Tier 3 |                |
| SILIQ                                            | Tier 5 | PA; ST; SP; QL |
| SILVADENE                                        | NC     | N5             |
| <i>silver nitrate external</i>                   | Tier 3 |                |
| <i>silver sulfadiazine external</i>              | Tier 1 |                |
| SKLICE                                           | Tier 3 |                |
| <i>sodium sulfacetamide external shampoo</i>     | Tier 3 |                |
| SOLARAZE                                         | NC     |                |
| SONAFINE                                         | Tier 3 |                |
| SOOLANTRA                                        | Tier 3 | ST             |

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| Drug                                                                 | Status | Notes          |
|----------------------------------------------------------------------|--------|----------------|
| SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG                         | NC     | N5             |
| SORILUX                                                              | NC     |                |
| <i>spinosad</i>                                                      | Tier 1 |                |
| <i>sss 10-5 external cream</i>                                       | Tier 3 |                |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                      | Tier 4 | PA; ST; SP; QL |
| <i>sulfacetamide sodium (acne)</i>                                   | Tier 1 |                |
| <i>sulfacetamide sodium external gel</i>                             | Tier 3 |                |
| <i>sulfacetamide sodium external liquid</i>                          | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external cream</i>                    | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external emulsion</i>                 | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %</i> | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>            | Tier 1 |                |
| <i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>         | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external pad 10-4 %</i>               | Tier 3 |                |
| <i>sulfacetamide sodium-sulfur external suspension</i>               | NC     |                |
| <i>sulfacetamide sod-sulfur wash external kit</i>                    | NC     |                |
| <i>sulfacleanse 8/4</i>                                              | NC     |                |
| SULFAMYLON                                                           | Tier 3 |                |
| SUMADAN                                                              | NC     |                |
| SUMAXIN CP                                                           | NC     |                |
| SUMAXIN TS                                                           | NC     |                |
| SYNALAR (CREAM)                                                      | NC     |                |
| SYNALAR (OINTMENT)                                                   | NC     |                |
| SYNALAR EXTERNAL CREAM                                               | Tier 3 |                |
| SYNALAR EXTERNAL OINTMENT                                            | Tier 3 |                |
| SYNALAR TS                                                           | NC     |                |
| SYNERA                                                               | Tier 3 | QL             |
| TACLONEX EXTERNAL OINTMENT                                           | NC     | N5             |
| TACLONEX EXTERNAL SUSPENSION                                         | Tier 3 | QL             |

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| Drug                                                          | Status | Notes          |
|---------------------------------------------------------------|--------|----------------|
| <i>tacrolimus external</i>                                    | Tier 3 | PA; ST         |
| TALTZ                                                         | Tier 5 | PA; ST; SP     |
| TARGRETIN EXTERNAL                                            | Tier 5 | PA; SP         |
| <i>tazarotene external</i>                                    | Tier 1 | PA             |
| TAZORAC                                                       | Tier 3 | PA; ST; #; AL  |
| TEMOVATE EXTERNAL CREAM                                       | Tier 3 | QL             |
| TEMOVATE EXTERNAL GEL                                         | NC     | N5; #          |
| TEMOVATE EXTERNAL OINTMENT                                    | NC     | N5; #          |
| TEMOVATE EXTERNAL SOLUTION                                    | NC     | N5; #          |
| TEXACORT                                                      | Tier 2 |                |
| TOLAK                                                         | NC     |                |
| TOPICORT EXTERNAL CREAM                                       | NC     | N5             |
| TOPICORT EXTERNAL GEL                                         | NC     | N5             |
| TOPICORT EXTERNAL OINTMENT                                    | NC     | N5             |
| TOPICORT SPRAY                                                | NC     |                |
| TREMFYA                                                       | Tier 5 | PA; ST; SP; QL |
| <i>tretinoin (emollient)</i>                                  | Tier 3 | AL             |
| <i>tretinoin external cream</i>                               | Tier 1 | PA; AL         |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                 | Tier 1 | PA; AL         |
| <i>tretinoin external gel 0.05 %</i>                          | Tier 3 | AL             |
| <i>tretinoin microsphere</i>                                  | Tier 1 | PA; AL         |
| <i>tretinoin microsphere pump</i>                             | Tier 1 | PA; AL         |
| TRETIN-X EXTERNAL CREAM 0.075 %                               | Tier 3 | PA; ST; AL     |
| <i>triamcinolone acetonide external aerosol solution</i>      | Tier 1 |                |
| <i>triamcinolone acetonide external cream</i>                 | Tier 1 | LGC            |
| <i>triamcinolone acetonide external lotion</i>                | Tier 1 |                |
| <i>triamcinolone acetonide external ointment 0.025 %</i>      | Tier 1 | LGC            |
| <i>triamcinolone acetonide external ointment 0.1 %, 0.5 %</i> | Tier 1 | LGC            |
| <i>triderm external cream 0.1 %</i>                           | NC     |                |
| TRIDESILON                                                    | NC     | N5             |
| TRI-LUMA                                                      | Tier 3 |                |

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| Drug                                             | Status | Notes      |
|--------------------------------------------------|--------|------------|
| ULESFIA                                          | Tier 3 | QL         |
| ULTRAVATE EXTERNAL CREAM                         | NC     | N5         |
| ULTRAVATE EXTERNAL LOTION                        | Tier 3 | QL         |
| ULTRAVATE EXTERNAL OINTMENT                      | NC     | N5         |
| URAMAXIN EXTERNAL FOAM                           | NC     |            |
| <i>urea nail external kit</i>                    | NC     |            |
| <i>urea nail external stick</i>                  | NC     |            |
| UTOPIC                                           | NC     |            |
| VALCHLOR                                         | Tier 5 | PA; SP; QL |
| VANIQA                                           | Tier 3 |            |
| VANOS                                            | NC     |            |
| VECTICAL                                         | Tier 3 |            |
| VELTIN                                           | Tier 3 | ST         |
| VENIPUNCTURE CPI                                 | NC     |            |
| VERDESO                                          | NC     |            |
| VIRASAL                                          | Tier 3 |            |
| VOLTAREN TRANSDERMAL                             | Tier 3 | #; QL      |
| VUSION                                           | Tier 3 |            |
| XELITRAL                                         | NC     |            |
| XERESE                                           | Tier 3 |            |
| XOLEGEL                                          | NC     |            |
| XYLOCAINE EXTERNAL                               | NC     | N5         |
| <i>zenatane oral capsule 10 mg, 20 mg, 40 mg</i> | Tier 3 | QL         |
| ZENATANE ORAL CAPSULE 30 MG                      | Tier 3 | QL         |
| ZIANA                                            | Tier 3 | ST         |
| ZONALON                                          | Tier 3 | QL         |
| ZOVIRAX EXTERNAL OINTMENT                        | NC     |            |
| ZYCLARA                                          | NC     |            |
| ZYCLARA PUMP                                     | NC     |            |
| <b>*DIAGNOSTIC PRODUCTS*</b>                     |        |            |
| ACCU-CHEK AVIVA PLUS IN VITRO                    | NC     |            |
| ACCU-CHEK COMPACT PLUS                           | NC     |            |
| ACCU-CHEK SMARTVIEW                              | NC     |            |

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| Drug                                 | Status | Notes |
|--------------------------------------|--------|-------|
| ACCUTREND GLUCOSE                    | NC     |       |
| ADVANCE INTUITION TEST               | NC     |       |
| ADVANCE MICRO-DRAW TEST              | NC     |       |
| ADVOCATE REDI-CODE IN VITRO          | NC     |       |
| ADVOCATE REDI-CODE+ TEST             | NC     |       |
| ADVOCATE TEST                        | NC     |       |
| AGAMATRIX AMP TEST                   | NC     |       |
| AGAMATRIX JAZZ TEST                  | NC     |       |
| AGAMATRIX KEYNOTE TEST               | NC     |       |
| AGAMATRIX PRESTO TEST                | NC     |       |
| ASSURE 3 TEST                        | NC     |       |
| ASSURE 4 TEST                        | NC     |       |
| ASSURE II                            | NC     |       |
| ASSURE II CHECK                      | NC     |       |
| ASSURE PLATINUM                      | NC     |       |
| ASSURE PRISM MULTI TEST              | NC     |       |
| ASSURE PRO TEST                      | NC     |       |
| AT LAST TEST                         | NC     |       |
| BAYER BREEZE 2 TEST                  | NC     |       |
| BAYER CONTOUR NEXT TEST              | NC     |       |
| BAYER CONTOUR TEST                   | NC     |       |
| BIOSCANNER GLUCOSE TEST              | NC     |       |
| <i>blood glucose test</i>            | NC     |       |
| CARESENS N GLUCOSE TEST              | NC     |       |
| CHEMSTRIP K                          | Tier 2 |       |
| CLEVER CHEK AUTO-CODE TEST           | NC     |       |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO | NC     |       |
| CLEVER CHEK TEST                     | NC     |       |
| CLEVER CHOICE AUTO-CODE TEST         | NC     |       |
| CLEVER CHOICE MICRO TEST             | NC     |       |
| COOL BLOOD GLUCOSE TEST STRIPS       | NC     |       |
| CVS ADVANCED GLUCOSE TEST            | NC     |       |

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| <b>Drug</b>                         | <b>Status</b> | <b>Notes</b> |
|-------------------------------------|---------------|--------------|
| <i>diatrue plus test</i>            | NC            |              |
| DUO-CARE TEST                       | NC            |              |
| <i>easy plus blood glucose test</i> | NC            |              |
| <i>easy plus ii glucose test</i>    | NC            |              |
| EASY STEP TEST                      | NC            |              |
| <i>easy talk blood glucose test</i> | NC            |              |
| EASY TOUCH HEALTHPRO TEST           | NC            |              |
| EASY TOUCH TEST                     | NC            |              |
| <i>easy trak blood glucose test</i> | NC            |              |
| EASYGLUCO IN VITRO                  | NC            |              |
| EASYGLUCO PLUS IN VITRO             | NC            |              |
| EASYMAX 15 TEST                     | NC            |              |
| EASYMAX TEST                        | NC            |              |
| <i>easyplus blood glucose test</i>  | NC            |              |
| EASYPRO BLOOD GLUCOSE TEST          | NC            |              |
| EASYPRO PLUS IN VITRO               | NC            |              |
| <i>element compact test</i>         | NC            |              |
| ELEMENT TEST                        | NC            |              |
| EMBRACE BLOOD GLUCOSE TEST          | NC            |              |
| EMBRACE EVO BLOOD GLUCOSE TEST      | NC            |              |
| EMBRACE PRO GLUCOSE TEST            | NC            |              |
| EVENCARE + BLOOD GLUCOSE TEST       | NC            |              |
| EVENCARE BLOOD GLUCOSE TEST         | NC            |              |
| EVENCARE G2 TEST                    | NC            |              |
| EVENCARE G3 TEST                    | NC            |              |
| EVENCARE MINI GLUCOSE TEST          | NC            |              |
| EVOLUTION AUTOCODE IN VITRO         | NC            |              |
| EZ SMART BLOOD GLUCOSE TEST         | NC            |              |
| EZ SMART PLUS GLUCOSE TEST          | NC            |              |
| FIFTY50 GLUCOSE TEST 2.0            | NC            |              |
| FORA D15G BLOOD GLUCOSE TEST        | NC            |              |
| FORA D20 BLOOD GLUCOSE TEST         | NC            |              |
| FORA D40/G31 BLOOD GLUCOSE          | NC            |              |

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| Drug                            | Status | Notes |
|---------------------------------|--------|-------|
| FORA G20 BLOOD GLUCOSE TEST     | NC     |       |
| FORA G30A BLOOD GLUCOSE TEST    | NC     |       |
| FORA GD20 TEST                  | NC     |       |
| FORA GD50 BLOOD GLUCOSE TEST    | NC     |       |
| FORA TN'G/TN'G VOICE            | NC     |       |
| FORA V10 BLOOD GLUCOSE TEST     | NC     |       |
| FORA V12 BLOOD GLUCOSE TEST     | NC     |       |
| FORA V20 BLOOD GLUCOSE TEST     | NC     |       |
| FORA V30A BLOOD GLUCOSE TEST    | NC     |       |
| FORACARE GD40 TEST              | NC     |       |
| FORACARE PREMIUM V10 TEST       | NC     |       |
| FORACARE TEST N GO TEST         | NC     |       |
| FORTISCARE TEST                 | NC     |       |
| FREESTYLE INSULINX TEST         | Tier 2 | QL    |
| FREESTYLE LITE TEST             | Tier 2 | QL    |
| FREESTYLE PRECISION NEO TEST    | Tier 2 | QL    |
| FREESTYLE TEST                  | Tier 2 | QL    |
| GASTROGRAFIN                    | NC     | N5    |
| <i>ge100 blood glucose test</i> | NC     |       |
| GENSTRIP 50                     | NC     |       |
| <i>ght test</i>                 | NC     |       |
| GLUCAGEN DIAGNOSTIC             | Tier 3 | QL    |
| GLUCO PERFECT 3 TEST            | NC     |       |
| GLUCOCARD 01 SENSOR PLUS        | NC     |       |
| GLUCOCARD EXPRESSION TEST       | NC     |       |
| GLUCOCARD SHINE TEST            | NC     |       |
| GLUCOCARD VITAL TEST            | NC     |       |
| GLUCOCARD X-SENSOR              | NC     |       |
| GLUCOCOM TEST                   | NC     |       |
| GLUCONAVII BLOOD GLUCOSE TEST   | NC     |       |
| IN TOUCH BLOOD GLUCOSE TEST     | NC     |       |
| INFINITY BLOOD GLUCOSE TEST     | NC     |       |
| KETOCARE                        | Tier 2 |       |

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| Drug                             | Status | Notes |
|----------------------------------|--------|-------|
| KETOSTIX                         | Tier 2 |       |
| <i>kroger blood glucose test</i> | NC     |       |
| <i>kroger test</i>               | NC     |       |
| LIBERTY NEXT GENERATION TEST     | NC     |       |
| <i>liberty test</i>              | NC     |       |
| <i>md-gastroview</i>             | Tier 3 |       |
| <i>meijer blood glucose test</i> | NC     |       |
| MEIJER TRUETEST TEST             | NC     |       |
| MEIJER TRUETRACK TEST            | NC     |       |
| METOPIRONE                       | Tier 3 |       |
| MICRODOT TEST                    | NC     |       |
| MYGLUCOHEALTH TEST               | NC     |       |
| NEUTEK 2TEK TEST                 | NC     |       |
| NEXGEN TEST                      | NC     |       |
| NOVA MAX GLUCOSE TEST            | NC     |       |
| ON CALL EXPRESS BLOOD GLUCOSE    | NC     |       |
| ON CALL PLUS BLOOD GLUCOSE       | NC     |       |
| ON CALL VIVID BLOOD GLUCOSE      | NC     |       |
| ONETOUCH ULTRA BLUE              | Tier 2 | QL    |
| ONETOUCH VERIO IN VITRO STRIP    | Tier 2 | QL    |
| OPTUMRX BLOOD GLUCOSE TEST       | NC     |       |
| POCKETCHEM EZ TEST               | NC     |       |
| PRECISION PCX                    | Tier 2 | QL    |
| PRECISION PCX PLUS TEST          | Tier 2 | QL    |
| PRECISION POINT OF CARE TEST     | Tier 2 | QL    |
| PRECISION QID TEST               | Tier 2 | QL    |
| PRECISION SOF-TACT TEST          | Tier 2 | QL    |
| PRECISION XTRA BLOOD GLUCOSE     | Tier 2 | QL    |
| PRECISION XTRA KETONE            | Tier 2 |       |
| PRODIGY NO CODING BLOOD GLUC     | NC     |       |
| PTS PANELS GLUCOSE TEST          | NC     |       |
| QUICKTEK TEST                    | NC     |       |
| QUINTET AC BLOOD GLUCOSE TEST    | NC     |       |

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| Drug                                                  | Status | Notes                                                                            |
|-------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| QUINTET BLOOD GLUCOSE TEST                            | NC     |                                                                                  |
| RA TRUETEST TEST                                      | NC     |                                                                                  |
| REFUAH PLUS BLOOD GLUCOSE TEST                        | NC     |                                                                                  |
| REVEAL BLOOD GLUCOSE TEST                             | NC     |                                                                                  |
| RIGHTEST GS100 BLOOD GLUCOSE                          | NC     |                                                                                  |
| RIGHTEST GS300 BLOOD GLUCOSE                          | NC     |                                                                                  |
| RIGHTEST GS550 BLOOD GLUCOSE                          | NC     |                                                                                  |
| SMART SENSE VALUE TEST                                | NC     |                                                                                  |
| SMARTEST BLOOD GLUCOSE TEST                           | NC     |                                                                                  |
| SOLUS V2 TEST                                         | NC     |                                                                                  |
| SUPREME TEST                                          | NC     |                                                                                  |
| SURE EDGE TEST                                        | NC     |                                                                                  |
| SURECHEK BLOOD GLUCOSE TEST                           | NC     |                                                                                  |
| SURE-TEST EASYPLUS MINI TEST                          | NC     |                                                                                  |
| TELCARE BLOOD GLUCOSE TEST                            | NC     |                                                                                  |
| THYROGEN                                              | Tier 4 | SP                                                                               |
| TRUE METRIX BLOOD GLUCOSE TEST                        | NC     |                                                                                  |
| TRUETEST TEST                                         | NC     |                                                                                  |
| TRUETRACK TEST                                        | NC     |                                                                                  |
| ULTIMA TEST                                           | NC     |                                                                                  |
| ULTRATRAK PRO TEST                                    | NC     |                                                                                  |
| ULTRATRAK ULTIMATE TEST                               | NC     |                                                                                  |
| UNISTRIPI1 GENERIC                                    | NC     |                                                                                  |
| VICTORY AGM-4000 TEST                                 | NC     |                                                                                  |
| VOCAL POINT BLOOD GLUCOSE TEST                        | NC     |                                                                                  |
| WAVESENSE PRESTO                                      | NC     |                                                                                  |
| <b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b> |        |                                                                                  |
| APPTRIM                                               | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| APPTRIM-D                                             | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |

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| Drug                     | Status | Notes                                                                            |
|--------------------------|--------|----------------------------------------------------------------------------------|
| AVAILNEX                 | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| AXONA                    | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| CARDIOTEK RX ORAL TABLET | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| CEREFOLIN                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| CEREFOLIN NAC            | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| DEPLIN 15                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| DEPLIN 7.5               | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| ENLYTE                   | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| ENTERAGAM                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| <i>folbic</i>            | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| FOLBIC RF                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| FOLTANX                  | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| FOLTANX RF               | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |

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| <b>Drug</b>                    | <b>Status</b> | <b>Notes</b>                                                                     |
|--------------------------------|---------------|----------------------------------------------------------------------------------|
| FOLTX ORAL TABLET 1.13-25-2 MG | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| FOSTEUM                        | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| FOSTEUM PLUS                   | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| FOVEX                          | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| GABADONE                       | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| HYPERTENSA                     | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| LIMBREL                        | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| LIMBREL250                     | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| LIMBREL500                     | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| LIPICHOL 540                   | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| LISTER-V                       | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| L-METHYLFOLATE CA ME-CBL NAC   | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| L-METHYLFOLATE FORMULA 15      | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |

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| Drug                               | Status | Notes                                                                            |
|------------------------------------|--------|----------------------------------------------------------------------------------|
| L-METHYLFOLATE FORMULA 7.5         | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| L-METHYLFOLATE FORTE               | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| <i>l-methylfolate-algae-b12-b6</i> | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 1 |
| <i>l-methylfolate-b6-b12</i>       | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 1 |
| L-METHYL-MC                        | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| L-METHYL-MC NAC                    | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| LUKAID GLA                         | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| MACUTEK                            | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| METAFOLBIC                         | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| METAFOLBIC PLUS                    | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| METAFOLBIC PLUS RF                 | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| METANX ORAL CAPSULE                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| PERCURA                            | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |

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| <b>Drug</b>           | <b>Status</b> | <b>Notes</b>                                                                     |
|-----------------------|---------------|----------------------------------------------------------------------------------|
| PROTEOLIN DS          | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 2 |
| PROTEOLIN ORAL TABLET | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| PULMONA               | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| SENTRA AM             | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| SENTRA PM             | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| THERAMINE             | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| THERAMINE PLUS        | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| TREPADONE             | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VASCAZEN              | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VASCULERA             | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VAYACOG               | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VAYARIN               | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VAYAROL               | M             | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |

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| Drug                                                                                        | Status | Notes                                                                            |
|---------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| <i>virt-vite forte</i>                                                                      | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 1 |
| VP-GSTN                                                                                     | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 3 |
| VSL#3 JUNIOR                                                                                | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 2 |
| VSL#3 ORAL PACKET                                                                           | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; Tier 3 |
| ZYTAZE                                                                                      | M      | Only covered in states: CT, DE, IN, KY, LA and TX and excluded elsewhere; TIER 2 |
| <b>*DIGESTIVE AIDS*</b>                                                                     |        |                                                                                  |
| CREON                                                                                       | Tier 2 |                                                                                  |
| PANCREAZE                                                                                   | Tier 3 | ST                                                                               |
| PERTZYE                                                                                     | Tier 3 | ST                                                                               |
| SUCRAID                                                                                     | Tier 5 | SP                                                                               |
| VIOKACE                                                                                     | Tier 3 | ST                                                                               |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 25000 UNIT, 40000 UNIT, 5000 UNIT | Tier 2 |                                                                                  |
| <b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>                                                   |        |                                                                                  |
| BRILINTA                                                                                    | Tier 2 | QL                                                                               |
| <b>*DIURETICS*</b>                                                                          |        |                                                                                  |
| <i>acetazolamide er</i>                                                                     | NC     |                                                                                  |
| <i>acetazolamide oral</i>                                                                   | Tier 1 |                                                                                  |
| ALDACTAZIDE                                                                                 | NC     | N5                                                                               |
| ALDACTONE                                                                                   | NC     | N5                                                                               |
| <i>amiloride hcl oral</i>                                                                   | Tier 1 |                                                                                  |
| <i>amiloride-hydrochlorothiazide</i>                                                        | Tier 1 | LGC                                                                              |
| <i>bumetanide injection</i>                                                                 | Tier 3 |                                                                                  |
| <i>bumetanide oral tablet 0.5 mg, 1 mg</i>                                                  | Tier 1 | LGC                                                                              |
| <i>bumetanide oral tablet 2 mg</i>                                                          | Tier 1 |                                                                                  |

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| <b>Drug</b>                                         | <b>Status</b> | <b>Notes</b> |
|-----------------------------------------------------|---------------|--------------|
| <i>chlorothiazide oral</i>                          | Tier 1        |              |
| <i>chlorothiazide sodium</i>                        | Tier 3        |              |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>      | Tier 1        |              |
| DEMADEX ORAL TABLET 10 MG, 20 MG                    | NC            | N5           |
| DIAMOX SEQUELS                                      | NC            | N5           |
| DIURIL                                              | Tier 3        |              |
| DYAZIDE                                             | NC            | N5           |
| DYRENIUM                                            | Tier 3        |              |
| EDECRIN                                             | Tier 3        |              |
| <i>ethacrynic acid oral</i>                         | Tier 3        |              |
| <i>furosemide oral solution 10 mg/ml</i>            | Tier 1        |              |
| <i>furosemide oral solution 8 mg/ml</i>             | Tier 3        |              |
| <i>furosemide oral tablet</i>                       | Tier 1        | LGC          |
| <i>hydrochlorothiazide oral tablet 12.5 mg</i>      | Tier 1        |              |
| <i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i> | Tier 1        | LGC          |
| <i>indapamide oral</i>                              | Tier 1        |              |
| KEVEYIS                                             | Tier 5        | PA; QL       |
| LASIX                                               | NC            | N5           |
| MAXZIDE                                             | NC            | N5           |
| MAXZIDE-25                                          | NC            | N5           |
| <i>methazolamide oral tablet 25 mg</i>              | Tier 1        |              |
| <i>methyclothiazide oral</i>                        | Tier 3        |              |
| <i>metolazone</i>                                   | Tier 1        |              |
| SODIUM EDECRIN                                      | Tier 3        | #            |
| <i>spironolactone oral tablet 100 mg, 50 mg</i>     | Tier 1        |              |
| <i>spironolactone oral tablet 25 mg</i>             | Tier 1        | LGC          |
| <i>spironolactone-hctz</i>                          | Tier 1        |              |
| <i>toremide oral</i>                                | Tier 1        |              |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>     | Tier 1        | LGC          |
| <i>triamterene-hctz oral capsule 50-25 mg</i>       | Tier 1        |              |
| <i>triamterene-hctz oral tablet</i>                 | Tier 1        | LGC          |

| Drug                                                            | Status | Notes                                                                                    |
|-----------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| <b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>                 |        |                                                                                          |
| ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG                  | NC     | N5                                                                                       |
| ALDURAZyme                                                      | Tier 5 | PA; SP                                                                                   |
| <i>alendronate sodium oral solution</i>                         | Tier 1 |                                                                                          |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i> | Tier 1 | QL                                                                                       |
| <i>alendronate sodium oral tablet 70 mg</i>                     | Tier 1 | LGC                                                                                      |
| AMMONUL                                                         | Tier 5 | SP                                                                                       |
| ATELVIA                                                         | NC     | N5                                                                                       |
| BINOSTO                                                         | NC     |                                                                                          |
| BONIVA INTRAVENOUS                                              | NC     | N5; SP                                                                                   |
| BONIVA ORAL TABLET 150 MG                                       | NC     | N5                                                                                       |
| BRAVELLE                                                        | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| BUPHENYL ORAL POWDER 3 GM/TSP                                   | NC     | N5; SP                                                                                   |
| BUPHENYL ORAL TABLET                                            | NC     | SP                                                                                       |
| <i>cabergoline</i>                                              | Tier 1 |                                                                                          |
| <i>calcitonin (salmon)</i>                                      | Tier 1 | QL                                                                                       |
| <i>calcitriol oral</i>                                          | Tier 1 |                                                                                          |
| CARBAGLU                                                        | Tier 5 | PA; SP                                                                                   |
| CARNITOR ORAL SOLUTION                                          | Tier 3 |                                                                                          |
| CARNITOR SF                                                     | Tier 3 |                                                                                          |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG                              | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| <i>chorionic gonadotropin intramuscular</i>                     | Tier 4 | PA; SP                                                                                   |
| <i>clomiphene citrate oral</i>                                  | M      | Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 3         |
| CYSTADANE                                                       | Tier 5 | PA; SP                                                                                   |

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|--------------------------------------------------|--------|----------------------------------------------------------------------------------------------|
| DDAVP INJECTION SOLUTION 4 MCG/ML                | NC     | N5                                                                                           |
| DDAVP ORAL                                       | NC     | N5                                                                                           |
| DDAVP RHINAL TUBE                                | NC     | N5                                                                                           |
| <i>desmopressin ace spray refrig</i>             | Tier 1 |                                                                                              |
| <i>desmopressin acetate injection</i>            | Tier 4 |                                                                                              |
| <i>desmopressin acetate oral</i>                 | Tier 1 |                                                                                              |
| <i>doxercalciferol intravenous</i>               | NC     |                                                                                              |
| <i>doxercalciferol oral</i>                      | Tier 1 | QL                                                                                           |
| EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG | NC     | N5                                                                                           |
| ELAPRASE                                         | Tier 5 | PA; SP                                                                                       |
| <i>etidronate disodium</i>                       | Tier 3 |                                                                                              |
| EVISTA                                           | Tier 3 |                                                                                              |
| FABRAZYME                                        | Tier 5 | PA; SP                                                                                       |
| FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML     | M      | PA; ST; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| FOLLISTIM AQ SUBCUTANEOUS                        | M      | PA; ST; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML       | Tier 5 | PA; ST; SP                                                                                   |
| FOSAMAX ORAL TABLET 70 MG                        | NC     | N5                                                                                           |
| FOSAMAX PLUS D                                   | Tier 3 | QL                                                                                           |
| <i>ganirelix acetate</i>                         | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP     |
| GENOTROPIN                                       | Tier 5 | PA; ST; SP                                                                                   |
| GENOTROPIN MINISQUICK                            | Tier 5 | PA; ST; SP                                                                                   |

| Drug                                                    | Status | Notes                                                                                        |
|---------------------------------------------------------|--------|----------------------------------------------------------------------------------------------|
| GONAL-F                                                 | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP     |
| GONAL-F RFF                                             | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP     |
| GONAL-F RFF REDIJECT                                    | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP     |
| HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML                  | NC     |                                                                                              |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML                 | NC     | N5                                                                                           |
| HECTOROL ORAL                                           | NC     | N5                                                                                           |
| HP ACTHAR                                               | Tier 5 | PA; SP                                                                                       |
| HUMATROPE                                               | Tier 5 | PA; ST; SP                                                                                   |
| <i>ibandronate sodium intravenous solution 3 mg/3ml</i> | Tier 4 | ST; SP                                                                                       |
| <i>ibandronate sodium oral</i>                          | Tier 3 | ST; QL                                                                                       |
| INCRELEX                                                | Tier 5 | PA; SP                                                                                       |
| KUVAN                                                   | Tier 5 | PA; SP                                                                                       |
| <i>levocarnitine oral solution</i>                      | Tier 1 |                                                                                              |
| LUMIZYME                                                | Tier 5 | PA; SP                                                                                       |
| LUPRON DEPOT-PED (1-MONTH)                              | Tier 5 | PA; #; SP                                                                                    |
| LUPRON DEPOT-PED (3-MONTH)                              | Tier 5 | PA; #; SP                                                                                    |
| MENOPUR                                                 | M      | PA; ST; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| MIACALCIN INJECTION                                     | Tier 5 | PA; ST                                                                                       |
| MIACALCIN NASAL                                         | NC     | N5                                                                                           |
| NAGLAZYME                                               | Tier 5 | PA; SP                                                                                       |
| NATPARA                                                 | Tier 5 | PA; QL                                                                                       |

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| Drug                                                                                                    | Status | Notes                                                                                    |
|---------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| NITYR                                                                                                   | Tier 5 | PA; SP                                                                                   |
| NORDITROPIN FLEXPPO                                                                                     | Tier 5 | PA; ST; SP                                                                               |
| <i>novarel intramuscular solution reconstituted 10000 unit</i>                                          | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; Tier 5; SP |
| NUTROPIN AQ NUSPIN 10                                                                                   | Tier 5 | PA; ST; SP                                                                               |
| NUTROPIN AQ NUSPIN 20                                                                                   | Tier 5 | PA; ST; SP                                                                               |
| NUTROPIN AQ NUSPIN 5                                                                                    | Tier 5 | PA; ST; SP                                                                               |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier 4 | PA; SP                                                                                   |
| OMNITROPE                                                                                               | Tier 4 | PA; SP                                                                                   |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG                                                                  | Tier 5 | PA; SP                                                                                   |
| ORFADIN ORAL CAPSULE 20 MG                                                                              | Tier 5 | PA                                                                                       |
| ORFADIN ORAL SUSPENSION                                                                                 | Tier 5 | PA; SP                                                                                   |
| OSPHENA                                                                                                 | Tier 3 | QL                                                                                       |
| OVIDREL                                                                                                 | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; TIER 5; SP |
| <i>pamidronate disodium</i>                                                                             | Tier 4 | SP                                                                                       |
| <i>paricalcitol intravenous</i>                                                                         | NC     |                                                                                          |
| <i>paricalcitol oral</i>                                                                                | Tier 3 | QL                                                                                       |
| <i>pregnyl</i>                                                                                          | M      | PA; Only covered in states: CT,IL, KS, MD, NC, and WV and excluded elsewhere; Tier 5; SP |
| PROLIA                                                                                                  | Tier 5 | PA; ST; SP                                                                               |
| <i>raloxifene hcl</i>                                                                                   | CE     |                                                                                          |
| RAVICTI                                                                                                 | Tier 5 | PA; ST; SP; QL                                                                           |
| RAYALDEE                                                                                                | Tier 3 | PA; ST; QL                                                                               |
| RECLAST                                                                                                 | NC     | N5; SP                                                                                   |
| <i>risedronate sodium oral tablet 150 mg</i>                                                            | Tier 3 | ST; QL                                                                                   |
| ROCALtrol ORAL CAPSULE                                                                                  | NC     | N5                                                                                       |

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|----------------------------------------------------------------------|--------|----------------|
| SAIZEN                                                               | Tier 5 | PA; ST; SP     |
| SAIZEN CLICK.EASY                                                    | Tier 5 | PA; ST         |
| SAMSCA ORAL TABLET 15 MG, 30 MG                                      | Tier 5 | PA; SP; QL     |
| SANDOSTATIN                                                          | NC     | N5; SP         |
| SANDOSTATIN LAR DEPOT                                                | Tier 5 | PA; SP         |
| SENSIPAR                                                             | Tier 3 | PA; #; QL      |
| SEROSTIM SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 4 MG, 5 MG, 6 MG     | Tier 5 | PA; SP         |
| SIGNIFOR                                                             | Tier 5 | PA; SP; QL     |
| <i>sod benz-sod phenylacet</i>                                       | Tier 1 |                |
| <i>sodium phenylbutyrate oral powder 3 gml/sp</i>                    | Tier 4 | PA; SP         |
| <i>sodium phenylbutyrate oral tablet</i>                             | Tier 4 | PA; SP         |
| SOMATULINE DEPOT                                                     | Tier 5 | PA; SP         |
| SOMAVERT                                                             | Tier 5 | PA; SP         |
| STIMATE                                                              | Tier 5 |                |
| SUPPRELIN LA                                                         | Tier 4 | PA; SP         |
| SYNAREL                                                              | Tier 5 | PA; SP         |
| TRIPTODUR                                                            | Tier 5 | PA; SP         |
| TYMLOS                                                               | Tier 5 | PA; ST; SP; QL |
| XGEVA                                                                | Tier 5 | PA; ST; SP     |
| ZEMPLAR INTRAVENOUS                                                  | NC     | N5             |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2<br>MCG                                 | NC     | N5             |
| <i>zoledronic acid intravenous concentrate</i>                       | Tier 4 | ST; SP         |
| <i>zoledronic acid intravenous solution</i>                          | Tier 4 | ST; SP         |
| ZOMACTON                                                             | Tier 5 | PA; ST; SP     |
| ZOMETA                                                               | NC     | SP             |
| ZORBTIVE                                                             | Tier 5 | PA; SP         |
| <b>*ESTROGENS*</b>                                                   |        |                |
| ACTIVELLA                                                            | NC     | N5             |
| ALORA TRANSDERMAL PATCH TWICE<br>WEEKLY 0.025 MG/24HR, 0.075 MG/24HR | NC     | N5             |
| ALORA TRANSDERMAL PATCH TWICE<br>WEEKLY 0.05 MG/24HR, 0.1 MG/24HR    | NC     |                |

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| ANGELIQ                                                                                     | Tier 3 |       |
| CLIMARA                                                                                     | NC     | N5; # |
| CLIMARA PRO                                                                                 | Tier 3 | #; QL |
| COMBIPATCH                                                                                  | Tier 3 | QL    |
| DELESTROGEN INTRAMUSCULAR OIL<br>10 MG/ML, 40 MG/ML                                         | Tier 3 |       |
| DELESTROGEN INTRAMUSCULAR OIL<br>20 MG/ML                                                   | NC     | N5    |
| DEPO-ESTRADIOL                                                                              | Tier 3 |       |
| ELESTRIN                                                                                    | Tier 3 | QL    |
| ESTRACE ORAL                                                                                | NC     | N5    |
| <i>estradiol oral</i>                                                                       | Tier 1 | LGC   |
| <i>estradiol transdermal patch twice weekly</i>                                             | Tier 1 | QL    |
| <i>estradiol transdermal patch weekly</i>                                                   | Tier 1 | QL    |
| <i>estradiol valerate intramuscular oil 20 mg/ml</i>                                        | Tier 3 |       |
| <i>estradiol-norethindrone acet</i>                                                         | Tier 1 | QL    |
| ESTROGEL                                                                                    | Tier 3 | QL    |
| <i>estropipate oral</i>                                                                     | Tier 1 |       |
| EVAMIST                                                                                     | Tier 3 | QL    |
| FEMHRT LOW DOSE                                                                             | Tier 3 |       |
| FYAVOLV                                                                                     | Tier 1 |       |
| <i>jinteli</i>                                                                              | Tier 1 | QL    |
| MENEST ORAL TABLET 0.3 MG, 0.625<br>MG, 1.25 MG                                             | Tier 3 |       |
| MENOSTAR                                                                                    | Tier 3 | #; QL |
| <i>mimvey</i>                                                                               | Tier 1 | QL    |
| MINIVELLE TRANSDERMAL PATCH<br>TWICE WEEKLY 0.025 MG/24HR, 0.0375<br>MG/24HR, 0.075 MG/24HR | NC     | N5    |
| MINIVELLE TRANSDERMAL PATCH<br>TWICE WEEKLY 0.05 MG/24HR, 0.1<br>MG/24HR                    | NC     |       |
| <i>norethindrone-eth estradiol</i>                                                          | Tier 1 |       |
| PREFEST                                                                                     | Tier 3 | QL    |

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| PREMARIN INJECTION                                                                            | Tier 3 |                |
| PREMARIN ORAL                                                                                 | Tier 3 | QL             |
| PREMPHASE                                                                                     | Tier 3 | QL             |
| PREMPRO                                                                                       | Tier 3 | QL             |
| VIVELLE-DOT TRANSDERMAL PATCH<br>TWICE WEEKLY 0.025 MG/24HR, 0.0375<br>MG/24HR, 0.075 MG/24HR | NC     | N5             |
| VIVELLE-DOT TRANSDERMAL PATCH<br>TWICE WEEKLY 0.05 MG/24HR, 0.1<br>MG/24HR                    | NC     |                |
| <b>*ESTROGEN-SELECTIVE ESTROGEN<br/>RECEPTOR MODULATOR COMB***</b>                            |        |                |
| DUAVEE                                                                                        | Tier 2 | QL             |
| <b>*FARNESOID X RECEPTOR (FXR)<br/>AGONISTS***</b>                                            |        |                |
| OICALIVA ORAL TABLET 5 MG                                                                     | Tier 5 | PA; ST; SP; QL |
| <b>*FLUOROQUINOLONES*</b>                                                                     |        |                |
| AVELOX INTRAVENOUS                                                                            | Tier 3 |                |
| AVELOX ORAL                                                                                   | NC     | N5             |
| CIPRO ORAL SUSPENSION<br>RECONSTITUTED                                                        | Tier 3 |                |
| CIPRO ORAL TABLET 250 MG, 500 MG                                                              | NC     | N5             |
| CIPRO XR                                                                                      | NC     | N5             |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                           | Tier 1 |                |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>                                           | Tier 1 | LGC            |
| <i>ciprofloxacin in d5w intravenous solution 400<br/>mg/200ml</i>                             | Tier 3 |                |
| <i>ciprofloxacin intravenous solution 400 mg/40ml</i>                                         | Tier 3 |                |
| <i>ciprofloxacin-ciproflox hcl er</i>                                                         | Tier 1 |                |
| FACTIVE                                                                                       | Tier 3 | #              |
| LEVAQUIN ORAL TABLET                                                                          | NC     |                |
| <i>levofloxacin in d5w intravenous solution 750<br/>mg/150ml</i>                              | Tier 3 |                |
| <i>levofloxacin oral</i>                                                                      | Tier 1 |                |
| <i>moxifloxacin hcl oral</i>                                                                  | Tier 1 |                |

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|-------------------------------------------------------|--------|----------------|
| <i>ofloxacin oral tablet 400 mg</i>                   | Tier 1 |                |
| <b>*GASTROINTESTINAL AGENTS - MISC.*</b>              |        |                |
| ACTIGALL                                              | NC     | N5             |
| <i>alosetron hcl</i>                                  | Tier 1 | PA; ST         |
| AMITIZA                                               | Tier 2 | QL             |
| APRISO                                                | Tier 2 | QL             |
| ASACOL HD                                             | Tier 3 | ST; QL         |
| AZULFIDINE                                            | NC     | N5             |
| AZULFIDINE EN-TABS                                    | NC     | N5             |
| <i>balsalazide disodium</i>                           | Tier 1 | QL             |
| CANASA                                                | Tier 3 | QL             |
| CHENODAL                                              | Tier 5 | PA             |
| CIMZIA PREFILLED                                      | Tier 5 | PA; ST; SP; QL |
| CIMZIA STARTER KIT                                    | Tier 5 | PA; ST; SP; QL |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                    | Tier 5 | PA; ST; SP; QL |
| COLAZAL                                               | NC     | N5             |
| <i>cromolyn sodium oral</i>                           | Tier 1 |                |
| DELZICOL                                              | Tier 3 | QL             |
| DIPENTUM                                              | Tier 3 | ST; QL         |
| <i>enulose</i>                                        | Tier 1 | LGC            |
| FOSRENOL ORAL PACKET                                  | Tier 3 |                |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | Tier 3 |                |
| GASTROCROM                                            | NC     | N5             |
| GATTEX                                                | Tier 5 | PA; SP; QL     |
| <i>generlac</i>                                       | Tier 1 | LGC            |
| GIAZO                                                 | Tier 3 | PA; ST; #; QL  |
| INFLECTRA                                             | Tier 5 | PA; ST; SP     |
| <i>lactulose encephalopathy</i>                       | Tier 1 | LGC            |
| <i>lanthanum carbonate</i>                            | Tier 3 |                |
| LIALDA                                                | Tier 3 | #; QL          |
| LINZESS                                               | Tier 2 | QL             |

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| LOTRONEX                                                     | NC     | N5         |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i> | Tier 1 | QL         |
| <i>mesalamine rectal</i>                                     | Tier 1 |            |
| <i>mesalamine-cleanser</i>                                   | NC     |            |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | Tier 1 | LGC        |
| <i>metoclopramide hcl oral tablet 10 mg</i>                  | Tier 1 | LGC        |
| <i>metoclopramide hcl oral tablet 5 mg</i>                   | Tier 1 |            |
| <i>metoclopramide hcl oral tablet dispersible</i>            | Tier 1 |            |
| MOVANTIK                                                     | Tier 2 |            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG         | Tier 3 | QL         |
| PHOSLO                                                       | Tier 3 |            |
| PHOSLYRA                                                     | Tier 3 |            |
| REGLAN ORAL                                                  | NC     | N5         |
| RELISTOR ORAL                                                | Tier 3 | PA; QL     |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML       | Tier 3 | PA; QL     |
| REMICADE                                                     | Tier 4 | PA; ST; SP |
| RENAGEL                                                      | Tier 3 | #          |
| RENFLEXIS                                                    | Tier 5 | PA; ST; SP |
| RENVELA                                                      | Tier 2 |            |
| ROWASA RECTAL                                                | NC     | N5         |
| <i>sevelamer carbonate</i>                                   | Tier 1 |            |
| SFROWASA                                                     | Tier 3 |            |
| <i>sulfasalazine oral</i>                                    | Tier 1 | QL         |
| <i>sulfazine</i>                                             | Tier 1 | QL         |
| URSO 250                                                     | NC     | N5         |
| URSO FORTE                                                   | NC     | N5         |
| <i>ursodiol oral capsule</i>                                 | Tier 1 |            |
| <i>ursodiol oral tablet</i>                                  | Tier 3 |            |
| VELPHORO                                                     | Tier 3 | #          |

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| <b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>                                               |        |                |
| <i>acetic acid irrigation</i>                                                               | Tier 1 |                |
| <i>alfuzosin hcl er</i>                                                                     | Tier 1 | QL             |
| <i>argyle sterile saline</i>                                                                | Tier 1 |                |
| AVODART                                                                                     | NC     | N5             |
| CARDURA XL                                                                                  | Tier 3 | QL             |
| CYSTAGON                                                                                    | Tier 3 | PA             |
| <i>cytra-2</i>                                                                              | NC     |                |
| <i>dutasteride</i>                                                                          | Tier 1 | QL             |
| <i>dutasteride-tamsulosin hcl</i>                                                           | Tier 1 |                |
| ELMIRON                                                                                     | Tier 2 | QL             |
| <i>finasteride oral tablet 5 mg</i>                                                         | Tier 1 | PA             |
| FLOMAX                                                                                      | NC     | N5             |
| JALYN                                                                                       | NC     | N5             |
| LITHOSTAT                                                                                   | Tier 2 |                |
| <i>neomycin-polymyxin b gu</i>                                                              | Tier 1 |                |
| NEOSPORIN GU IRRIGANT                                                                       | NC     | N5             |
| <i>phenazopyridine hcl oral tablet 100 mg</i>                                               | Tier 1 |                |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i> | Tier 1 |                |
| <i>potassium citrate-citric acid oral solution</i>                                          | Tier 1 |                |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG                                          | Tier 5 | PA; ST; SP; QL |
| PROSCAR                                                                                     | NC     | N5             |
| RAPAFLO                                                                                     | Tier 2 |                |
| RENACIDIN                                                                                   | Tier 2 |                |
| SHOHL'S MODIFIED                                                                            | NC     |                |
| <i>sod citrate-citric acid</i>                                                              | NC     |                |
| <i>sodium chloride irrigation solution 0.9 %</i>                                            | Tier 1 |                |
| <i>tamsulosin hcl</i>                                                                       | Tier 1 | LGC            |
| THIOLA                                                                                      | Tier 5 | PA; ST         |
| UROCIT-K 10                                                                                 | NC     | N5             |
| UROCIT-K 15                                                                                 | NC     | N5             |

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| UROCIT-K 5                                                                                       | NC     | N5         |
| <b>*GOUT AGENTS*</b>                                                                             |        |            |
| <i>allopurinol oral</i>                                                                          | Tier 1 | LGC        |
| ALOPRIM                                                                                          | Tier 3 |            |
| <i>colchicine oral</i>                                                                           | Tier 1 | QL         |
| <i>colchicine-probenecid</i>                                                                     | Tier 1 |            |
| COLCRYS                                                                                          | NC     |            |
| DUZALLO                                                                                          | Tier 3 | PA; ST; QL |
| KRYSTEXXA                                                                                        | Tier 5 | PA; ST; SP |
| MITIGARE                                                                                         | Tier 2 | QL         |
| <i>probenecid oral</i>                                                                           | Tier 1 |            |
| ULORIC                                                                                           | Tier 3 | QL         |
| ZURAMPIC                                                                                         | Tier 3 | PA; ST; QL |
| ZYLOPRIM                                                                                         | Tier 3 |            |
| <b>*HEMATOLOGICAL AGENTS - MISC.*</b>                                                            |        |            |
| ADVATE                                                                                           | Tier 4 | PA; SP     |
| <i>adynovate intravenous solution reconstituted<br/>1000 unit, 2000 unit, 250 unit, 500 unit</i> | Tier 5 | PA         |
| <i>adynovate intravenous solution reconstituted<br/>1500 unit, 3000 unit, 750 unit</i>           | Tier 5 | PA; SP     |
| AFSTYLA                                                                                          | Tier 5 | PA; SP     |
| AGGRENOX                                                                                         | Tier 3 |            |
| ALPHANATE/VWF COMPLEX/HUMAN                                                                      | NC     | N5         |
| ALPHANINE SD                                                                                     | NC     | N5; SP     |
| ALPROLIX                                                                                         | NC     | N5; SP     |
| <i>anagrelide hcl</i>                                                                            | Tier 1 |            |
| <i>aspirin-dipyridamole er</i>                                                                   | Tier 1 |            |
| BEBULIN                                                                                          | NC     | N5; SP     |
| BERINERT                                                                                         | Tier 5 | PA; ST; SP |
| BRILINTA                                                                                         | Tier 2 | QL         |
| <i>cilostazol</i>                                                                                | Tier 1 |            |
| CINRYZE                                                                                          | Tier 5 | PA; ST; SP |
| <i>clopidogrel bisulfate oral</i>                                                                | Tier 1 | QL         |

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| COAGADEX                                                                                                                      | Tier 5 | PA             |
| CORIFACT                                                                                                                      | NC     | SP             |
| <i>dipyridamole oral</i>                                                                                                      | Tier 1 |                |
| DURLAZA                                                                                                                       | Tier 3 |                |
| EFFIENT                                                                                                                       | Tier 3 | PA; #; QL      |
| ELOCTATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT,<br>2000 UNIT, 250 UNIT, 3000 UNIT, 500<br>UNIT, 750 UNIT | NC     | N5; SP         |
| ELOCTATE INTRAVENOUS SOLUTION<br>RECONSTITUTED 4000 UNIT, 5000 UNIT,<br>6000 UNIT                                             | NC     | N5             |
| FEIBA                                                                                                                         | Tier 4 |                |
| FIRAZYR                                                                                                                       | NC     | N5             |
| HAEGARDA                                                                                                                      | Tier 4 | PA; ST; SP; QL |
| HELIXATE FS INTRAVENOUS KIT 1000<br>UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                                       | NC     | N5             |
| HELIXATE FS INTRAVENOUS KIT 3000<br>UNIT                                                                                      | Tier 5 | PA; SP         |
| HEMOFIL M INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1700 UNIT,<br>250 UNIT, 500 UNIT                                   | NC     | N5; SP         |
| HUMATE-P INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000-2400 UNIT, 500-<br>1200 UNIT                                              | NC     | N5; SP         |
| IDELVION                                                                                                                      | Tier 5 | PA; SP         |
| IXINITY                                                                                                                       | Tier 5 | PA; N5         |
| KALBITOR                                                                                                                      | Tier 5 | PA; ST; SP     |
| KOATE                                                                                                                         | NC     | N5             |
| KOATE-DVI                                                                                                                     | NC     | N5; SP         |
| KOGENATE FS BIO-SET INTRAVENOUS<br>KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500<br>UNIT                                            | NC     | N5             |
| KOGENATE FS BIO-SET INTRAVENOUS<br>KIT 3000 UNIT                                                                              | Tier 5 | PA; SP         |

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| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT              | NC     | N5     |
| KOGENATE FS INTRAVENOUS KIT 3000 UNIT                                             | Tier 5 | PA; SP |
| KOVALTRY                                                                          | NC     | N5; SP |
| MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT                                  | NC     | N5; SP |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT                             | Tier 4 | PA; SP |
| NOVOEIGHT                                                                         | NC     | N5; SP |
| NOVOSEVEN RT                                                                      | NC     | N5; SP |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                    | NC     | N5; SP |
| NUWIQ INTRAVENOUS KIT 2500 UNIT, 3000 UNIT, 4000 UNIT                             | NC     |        |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | NC     | N5; SP |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT          | NC     |        |
| <i>pentoxifylline er</i>                                                          | Tier 1 |        |
| PLAVIX                                                                            | NC     | N5     |
| <i>prasugrel hcl</i>                                                              | Tier 3 | PA; QL |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT                 | NC     | N5; SP |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT                           | NC     | N5     |
| PROFILNINE SD                                                                     | NC     | N5; SP |
| RECOMBINATE                                                                       | NC     | N5; SP |
| RIASTAP                                                                           | NC     | N5; SP |
| RIXUBIS                                                                           | Tier 5 | PA; SP |
| RUCONEST                                                                          | Tier 5 | PA; SP |
| TRETTEN                                                                           | NC     | N5; SP |
| VONVENDI                                                                          | Tier 5 | PA     |

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| WILATE INTRAVENOUS KIT                                                                                                                                                        | NC     | N5; SP     |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                                                                                               | NC     | N5; SP     |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                                                                                      | NC     | SP         |
| XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT                                                                                                                                     | NC     | N5; SP     |
| YOSPRALA                                                                                                                                                                      | NC     |            |
| <b>*HEMATOPOIETIC AGENTS*</b>                                                                                                                                                 |        |            |
| ABANEU-SL                                                                                                                                                                     | NC     |            |
| <i>active fe</i>                                                                                                                                                              | NC     |            |
| AIRAVITE                                                                                                                                                                      | NC     |            |
| ANIMI-3                                                                                                                                                                       | NC     |            |
| ANIMI-3/VITAMIN D                                                                                                                                                             | NC     |            |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML                                                                 | Tier 4 | PA; SP     |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | Tier 4 | PA; SP     |
| <i>av-vite fb</i>                                                                                                                                                             | NC     |            |
| <i>b-6 folic acid</i>                                                                                                                                                         | NC     |            |
| BIFERARX                                                                                                                                                                      | NC     |            |
| BP VIT 3                                                                                                                                                                      | NC     |            |
| CENFOL                                                                                                                                                                        | NC     |            |
| CENTRATX                                                                                                                                                                      | NC     |            |
| CERDELGA                                                                                                                                                                      | Tier 2 | PA; SP; QL |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                                                                                                          | Tier 4 | PA; SP     |
| CIFEREX                                                                                                                                                                       | NC     |            |
| CORVITA 150                                                                                                                                                                   | NC     |            |

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|--------------------------------------------------------------------------------------------------|--------|--------|
| CORVITE 150 ORAL TABLET 150-1.25 MG                                                              | NC     |        |
| CORVITE FE                                                                                       | Tier 3 |        |
| <i>cyanocobalamin injection</i>                                                                  | Tier 1 |        |
| DIVISTA                                                                                          | NC     |        |
| DROXIA                                                                                           | Tier 3 |        |
| <i>durachol</i>                                                                                  | NC     |        |
| ELELYSO                                                                                          | Tier 5 | PA; SP |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | Tier 5 | PA; SP |
| <i>fabb</i>                                                                                      | NC     |        |
| <i>fa-vitamin b-6-vitamin b-12</i>                                                               | NC     |        |
| FERIVA                                                                                           | NC     |        |
| FERIVA 21/7                                                                                      | NC     |        |
| <i>ferocon</i>                                                                                   | NC     |        |
| <i>ferottrinsic</i>                                                                              | NC     |        |
| FERRAPLUS 90                                                                                     | NC     |        |
| FERRLECIT                                                                                        | NC     | N5; SP |
| <i>ferrocite plus oral tablet</i>                                                                | NC     |        |
| FERRO-PLEX HEMATINIC                                                                             | NC     |        |
| FERROTRIN                                                                                        | NC     |        |
| FOCALGIN DSS                                                                                     | NC     |        |
| <i>folbee</i>                                                                                    | NC     |        |
| FOLGARD RX                                                                                       | NC     | N5     |
| <i>folic acid oral tablet 1 mg</i>                                                               | Tier 1 | LGC    |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                                                   | CE     |        |
| FOLIVANE-F                                                                                       | NC     |        |
| FOLIVANE-PLUS                                                                                    | NC     |        |
| <i>folplex 2.2</i>                                                                               | NC     |        |
| <i>foltrin</i>                                                                                   | NC     |        |
| FUSION PLUS                                                                                      | NC     |        |
| <i>gnp folic acid</i>                                                                            | CE     |        |
| GRANIX                                                                                           | Tier 5 | PA; SP |

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| Drug                                                                                                           | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>hematinic plus vit/minerals</i>                                                                             | NC     |        |
| <i>hematinic/folic acid</i>                                                                                    | NC     |        |
| HEMATOGEN FA                                                                                                   | NC     |        |
| <i>hematogen forte</i>                                                                                         | NC     |        |
| HEMETAB                                                                                                        | NC     |        |
| HEMOCYTE PLUS                                                                                                  | NC     |        |
| <i>hemocyte-f oral tablet</i>                                                                                  | NC     |        |
| <i>hemocyte-plus oral tablet 106-1 mg</i>                                                                      | NC     |        |
| INTEGRA F                                                                                                      | NC     |        |
| INTEGRA PLUS                                                                                                   | NC     |        |
| IROSPAN 24/6                                                                                                   | NC     |        |
| IS 24/6                                                                                                        | NC     |        |
| K-TAN PLUS                                                                                                     | NC     |        |
| LEUKINE INTRAVENOUS                                                                                            | Tier 5 | PA; SP |
| MAXFE ORAL TABLET                                                                                              | NC     |        |
| MIRCERA INJECTION SOLUTION<br>PREFILLED SYRINGE 100 MCG/0.3ML,<br>200 MCG/0.3ML, 50 MCG/0.3ML, 75<br>MCG/0.3ML | Tier 5 | PA     |
| MIRCERA INJECTION SOLUTION<br>PREFILLED SYRINGE 150 MCG/0.3ML,<br>30 MCG/0.3ML                                 | Tier 5 | PA; SP |
| MOZOBIL                                                                                                        | Tier 5 | PA     |
| MULTIGEN                                                                                                       | NC     |        |
| MULTIGEN FOLIC                                                                                                 | NC     |        |
| MULTIGEN PLUS                                                                                                  | NC     |        |
| <i>na ferric gluc cplx in sucrose</i>                                                                          | Tier 4 | SP     |
| NASCOBAL                                                                                                       | NC     |        |
| NEPHRON FA                                                                                                     | NC     |        |
| NEULASTA SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                                                            | Tier 4 | PA     |
| NEUPOGEN INJECTION SOLUTION 300<br>MCG/ML, 480 MCG/1.6ML                                                       | Tier 5 | PA; SP |
| NEUPOGEN INJECTION SOLUTION<br>PREFILLED SYRINGE                                                               | Tier 5 | PA     |

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|-----------------------------|--------|------------|
| <i>neurin-sl</i>            | NC     |            |
| NPLATE                      | Tier 5 | SP         |
| NUFOL                       | NC     |            |
| <i>ortho d</i>              | NC     |            |
| PRE-FOLIC                   | NC     |            |
| PROCRIT                     | Tier 4 | PA; SP     |
| PROFERRIN-FORTE             | NC     |            |
| PROMACTA                    | Tier 5 | PA; SP; QL |
| PROTECTIRON                 | NC     |            |
| <i>purefe plus</i>          | NC     |            |
| <i>purevit dualfe plus</i>  | NC     |            |
| REVESTA                     | NC     |            |
| <i>se-tan plus</i>          | NC     |            |
| TANDEM F                    | NC     |            |
| TANDEM PLUS                 | NC     |            |
| <i>taron forte</i>          | NC     |            |
| <i>tl gard rx</i>           | NC     |            |
| <i>tl icon</i>              | NC     |            |
| <i>tricon</i>               | NC     |            |
| <i>trigels-f forte</i>      | NC     |            |
| VENOFER                     | Tier 5 | SP         |
| VIRT-GARD                   | NC     |            |
| <i>virt-vite</i>            | NC     |            |
| VPRIV                       | Tier 4 | PA; SP     |
| ZARXIO                      | Tier 4 | PA         |
| <i>zavara</i>               | NC     |            |
| ZAVESCA                     | Tier 5 | PA; SP; QL |
| ZOLATE                      | NC     |            |
| <b>*HEMOSTATICS*</b>        |        |            |
| AMICAR ORAL SOLUTION        | Tier 3 |            |
| AMICAR ORAL TABLET 1000 MG  | Tier 2 |            |
| LYSTEDA                     | NC     | N5         |
| <i>tranexamic acid oral</i> | Tier 3 | QL         |

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| Drug                                                    | Status | Notes          |
|---------------------------------------------------------|--------|----------------|
| <b>*HEPATITIS C AGENT - COMBINATIONS***</b>             |        |                |
| EPCLUSA                                                 | Tier 4 | PA; SP; QL     |
| HARVONI                                                 | Tier 4 | PA; SP         |
| MAVYRET                                                 | Tier 5 | PA; ST; SP; QL |
| TECHNIVIE                                               | Tier 5 | PA; ST; QL     |
| VIEKIRA PAK                                             | Tier 5 | PA; ST; SP; QL |
| VIEKIRA XR                                              | Tier 5 | PA; ST; QL     |
| VOSEVI                                                  | Tier 4 | PA; ST; SP; QL |
| ZEPATIER                                                | Tier 4 | PA; SP; QL     |
| <b>*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**</b> |        |                |
| XURIDEN                                                 | Tier 5 | PA; SP; QL     |
| <b>*HYPNOTICS*</b>                                      |        |                |
| AMBIEN                                                  | NC     | N5             |
| AMBIEN CR                                               | NC     | N5; AL         |
| BUTISOL SODIUM ORAL TABLET 30 MG                        | Tier 3 |                |
| DORAL                                                   | Tier 3 |                |
| EDLUAR                                                  | NC     |                |
| <i>estazolam</i>                                        | Tier 1 |                |
| <i>eszopiclone</i>                                      | Tier 1 | QL; AL         |
| <i>flurazepam hcl</i>                                   | Tier 1 |                |
| HALCION                                                 | NC     | N5             |
| HETLIOZ                                                 | Tier 5 | PA; SP; QL     |
| INTERMEZZO                                              | NC     |                |
| LUNESTA                                                 | NC     | N5             |
| <i>midazolam hcl oral</i>                               | Tier 3 |                |
| <i>phenobarbital oral elixir</i>                        | Tier 1 |                |
| <i>phenobarbital oral tablet</i>                        | Tier 1 |                |
| <i>quazepam</i>                                         | Tier 1 | AL             |
| RESTORIL                                                | NC     | N5             |
| ROZEREM                                                 | Tier 3 | ST; QL         |
| SECONAL                                                 | Tier 3 |                |

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| Drug                                                        | Status | Notes      |
|-------------------------------------------------------------|--------|------------|
| SILENOR                                                     | NC     |            |
| SONATA                                                      | NC     | N5         |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                  | Tier 1 |            |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i>               | Tier 1 | QL         |
| <i>triazolam</i>                                            | Tier 1 |            |
| <i>zaleplon</i>                                             | Tier 1 | QL         |
| <i>zolpidem tartrate er</i>                                 | Tier 3 | QL; AL     |
| <i>zolpidem tartrate oral</i>                               | Tier 1 | QL         |
| <i>zolpidem tartrate sublingual</i>                         | NC     |            |
| ZOLPIMIST                                                   | NC     |            |
| <b>*HYPOPHOSPHATASIA (HPP)<br/>AGENTS***</b>                |        |            |
| STRENSIQ                                                    | Tier 5 | PA; SP     |
| <b>*IBS AGENT - MU-OPIOID RECEPTOR<br/>AGONISTS***</b>      |        |            |
| VIBERZI                                                     | Tier 2 | PA; QL     |
| <b>*INSULIN-INCRETIN MIMETIC<br/>COMBINATIONS***</b>        |        |            |
| SOLIQUA                                                     | Tier 2 | ST         |
| XULTOPHY                                                    | Tier 2 | ST; QL     |
| <b>*INTEGRIN RECEPTOR<br/>ANTAGONISTS***</b>                |        |            |
| ENTYVIO                                                     | Tier 5 | PA; ST; SP |
| <b>*INTERLEUKIN ANTAGONISTS***</b>                          |        |            |
| STELARA INTRAVENOUS                                         | Tier 4 | PA; ST     |
| <b>*INTERLEUKIN-5 ANTAGONISTS (IGG1<br/>KAPPA)***</b>       |        |            |
| NUCALA                                                      | Tier 5 | PA; SP; QL |
| <b>*INTERLEUKIN-5 ANTAGONISTS (IGG4<br/>KAPPA)***</b>       |        |            |
| CINQAIR                                                     | Tier 5 | PA; SP     |
| <b>*ISOCITRATE DEHYDROGENASE-2<br/>(IDH2) INHIBITORS***</b> |        |            |
| IDHIFA                                                      | Tier 5 | PA; SP; QL |

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| Drug                                             | Status | Notes                                                                        |
|--------------------------------------------------|--------|------------------------------------------------------------------------------|
| <b>*LAXATIVES*</b>                               |        |                                                                              |
| CLEARLAX ORAL POWDER                             | CE     |                                                                              |
| <i>constulose</i>                                | Tier 1 | LGC                                                                          |
| CVS PURELAX                                      | CE     |                                                                              |
| DULCOLAX BALANCE                                 | CE     |                                                                              |
| EQ CLEARLAX                                      | CE     |                                                                              |
| EQL CLEARLAX                                     | CE     |                                                                              |
| <i>gavilax</i>                                   | CE     |                                                                              |
| <i>gavilyte-c</i>                                | Tier 1 | QL                                                                           |
| <i>gavilyte-g</i>                                | Tier 1 | QL                                                                           |
| GAVILYTE-H                                       | CE     |                                                                              |
| <i>gavilyte-n with flavor pack</i>               | Tier 1 |                                                                              |
| <i>gentlelax oral powder</i>                     | CE     |                                                                              |
| GIALAX                                           | CE     |                                                                              |
| GLYCOLAX                                         | CE     |                                                                              |
| GNP CLEARLAX ORAL POWDER                         | CE     |                                                                              |
| GOLYTELY ORAL SOLUTION<br>RECONSTITUTED 227.1 GM | Tier 3 |                                                                              |
| GOLYTELY ORAL SOLUTION<br>RECONSTITUTED 236 GM   | NC     | N5                                                                           |
| <i>healthylax</i>                                | CE     |                                                                              |
| HM CLEARLAX                                      | CE     |                                                                              |
| KLS LAXACLEAR                                    | CE     |                                                                              |
| KRISTALOSE                                       | Tier 3 |                                                                              |
| <i>lactulose oral</i>                            | Tier 1 | LGC                                                                          |
| MIRALAX ORAL PACKET                              | NC     | N5                                                                           |
| MIRALAX ORAL POWDER                              | CE     | Select OTC                                                                   |
| MOVIPREP                                         | CE     | Only covered in states:<br>CT,GA,IL,MI,NV,PA,TN,TX<br>and excluded elsewhere |
| NULYTELY WITH FLAVOR PACKS                       | NC     | N5                                                                           |
| OSMOPREP                                         | CE     | Only covered in states:<br>CT,GA,IL,MI,NV,PA,TN,TX<br>and excluded elsewhere |

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| Drug                                             | Status | Notes                                                                      |
|--------------------------------------------------|--------|----------------------------------------------------------------------------|
| <i>peg 3350</i>                                  | CE     |                                                                            |
| <i>peg 3350/electrolytes</i>                     | CE     | Only covered in states: CT,GA,IL,MI,NV,PA,TN,TX and excluded elsewhere; QL |
| <i>peg 3350-kcl-na bicarb-nacl</i>               | Tier 1 | Only covered in states: CT,GA,IL,MI,NV,PA,TN,TX and excluded elsewhere     |
| <i>peg-3350/electrolytes</i>                     | Tier 1 | Only covered in states: CT,GA,IL,MI,NV,PA,TN,TX and excluded elsewhere; QL |
| PEG-PREP                                         | CE     |                                                                            |
| PEGYLAX                                          | CE     |                                                                            |
| <i>polyethylene glycol 3350 oral packet</i>      | CE     |                                                                            |
| <i>polyethylene glycol 3350 oral powder</i>      | CE     | Select OTC                                                                 |
| PREPOPIK                                         | CE     | #; Only covered in states: CT,GA,IL,MI,NV,PA,TN,TX and excluded elsewhere  |
| <i>qc natura-lax</i>                             | CE     |                                                                            |
| <i>ra laxative oral packet</i>                   | CE     |                                                                            |
| <i>ra laxative oral powder</i>                   | CE     |                                                                            |
| <i>sb polyethylene glycol 3350</i>               | CE     |                                                                            |
| SM CLEARLAX                                      | CE     |                                                                            |
| SMOOTH LAX ORAL POWDER                           | CE     |                                                                            |
| SUPREP BOWEL PREP KIT                            | CE     | Only covered in states: CT,GA,IL,MI,NV,PA,TN,TX and excluded elsewhere     |
| SW CLEARLAX                                      | CE     |                                                                            |
| TGT POWDERLAX                                    | CE     |                                                                            |
| <i>trilyte</i>                                   | CE     |                                                                            |
| <b>*LEPTIN ANALOGUES***</b>                      |        |                                                                            |
| MYALEPT                                          | Tier 5 | PA; SP; QL                                                                 |
| <b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS***</b> |        |                                                                            |
| LUPANETA PACK                                    | Tier 5 | PA; SP                                                                     |

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| Drug                                                              | Status | Notes  |
|-------------------------------------------------------------------|--------|--------|
| <b>*LOCAL ANESTHETICS-PARENTERAL*</b>                             |        |        |
| <i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>           | Tier 3 |        |
| <i>lidocaine hcl injection solution 0.5 %</i>                     | Tier 3 |        |
| <b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b> |        |        |
| XIIDRA                                                            | Tier 2 |        |
| <b>*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***</b>        |        |        |
| KANUMA                                                            | Tier 4 | PA; SP |
| <b>*MACROLIDES*</b>                                               |        |        |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>     | Tier 3 |        |
| <i>azithromycin oral packet</i>                                   | Tier 1 |        |
| <i>azithromycin oral suspension reconstituted</i>                 | Tier 1 |        |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>            | Tier 1 |        |
| BIAXIN ORAL TABLET                                                | NC     | N5     |
| BIAXIN XL                                                         | NC     | N5     |
| BIAXIN XL PAC                                                     | NC     | N5     |
| <i>clarithromycin er</i>                                          | Tier 1 |        |
| <i>clarithromycin oral</i>                                        | Tier 1 |        |
| DIFICID                                                           | Tier 3 | QL     |
| E.E.S. 400 ORAL TABLET                                            | Tier 2 |        |
| E.E.S. GRANULES                                                   | Tier 3 |        |
| ERYPED 200                                                        | Tier 3 |        |
| ERYPED 400                                                        | Tier 3 |        |
| ERY-TAB                                                           | Tier 3 |        |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | Tier 3 |        |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG                            | Tier 2 |        |
| <i>erythromycin base oral capsule delayed release particles</i>   | Tier 1 |        |

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| Drug                                           | Status | Notes  |
|------------------------------------------------|--------|--------|
| <i>erythromycin base oral tablet</i>           | Tier 1 |        |
| <i>erythromycin ethylsuccinate oral tablet</i> | Tier 1 |        |
| PCE                                            | Tier 3 |        |
| ZITHROMAX ORAL PACKET                          | Tier 3 |        |
| ZITHROMAX ORAL SUSPENSION<br>RECONSTITUTED     | NC     | N5     |
| ZITHROMAX ORAL TABLET                          | NC     | N5     |
| ZITHROMAX TRI-PAK                              | NC     | N5     |
| ZITHROMAX Z-PAK                                | NC     | N5     |
| ZMAX                                           | Tier 3 |        |
| <b>*MEDICAL DEVICES*</b>                       |        |        |
| ACCU-CHEK AVIVA PLUS                           | Tier 2 | PA; QL |
| ACCU-CHEK COMPACT PLUS CARE                    | Tier 2 | PA; QL |
| ACCU-CHEK FASTCLIX LANCETS                     | Tier 3 |        |
| ACCU-CHEK MULTICLIX LANCET DEV                 | Tier 2 | PA; QL |
| ACCU-CHEK MULTICLIX LANCETS                    | Tier 3 |        |
| ACCU-CHEK NANO SMARTVIEW                       | Tier 2 | PA; QL |
| ACCU-CHEK SOFT TOUCH LANCETS                   | Tier 3 |        |
| ACCU-CHEK SOFTCLIX LANCETS                     | Tier 3 |        |
| ACTIVE 1ST BLOOD LANCETS 30G                   | Tier 3 |        |
| ADVOCATE DUO DEVICE                            | Tier 3 | QL     |
| AGAMATRIX PRESTO                               | Tier 2 | PA; QL |
| ASSURE LANCETS                                 | Tier 3 |        |
| BAYER CONTOUR LINK MONITOR                     | Tier 2 | PA; QL |
| BAYER CONTOUR MONITOR KIT                      | Tier 2 | PA; QL |
| BAYER CONTOUR NEXT EZ                          | Tier 2 | PA; QL |
| BAYER CONTOUR NEXT LINK                        | Tier 2 | PA; QL |
| BAYER CONTOUR NEXT MONITOR                     | Tier 2 | PA; QL |
| BAYER MICROLET LANCETS                         | Tier 3 |        |
| BD AUTOSHIELD 29G X 5MM , 29G X<br>8MM         | Tier 2 |        |

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|---------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, U-100 1 ML      | Tier 2 |        |
| BD INSULIN SYRINGE HALF-UNIT                                                                                                                | Tier 2 |        |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML                                                                                              | Tier 2 |        |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML | Tier 2 |        |
| BD LANCET ULTRAFINE 30G                                                                                                                     | Tier 3 |        |
| BD LANCET ULTRAFINE 33G                                                                                                                     | Tier 3 |        |
| BD MICROTAINER LANCETS                                                                                                                      | Tier 3 |        |
| BD PEN                                                                                                                                      | Tier 2 |        |
| BD PEN MINI                                                                                                                                 | Tier 2 |        |
| BD PEN NEEDLE MINI U/F                                                                                                                      | Tier 2 |        |
| BD PEN NEEDLE NANO U/F                                                                                                                      | Tier 2 |        |
| BD PEN NEEDLE SHORT U/F                                                                                                                     | Tier 2 |        |
| BD PEN NEEDLE ULTRAFINE                                                                                                                     | Tier 2 |        |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML                                                                                           | Tier 2 |        |
| <i>bullseye mini safety lancets</i>                                                                                                         | Tier 3 |        |
| BULLSEYE SAFETY LANCETS                                                                                                                     | Tier 3 |        |
| CLEVER CHEK AUTO-CODE                                                                                                                       | Tier 3 | QL     |
| CLEVER CHOICE MICRO SYSTEM                                                                                                                  | Tier 2 | PA; QL |
| COAGUCHEK LANCETS                                                                                                                           | Tier 3 |        |
| <i>comfort assured lancets 28g</i>                                                                                                          | Tier 3 |        |
| <i>comfort assured lancets 33g</i>                                                                                                          | Tier 3 |        |
| DRUG MART UNIFINE PENTIPS 31G X 5 MM                                                                                                        | Tier 2 |        |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML                                                                             | Tier 2 |        |
| EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML                                                                                                 | Tier 2 |        |

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| <b>Drug</b>                                                                                                                                                                        | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| EASY TOUCH LANCETS 21G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 23G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 26G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 26G/TWIST                                                                                                                                                       | Tier 3        |              |
| EASY TOUCH LANCETS 28G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 28G/TWIST                                                                                                                                                       | Tier 3        |              |
| EASY TOUCH LANCETS 30G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 30G/TWIST                                                                                                                                                       | Tier 3        |              |
| EASY TOUCH LANCETS 32G                                                                                                                                                             | Tier 3        |              |
| EASY TOUCH LANCETS 32G/TWIST                                                                                                                                                       | Tier 3        |              |
| EASY TOUCH LANCETS 33G/TWIST                                                                                                                                                       | Tier 3        |              |
| EASY TOUCH LANCING DEVICE                                                                                                                                                          | Tier 3        |              |
| EASY TOUCH SAFETY LANCETS 21G                                                                                                                                                      | Tier 3        |              |
| EASY TOUCH SAFETY LANCETS 23G                                                                                                                                                      | Tier 3        |              |
| EASY TOUCH SAFETY LANCETS 26G                                                                                                                                                      | Tier 3        |              |
| EASY TOUCH SAFETY LANCETS 28G                                                                                                                                                      | Tier 3        |              |
| EASY TWIST & CAP LANCETS                                                                                                                                                           | Tier 3        |              |
| FINGERSTIX LANCETS                                                                                                                                                                 | Tier 3        |              |
| FORA D10 2-IN-1 MONITOR                                                                                                                                                            | Tier 3        | QL           |
| FORA D15G 2-IN-1 MONITOR                                                                                                                                                           | Tier 3        | QL           |
| FORA D20 2-IN-1 MONITOR                                                                                                                                                            | Tier 3        | QL           |
| FREESTYLE FLASH SYSTEM                                                                                                                                                             | Tier 2        | PA; QL       |
| FREESTYLE FREEDOM LITE                                                                                                                                                             | Tier 2        | PA; QL       |
| FREESTYLE INSULINX SYSTEM                                                                                                                                                          | Tier 2        | PA; QL       |
| FREESTYLE LANCETS                                                                                                                                                                  | Tier 3        |              |
| FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML                                                                                                                   | Tier 2        |              |
| FREESTYLE SYSTEM                                                                                                                                                                   | Tier 2        | PA; QL       |
| FREESTYLE UNISTICK II LANCETS                                                                                                                                                      | Tier 3        |              |
| GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2        |              |

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|--------------------------------------------------------------------------------------------------|--------|--------|
| GNP CLICKFINE PEN NEEDLES 31G X 8 MM                                                             | Tier 2 |        |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.5 ML                       | Tier 2 |        |
| GNP ULTRA COM INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML                             | Tier 2 |        |
| HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM                                           | Tier 2 |        |
| <i>insulin syringe 31g x 5/16" 0.3 ml</i>                                                        | Tier 2 |        |
| INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML                                                         | Tier 2 |        |
| KROGER BLOOD GLUCOSE KIT W/DEVICE                                                                | Tier 2 | PA; QL |
| KROGER INSULIN SYRINGE 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 |        |
| KROGER PREMIUM BLOOD GLUCOSE                                                                     | Tier 2 | PA; QL |
| <i>lancets super thin 28g</i>                                                                    | Tier 3 |        |
| LANCETS ULTRA THIN                                                                               | Tier 3 |        |
| <i>lancets ultra thin 30g</i>                                                                    | Tier 3 |        |
| LIFESCAN UNISTIK 2                                                                               | Tier 3 |        |
| LIFESCAN UNISTIK II LANCETS                                                                      | Tier 3 |        |
| <i>lite touch lancets</i>                                                                        | Tier 3 |        |
| LITETOUCH LANCETS                                                                                | Tier 3 |        |
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML                                                      | Tier 3 |        |
| MEIJER BLOOD GLUCOSE                                                                             | Tier 2 | PA; QL |
| MEIJER PREMIUM BLOOD GLUCOSE                                                                     | Tier 2 | PA; QL |
| MICROLET LANCETS                                                                                 | Tier 3 |        |
| MICROTAINER SAFETY FLOW LANCET                                                                   | Tier 3 |        |
| NEUTEK 2TEK GLUCOSE/PRESSURE                                                                     | Tier 3 | QL     |
| NOVOFINE                                                                                         | Tier 2 |        |
| NOVOTWIST 32G X 5 MM                                                                             | Tier 2 |        |
| ONETOUCH CLUB LANCETS FINE PT                                                                    | Tier 3 |        |
| ONETOUCH COMBO PACK                                                                              | Tier 3 |        |

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|----------------------------------------------------------------------------------------------------|--------|--------|
| ONETOUCH DELICA LANCETS 33G                                                                        | Tier 3 |        |
| ONETOUCH DELICA LANCETS FINE                                                                       | Tier 3 |        |
| ONETOUCH DELICA LANCING DEV                                                                        | Tier 3 |        |
| ONETOUCH FINEPOINT LANCETS                                                                         | Tier 3 |        |
| ONETOUCH LANCETS                                                                                   | Tier 3 |        |
| ONETOUCH ULTRA 2                                                                                   | Tier 2 | QL     |
| ONETOUCH ULTRA MINI                                                                                | Tier 2 | QL     |
| ONETOUCH ULTRASOFT LANCETS                                                                         | Tier 3 |        |
| ONETOUCH VERIO IQ SYSTEM                                                                           | Tier 2 | QL     |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML                                                        | Tier 2 |        |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML                                                      | Tier 2 |        |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT                                                                 | Tier 2 | PA; QL |
| RELION INSULIN SYRINGE 29G X 1/2" 1 ML                                                             | Tier 2 |        |
| RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML                                                            | Tier 2 |        |
| RELION PEN NEEDLES 31G X 8 MM                                                                      | Tier 2 |        |
| SAFETY LET LANCETS                                                                                 | Tier 3 |        |
| <i>sapscare twist top lancets</i>                                                                  | Tier 3 |        |
| SIMPLE DIAGNOSTICS LANCING DEV                                                                     | Tier 3 |        |
| <i>super thin lancets</i>                                                                          | Tier 3 |        |
| TGT BLOOD GLUCOSE MONITORING                                                                       | Tier 2 | PA; QL |
| TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 |        |
| TRUEPLUS LANCETS 26G                                                                               | Tier 3 |        |
| TRUEPLUS LANCETS 30G                                                                               | Tier 3 |        |
| TRUEPLUS SAFETY LANCETS 28G                                                                        | Tier 3 |        |
| TRUERESULT BLOOD GLUCOSE                                                                           | Tier 2 | PA; QL |
| TRUETRACK BLOOD GLUCOSE KIT                                                                        | Tier 2 | PA; QL |
| TRUETRACK SMART SYSTEM                                                                             | Tier 2 | PA; QL |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | Tier 2 |        |
| ULTICARE SHORT PEN NEEDLES                                                                                                                                                   | Tier 2 |        |
| UNIFINE PENTIPS PLUS 31G X 5 MM                                                                                                                                              | Tier 2 |        |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML                                                                                                             | Tier 3 |        |
| VIDA MIA UNIFINE PENTIPS 31G X 6 MM                                                                                                                                          | Tier 2 |        |
| WIDE-SEAL DIAPHRAGM 60                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 65                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 70                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 75                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 80                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 85                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 90                                                                                                                                                       | CE     |        |
| WIDE-SEAL DIAPHRAGM 95                                                                                                                                                       | CE     |        |
| <b>*MIGRAINE PRODUCTS*</b>                                                                                                                                                   |        |        |
| <i>almotriptan malate</i>                                                                                                                                                    | Tier 3 | QL     |
| AMERGE                                                                                                                                                                       | NC     | N5     |
| AXERT                                                                                                                                                                        | NC     | N5     |
| CAFERGOT                                                                                                                                                                     | Tier 3 |        |
| CAMBIA                                                                                                                                                                       | NC     |        |
| D.H.E. 45                                                                                                                                                                    | NC     | N5     |
| <i>dihydroergotamine mesylate injection</i>                                                                                                                                  | Tier 3 |        |
| <i>dihydroergotamine mesylate nasal</i>                                                                                                                                      | Tier 3 | ST; QL |
| <i>eletriptan hydrobromide</i>                                                                                                                                               | Tier 3 | QL     |
| ERGOMAR                                                                                                                                                                      | Tier 3 |        |
| FROVA                                                                                                                                                                        | Tier 3 | #; QL  |
| <i>frovatriptan succinate</i>                                                                                                                                                | Tier 3 | QL     |
| IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT                                                                                                                                   | Tier 3 | QL     |

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|---------------------------------------------------------------------------------------------|--------|--------|
| IMITREX ORAL                                                                                | NC     | N5     |
| IMITREX STATDOSE REFILL<br>SUBCUTANEOUS SOLUTION<br>CARTRIDGE 4 MG/0.5ML                    | NC     | N5     |
| IMITREX STATDOSE SYSTEM<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 4 MG/0.5ML               | NC     | N5     |
| IMITREX STATDOSE SYSTEM<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 6 MG/0.5ML               | Tier 3 | N5; QL |
| IMITREX SUBCUTANEOUS                                                                        | NC     | N5     |
| MAXALT                                                                                      | NC     | N5     |
| MAXALT-MLT                                                                                  | NC     | N5     |
| MIGERGOT                                                                                    | Tier 3 |        |
| MIGRANAL                                                                                    | NC     |        |
| <i>naratriptan hcl</i>                                                                      | Tier 1 | QL     |
| ONZETRA XSAIL                                                                               | Tier 3 | ST; QL |
| PRODRIN ORAL TABLET 65-20-325 MG                                                            | NC     | N5     |
| RELPAX                                                                                      | Tier 3 | #; QL  |
| <i>rizatriptan benzoate</i>                                                                 | Tier 1 | QL     |
| <i>sumatriptan nasal</i>                                                                    | Tier 1 | QL     |
| <i>sumatriptan succinate oral</i>                                                           | Tier 1 | QL     |
| <i>sumatriptan succinate refill subcutaneous<br/>solution cartridge</i>                     | Tier 1 | QL     |
| <i>sumatriptan succinate subcutaneous solution 6<br/>mg/0.5ml</i>                           | Tier 1 | QL     |
| <i>sumatriptan succinate subcutaneous solution<br/>auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | Tier 1 | QL     |
| <i>sumatriptan succinate subcutaneous solution<br/>prefilled syringe 6 mg/0.5ml</i>         | Tier 1 | QL     |
| SUMAVEL DOSEPRO SUBCUTANEOUS<br>SOLUTION JET-INJECTOR                                       | NC     |        |
| TREXIMET                                                                                    | NC     |        |
| ZEMBRACE SYMTOUCH                                                                           | Tier 3 | ST; QL |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                                | Tier 1 | QL     |

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|---------------------------------------------------------------------|--------|-------|
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>            | Tier 1 | QL    |
| ZOMIG NASAL SOLUTION 5 MG                                           | Tier 3 | QL    |
| ZOMIG ORAL                                                          | NC     |       |
| ZOMIG ZMT                                                           | NC     |       |
| <b>*MINERALS &amp; ELECTROLYTES*</b>                                |        |       |
| EFFER-K ORAL TABLET<br>EFFERVESCENT 20 MEQ                          | Tier 2 |       |
| <i>effe-k oral tablet effervescent 25 meq</i>                       | Tier 1 |       |
| FLUORABON                                                           | CE     |       |
| <i>fluor-a-day oral solution</i>                                    | CE     |       |
| FLUOR-A-DAY ORAL TABLET<br>CHEWABLE 0.25 (F)-236.79 MG              | CE     |       |
| <i>fluoritab oral tablet chewable 0.55 (0.25 f) mg</i>              | Tier 1 | LGC   |
| <i>fluoritab oral tablet chewable 1.1 (0.5 f) mg</i>                | CE     |       |
| FLURA-DROPS ORAL SOLUTION 0.55<br>(0.25 F) MG/DROP                  | CE     |       |
| GALZIN                                                              | Tier 3 |       |
| <i>iodine strong oral</i>                                           | Tier 3 |       |
| ISOLYTE-S                                                           | Tier 3 |       |
| ISOLYTE-S PH 7.4                                                    | Tier 3 |       |
| <i>k-effervescent</i>                                               | Tier 1 |       |
| KLOR-CON 10                                                         | Tier 1 |       |
| <i>klor-con m20</i>                                                 | Tier 1 |       |
| K-PHOS                                                              | Tier 2 |       |
| K-PHOS-NEUTRAL                                                      | Tier 2 |       |
| K-TAB ORAL TABLET EXTENDED<br>RELEASE 10 MEQ                        | NC     | N5    |
| <i>k-vescent oral tablet effervescent</i>                           | Tier 1 |       |
| <i>ludent oral tablet chewable 0.55 (0.25 f) mg</i>                 | Tier 1 | LGC   |
| <i>ludent oral tablet chewable 1.1 (0.5 f) mg, 2.2<br/>(1 f) mg</i> | CE     |       |
| MAGNEBIND 400                                                       | Tier 3 |       |
| <i>magnesium sulfate injection solution 50 %</i>                    | Tier 3 |       |
| MICRO-K                                                             | NC     | N5    |

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| Drug                                                                                                                                    | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>monoject sodium chloride flush intravenous</i>                                                                                       | Tier 1 |       |
| NORMOSOL-R                                                                                                                              | Tier 3 |       |
| NORMOSOL-R PH 7.4                                                                                                                       | Tier 3 |       |
| <i>phospha 250 neutral</i>                                                                                                              | Tier 1 |       |
| PLASMA-LYTE 148                                                                                                                         | Tier 3 |       |
| PLASMA-LYTE A                                                                                                                           | Tier 3 |       |
| <i>pot bicarb-pot chloride</i>                                                                                                          | Tier 1 |       |
| <i>potassium bicarbonate oral</i>                                                                                                       | Tier 1 |       |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i>                                                                   | Tier 1 |       |
| <i>potassium chloride er oral capsule extended release 8 meq</i>                                                                        | Tier 1 |       |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq</i>                                                                | Tier 1 |       |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>                                  | Tier 3 |       |
| <i>potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i> | Tier 3 |       |
| <i>potassium chloride oral packet</i>                                                                                                   | Tier 1 |       |
| <i>potassium chloride oral solution 40 meq/15ml (20%)</i>                                                                               | Tier 3 |       |
| <i>sodium chloride injection solution 2.5 meq/ml</i>                                                                                    | Tier 1 |       |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>                                                                     | Tier 1 |       |
| <i>sodium fluoride oral solution</i>                                                                                                    | CE     |       |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>                                                                            | Tier 1 | LGC   |
| <i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>                                                                | CE     |       |
| SSKI                                                                                                                                    | Tier 3 |       |
| <i>swabflush saline flush</i>                                                                                                           | Tier 3 |       |
| <b>*MOUTH/THROAT/DENTAL AGENTS*</b>                                                                                                     |        |       |
| <i>cevimeline hcl</i>                                                                                                                   | Tier 1 | QL    |

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| <i>chlorhexidine gluconate mouth/throat</i>           | Tier 1 |        |
| <i>clotrimazole mouth/throat lozenge</i>              | Tier 1 |        |
| DEBACTEROL                                            | Tier 3 |        |
| <i>denta 5000 plus</i>                                | Tier 3 |        |
| EVOXAC                                                | NC     | N5     |
| FIRST-MOUTHWASH BLM                                   | Tier 3 |        |
| <i>nystatin mouth/throat</i>                          | Tier 1 |        |
| <i>oralone</i>                                        | Tier 1 |        |
| ORAMAGICRX                                            | Tier 3 |        |
| ORAVIG                                                | Tier 3 | QL     |
| PAROEX                                                | Tier 1 |        |
| PERIOGARD                                             | Tier 1 |        |
| <i>periomed</i>                                       | Tier 3 |        |
| <i>pilocarpine hcl oral</i>                           | Tier 1 |        |
| SALAGEN                                               | NC     | N5     |
| <i>triamcinolone acetonide mouth/throat</i>           | Tier 1 |        |
| <b>*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS***</b> |        |        |
| VIMIZIM                                               | Tier 4 | PA; SP |
| <b>*MULTIVITAMINS*</b>                                |        |        |
| <i>bp folinatal plus b</i>                            | Tier 1 |        |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG                  | Tier 3 |        |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG                  | Tier 3 |        |
| CITRANATAL B-CALM                                     | Tier 3 |        |
| CITRANATAL DHA                                        | Tier 3 |        |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG           | Tier 3 |        |
| CITRANATAL RX                                         | Tier 3 |        |
| <i>co-natal fa</i>                                    | Tier 1 |        |
| CONCEPT DHA                                           | Tier 3 |        |
| CONCEPT OB                                            | Tier 3 |        |
| <i>corvita</i>                                        | Tier 3 |        |

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|-----------------------------------------------------------------|--------|-------|
| CORVITE                                                         | Tier 3 |       |
| DIALYVITE 5000                                                  | Tier 3 |       |
| DIALYVITE SUPREME D                                             | Tier 3 |       |
| HEMENATAL OB                                                    | Tier 2 |       |
| LEVOMEFOLATE DHA                                                | Tier 3 |       |
| MARNATAL-F                                                      | Tier 3 |       |
| <i>multi-vit/fluorideliron</i>                                  | Tier 1 |       |
| <i>multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg</i>  | Tier 1 |       |
| <i>multi-vitamin/fluorideliron</i>                              | Tier 1 |       |
| <i>multivitamins/fluoride oral tablet chewable 0.5 mg, 1 mg</i> | Tier 1 |       |
| MYNATAL ADVANCE                                                 | Tier 1 |       |
| MYNATAL ORAL TABLET                                             | Tier 1 |       |
| <i>mynatal plus</i>                                             | Tier 1 |       |
| <i>mynatal-z</i>                                                | Tier 1 |       |
| NEPHPLEX RX                                                     | Tier 2 |       |
| NESTABS                                                         | Tier 3 |       |
| NEXA PLUS                                                       | Tier 3 |       |
| NICOMIDE ORAL TABLET 750-25-1.5-0.5 MG                          | Tier 3 |       |
| OB COMPLETE GOLD                                                | Tier 3 |       |
| OB COMPLETE ONE                                                 | Tier 3 |       |
| OB COMPLETE PREMIER                                             | Tier 3 |       |
| OB COMPLETE/DHA                                                 | Tier 3 |       |
| O-CAL FA                                                        | Tier 3 |       |
| O-CAL PRENATAL                                                  | Tier 3 |       |
| OCUVEL ORAL CAPSULE 0.5 MG                                      | Tier 3 |       |
| <i>pnv-dha</i>                                                  | Tier 1 |       |
| PNV-OMEGA                                                       | Tier 2 |       |
| <i>pnv-select</i>                                               | Tier 1 |       |
| POLY-VI-FLOR                                                    | Tier 2 |       |
| POLY-VI-FLOR FS ORAL STRIP 1 MG                                 | Tier 3 |       |

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|---------------------------------------------------------------|--------|-------|
| POLY-VI-FLOR/IRON ORAL SUSPENSION                             | Tier 2 |       |
| PRENATA                                                       | Tier 3 |       |
| <i>prenatabs rx</i>                                           | Tier 1 |       |
| <i>prenatal 19 oral tablet</i>                                | Tier 1 |       |
| <i>prenatal 19 oral tablet chewable</i>                       | Tier 1 |       |
| PRENATAL PLUS IRON                                            | Tier 2 |       |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG | Tier 3 |       |
| PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG                       | Tier 3 |       |
| PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG              | Tier 3 |       |
| PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG                   | Tier 3 |       |
| QUFLORA FE PEDIATRIC                                          | Tier 3 |       |
| <i>renal oral capsule</i>                                     | Tier 3 |       |
| <i>reno caps</i>                                              | Tier 3 |       |
| <i>se-natal 19 oral tablet chewable</i>                       | Tier 1 |       |
| SYNAGEX                                                       | NC     |       |
| SYNATEK                                                       | NC     |       |
| TARON-C DHA                                                   | Tier 2 |       |
| <i>tricare</i>                                                | Tier 3 |       |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG             | Tier 3 |       |
| <i>triphrocaps</i>                                            | Tier 3 |       |
| TRIVEEN-DUO DHA                                               | Tier 2 |       |
| TRI-VIT/FLUORIDE/IRON                                         | Tier 1 |       |
| UDAMIN SP                                                     | Tier 3 |       |
| VIRT-PN                                                       | Tier 2 |       |
| VIRT-PN DHA                                                   | Tier 2 |       |
| VITAFOL FE+                                                   | Tier 3 |       |
| VITAFOL GUMMIES                                               | Tier 3 |       |
| VITAFOL-OB+DHA                                                | Tier 2 |       |

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| VITAFOL-ONE                                                                  | Tier 3 |            |
| VITAL-D RX                                                                   | Tier 3 |            |
| VOL-PLUS                                                                     | Tier 2 |            |
| VOL-TAB RX                                                                   | Tier 2 |            |
| ZATEAN-PN DHA                                                                | Tier 2 |            |
| ZATEAN-PN PLUS                                                               | Tier 2 |            |
| <b>*MUSCULOSKELETAL THERAPY AGENTS*</b>                                      |        |            |
| AMRIX                                                                        | NC     |            |
| <i>baclofen oral tablet 10 mg</i>                                            | Tier 1 | LGC        |
| <i>baclofen oral tablet 20 mg</i>                                            | Tier 1 |            |
| <i>carisoprodol oral tablet 250 mg</i>                                       | NC     |            |
| <i>carisoprodol oral tablet 350 mg</i>                                       | Tier 1 |            |
| <i>carisoprodol-aspirin</i>                                                  | Tier 3 |            |
| <i>carisoprodol-aspirin-codeine</i>                                          | Tier 3 |            |
| <i>chlorzoxazone oral tablet 250 mg</i>                                      | NC     |            |
| <i>chlorzoxazone oral tablet 500 mg</i>                                      | Tier 1 |            |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                           | Tier 1 | LGC        |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i>                                | Tier 3 |            |
| <i>dantrolene sodium oral</i>                                                | Tier 1 |            |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE                          | Tier 4 | PA; SP     |
| FEXMID                                                                       | NC     | N5         |
| GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML | Tier 5 |            |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE                                    | Tier 5 | PA; ST; SP |
| GELSYN-3                                                                     | Tier 5 | PA; ST     |
| GENVISC 850                                                                  | Tier 5 | PA         |
| HYALGAN                                                                      | Tier 5 | PA; ST; SP |
| HYMOVIS                                                                      | Tier 5 | PA; ST; SP |
| LORZONE                                                                      | NC     |            |
| <i>metaxalone oral tablet 400 mg</i>                                         | Tier 3 | QL         |

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|--------------------------------------------------------|--------|------------|
| <i>metaxalone oral tablet 800 mg</i>                   | Tier 3 |            |
| <i>methocarbamol oral</i>                              | Tier 1 |            |
| MONOVISC                                               | Tier 4 | PA; SP     |
| <i>orphenadrine citrate er</i>                         | Tier 3 |            |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE   | Tier 4 | PA; SP     |
| PARAFON FORTE DSC                                      | NC     | N5         |
| ROBAXIN INJECTION SOLUTION 1000 MG/10ML                | Tier 3 |            |
| SKELAXIN                                               | NC     | N5         |
| SOMA ORAL TABLET 250 MG                                | NC     |            |
| SOMA ORAL TABLET 350 MG                                | NC     | N5         |
| SUPARTZ FX                                             | Tier 5 | PA         |
| SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE     | Tier 5 | PA; ST; SP |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE     | Tier 5 | PA; ST; SP |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | Tier 5 | PA; ST; SP |
| TIZANIDINE COMFORT PAC                                 | NC     |            |
| <i>tizanidine hcl oral capsule</i>                     | NC     |            |
| <i>tizanidine hcl oral tablet</i>                      | Tier 1 |            |
| ZANAFLEX ORAL CAPSULE                                  | NC     |            |
| ZANAFLEX ORAL TABLET                                   | NC     | N5         |
| <b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>           |        |            |
| ADRENALIN NASAL                                        | Tier 2 |            |
| ASTEPRO NASAL SOLUTION 0.15 %                          | NC     | N5         |
| <i>azelastine hcl nasal solution 0.1 %</i>             | Tier 1 |            |
| <i>azelastine hcl nasal solution 0.15 %</i>            | Tier 3 |            |
| BACTROBAN NASAL                                        | Tier 2 | SP         |
| BECONASE AQ                                            | Tier 3 | ST         |
| <i>budesonide nasal</i>                                | NC     |            |
| DYMISTA                                                | NC     |            |

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|------------------------------------------------------------------------------|--------|------------|
| FLONASE                                                                      | NC     |            |
| FLONASE ALLERGY RELIEF                                                       | Tier 1 | Select OTC |
| <i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>                       | Tier 1 |            |
| <i>fluticasone propionate nasal</i>                                          | Tier 1 | Select OTC |
| <i>ipratropium bromide nasal</i>                                             | Tier 1 | QL         |
| <i>mometasone furoate nasal</i>                                              | Tier 1 |            |
| NASACORT ALLERGY 24HR                                                        | Tier 1 | Select OTC |
| NASACORT ALLERGY 24HR CHILDREN                                               | Tier 1 | Select OTC |
| <i>nasal allergy 24 hour</i>                                                 | Tier 1 | Select OTC |
| NASONEX                                                                      | Tier 3 | ST; #      |
| <i>olopatadine hcl nasal</i>                                                 | Tier 3 |            |
| OMNARIS                                                                      | Tier 3 | ST; #      |
| PATANASE                                                                     | NC     | N5         |
| QNASL                                                                        | Tier 3 | ST         |
| QNASL CHILDRENS                                                              | Tier 3 | ST         |
| RHINOCORT ALLERGY                                                            | Tier 1 | Select OTC |
| RHINOCORT AQUA                                                               | NC     |            |
| <i>triamcinolone acetonide nasal aerosol</i>                                 | Tier 1 | Select OTC |
| ZETONNA                                                                      | Tier 3 | ST         |
| <b>*NEPRILYSIN INHIB (ARNI)-<br/>ANGIOTENSIN II RECEPT ANTAG<br/>COMB***</b> |        |            |
| ENTRESTO                                                                     | Tier 2 | PA; QL     |
| <b>*NEUROGENIC ORTHOSTATIC<br/>HYPOTENSION (NOH) - AGENTS***</b>             |        |            |
| NORTHERA ORAL CAPSULE 100 MG,<br>200 MG, 300 MG                              | Tier 5 | PA; SP; QL |
| <b>*NEUROMUSCULAR AGENTS*</b>                                                |        |            |
| BOTOX                                                                        | Tier 5 | PA; ST; SP |
| DYSPORT                                                                      | Tier 5 | PA; SP     |
| RILUTEK                                                                      | NC     | N5         |
| <i>riluzole</i>                                                              | Tier 2 | PA         |
| XEOMIN                                                                       | Tier 5 | PA; SP     |

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|-------------------------------------------------------------------------|--------|------------|
| <b>*OPHTHALMIC AGENTS*</b>                                              |        |            |
| ACULAR                                                                  | NC     | N5         |
| ACULAR LS                                                               | NC     | N5         |
| ACUVAIL                                                                 | Tier 3 |            |
| AKTEN                                                                   | NC     |            |
| <i>alaway</i>                                                           | Tier 1 | Select OTC |
| ALAWAY CHILDRENS ALLERGY                                                | Tier 1 | Select OTC |
| ALCAINE                                                                 | NC     | N5         |
| <i>allergy eye drops</i>                                                | Tier 1 | Select OTC |
| ALOCRIAL                                                                | Tier 3 |            |
| ALOMIDE                                                                 | Tier 3 |            |
| ALPHAGAN P OPHTHALMIC SOLUTION<br>0.1 %                                 | Tier 3 |            |
| ALPHAGAN P OPHTHALMIC SOLUTION<br>0.15 %                                | NC     | N5         |
| ALREX                                                                   | Tier 2 |            |
| <i>altacaine</i>                                                        | Tier 1 |            |
| <i>altafluor</i>                                                        | Tier 3 |            |
| <i>altafrin ophthalmic solution 10 %</i>                                | Tier 1 |            |
| <i>apraclonidine hcl</i>                                                | Tier 1 |            |
| <i>atropine sulfate ophthalmic</i>                                      | Tier 1 |            |
| AZASITE                                                                 | Tier 3 |            |
| <i>azelastine hcl ophthalmic</i>                                        | Tier 1 |            |
| AZOPT                                                                   | Tier 2 |            |
| <i>bacitracin ophthalmic</i>                                            | Tier 1 |            |
| <i>bacitracin-polymyxin b ophthalmic ointment<br/>500-10000 unit/gm</i> | Tier 1 |            |
| <i>bacitra-neomycin-polymyxin-hc</i>                                    | Tier 1 |            |
| BEPREVE                                                                 | Tier 3 |            |
| BESIVANCE                                                               | Tier 3 |            |
| BETADINE OPHTHALMIC PREP                                                | Tier 3 |            |
| BETAGAN                                                                 | NC     | N5         |
| <i>betaxolol hcl ophthalmic</i>                                         | Tier 1 |            |
| BETIMOL                                                                 | Tier 3 |            |

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|--------------------------------------------------------------|--------|------------|
| BETOPTIC-S                                                   | Tier 3 |            |
| <i>bimatoprost ophthalmic</i>                                | Tier 3 | PA; ST     |
| <i>bio glo</i>                                               | Tier 3 |            |
| BLEPH-10                                                     | NC     | N5         |
| BLEPHAMIDE                                                   | Tier 3 |            |
| BLEPHAMIDE S.O.P.                                            | Tier 3 |            |
| <i>brimonidine tartrate ophthalmic solution 0.15 %</i>       | Tier 3 |            |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>        | Tier 1 |            |
| <i>bromfenac sodium (once-daily)</i>                         | Tier 3 |            |
| <i>bromfenac sodium ophthalmic</i>                           | Tier 3 |            |
| BROMSITE                                                     | Tier 3 |            |
| <i>carteolol hcl</i>                                         | Tier 1 |            |
| CILOXAN OPHTHALMIC OINTMENT                                  | Tier 3 |            |
| CILOXAN OPHTHALMIC SOLUTION                                  | NC     | N5         |
| <i>ciprofloxacin hcl ophthalmic</i>                          | Tier 1 |            |
| CLARITIN EYE                                                 | Tier 1 | Select OTC |
| COMBIGAN                                                     | Tier 2 |            |
| <i>cromolyn sodium ophthalmic</i>                            | Tier 1 |            |
| <i>cvs allergy eye drops</i>                                 | Tier 1 | Select OTC |
| CYCLOGYL OPHTHALMIC SOLUTION<br>0.5 %, 2 %                   | NC     | N5         |
| CYCLOGYL OPHTHALMIC SOLUTION 1<br>%                          | NC     |            |
| CYCLOMYDRIL                                                  | Tier 3 |            |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %, 2<br/>%</i> | Tier 1 |            |
| CYSTARAN                                                     | Tier 5 | PA; SP; QL |
| <i>dexamethasone sodium phosphate ophthalmic</i>             | Tier 1 |            |
| <i>diclofenac sodium ophthalmic</i>                          | Tier 1 |            |
| <i>dorzolamide hcl</i>                                       | Tier 1 |            |
| <i>dorzolamide hcl-timolol mal</i>                           | Tier 1 |            |
| DUREZOL                                                      | Tier 2 | #          |
| ELESTAT                                                      | NC     | N5         |
| EMADINE                                                      | Tier 3 |            |

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|-----------------------------------------------|--------|------------|
| <i>epinastine hcl</i>                         | Tier 1 |            |
| <i>eq itchy eye drops</i>                     | Tier 1 | Select OTC |
| <i>eye itch relief</i>                        | Tier 1 | Select OTC |
| FLAREX                                        | Tier 3 |            |
| <i>flucaine</i>                               | Tier 3 |            |
| <i>fluorescein-benoxinate</i>                 | Tier 3 |            |
| <i>fluor-i-strips a.t.</i>                    | Tier 3 |            |
| <i>fluorometholone ophthalmic</i>             | Tier 1 |            |
| FLURA-SAFE                                    | Tier 3 |            |
| <i>flurbiprofen sodium</i>                    | Tier 1 |            |
| <i>flurox</i>                                 | Tier 3 |            |
| FML                                           | Tier 2 |            |
| FML FORTE                                     | Tier 3 |            |
| FML LIQUIFILM                                 | NC     | N5         |
| FUL-GLO OPHTHALMIC STRIP 0.6 MG               | Tier 3 |            |
| <i>ful-glo ophthalmic strip 1 mg</i>          | Tier 3 |            |
| <i>gatifloxacin ophthalmic</i>                | Tier 3 |            |
| <i>gentak ophthalmic ointment</i>             | Tier 1 |            |
| <i>gentamicin sulfate ophthalmic solution</i> | Tier 1 |            |
| <i>homatropaire</i>                           | Tier 3 |            |
| <i>homatropine hbr ophthalmic</i>             | Tier 3 |            |
| ILEVRO                                        | Tier 3 |            |
| IOPIDINE OPHTHALMIC SOLUTION 0.5 %            | NC     | N5         |
| IOPIDINE OPHTHALMIC SOLUTION 1 %              | Tier 3 |            |
| ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 %    | NC     | N5         |
| ISTALOL                                       | Tier 3 |            |
| JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML   | Tier 5 | PA; SP     |
| <i>ketorolac tromethamine ophthalmic</i>      | Tier 1 | QL         |
| <i>ketotifen fumarate ophthalmic</i>          | Tier 1 | Select OTC |
| LACRISERT                                     | Tier 3 |            |
| LASTACFT                                      | Tier 3 |            |

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|------------------------------------------------------------------------------|--------|--------|
| <i>latanoprost ophthalmic</i>                                                | Tier 1 |        |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                             | Tier 1 |        |
| <i>levofloxacin ophthalmic</i>                                               | Tier 1 |        |
| LOTEMAX OPHTHALMIC GEL                                                       | Tier 2 | #      |
| LOTEMAX OPHTHALMIC OINTMENT                                                  | Tier 2 |        |
| LOTEMAX OPHTHALMIC SUSPENSION                                                | Tier 2 |        |
| LUCENTIS INTRAVITREAL SOLUTION<br>PREFILLED SYRINGE                          | Tier 5 | PA; SP |
| LUMIGAN OPHTHALMIC SOLUTION<br>0.01 %                                        | Tier 3 | PA; ST |
| MACUGEN                                                                      | Tier 5 | PA; SP |
| MAXIDEX                                                                      | Tier 3 |        |
| MOXEZA                                                                       | Tier 3 |        |
| <i>moxifloxacin hcl ophthalmic</i>                                           | Tier 1 |        |
| MYDRIACYL                                                                    | NC     | N5     |
| NATACYN                                                                      | Tier 3 |        |
| <i>neomycin-bacitracin zn-polymyx</i>                                        | Tier 1 |        |
| <i>neomycin-polymyxin-dexameth ophthalmic<br/>ointment</i>                   | Tier 1 |        |
| <i>neomycin-polymyxin-dexameth ophthalmic<br/>suspension 3.5-10000-0.1</i>   | Tier 1 |        |
| <i>neomycin-polymyxin-gramicidin ophthalmic<br/>solution 1.75-10000-.025</i> | Tier 1 |        |
| <i>neomycin-polymyxin-hc ophthalmic suspension<br/>3.5-10000-1</i>           | Tier 1 |        |
| NEVANAC                                                                      | Tier 3 |        |
| OCUFLOX                                                                      | NC     | N5     |
| <i>ofloxacin ophthalmic</i>                                                  | Tier 1 |        |
| <i>olopatadine hcl ophthalmic</i>                                            | Tier 1 |        |
| OMNIPRED                                                                     | NC     | N5     |
| PATADAY                                                                      | Tier 3 | #      |
| PATANOL                                                                      | NC     | N5     |
| PAZEO                                                                        | Tier 3 |        |
| <i>phenylephrine hcl ophthalmic solution 2.5 %</i>                           | Tier 1 |        |

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|----------------------------------------------------------|--------|--------|
| PHOSPHOLINE IODIDE                                       | Tier 2 |        |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Tier 1 |        |
| <i>polymyxin b-trimethoprim</i>                          | Tier 1 |        |
| POLYTRIM                                                 | NC     | N5     |
| PRED FORTE                                               | NC     | N5     |
| PRED MILD                                                | Tier 3 |        |
| PRED-G                                                   | Tier 3 |        |
| PRED-G S.O.P.                                            | Tier 3 |        |
| <i>prednisolone acetate ophthalmic</i>                   | Tier 1 |        |
| <i>prednisolone sodium phosphate ophthalmic</i>          | Tier 1 |        |
| PROLENSA                                                 | Tier 3 |        |
| <i>proparacaine hcl ophthalmic</i>                       | Tier 3 |        |
| <i>proparacaine-fluorescein</i>                          | Tier 3 |        |
| RESCULA                                                  | Tier 3 | PA; ST |
| RESTASIS                                                 | Tier 2 |        |
| SIMBRINZA                                                | Tier 3 |        |
| <i>sulfacetamide sodium ophthalmic</i>                   | Tier 1 |        |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>    | Tier 1 |        |
| <i>tetcaine</i>                                          | Tier 1 |        |
| <i>tetracaine hcl ophthalmic</i>                         | Tier 1 |        |
| <i>tetravisc</i>                                         | Tier 3 |        |
| <i>timolol maleate ophthalmic</i>                        | Tier 1 |        |
| TIMOPTIC                                                 | NC     | N5     |
| TIMOPTIC OCUDOSE                                         | Tier 3 |        |
| TIMOPTIC-XE                                              | NC     | N5     |
| TOBRADEX OPHTHALMIC OINTMENT                             | Tier 3 |        |
| TOBRADEX OPHTHALMIC SUSPENSION                           | NC     | N5     |
| TOBRADEX ST                                              | Tier 3 |        |
| <i>tobramycin-dexamethasone</i>                          | Tier 1 |        |
| TOBREX OPHTHALMIC OINTMENT                               | Tier 3 |        |
| TRAVATAN Z                                               | Tier 2 | #      |

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| <i>trifluridine ophthalmic</i>                         | Tier 1 |                |
| <i>tropicamide ophthalmic</i>                          | Tier 3 |                |
| TRUSOPT                                                | NC     | N5             |
| VIGAMOX                                                | Tier 3 | #              |
| VISIONBLUE                                             | Tier 3 |                |
| VISUDYNE                                               | Tier 5 | #; SP          |
| WAL-ZYR OPHTHALMIC                                     | Tier 1 | Select OTC     |
| XALATAN                                                | NC     | N5             |
| ZADITOR                                                | NC     | N5; Select OTC |
| ZIOPTAN                                                | Tier 3 | PA; ST         |
| ZIRGAN                                                 | Tier 3 | #              |
| ZYLET                                                  | Tier 3 |                |
| ZYMAXID                                                | NC     |                |
| <b>*OREXIN RECEPTOR ANTAGONISTS***</b>                 |        |                |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG         | Tier 3 | ST; QL; AL     |
| <b>*OTIC AGENTS*</b>                                   |        |                |
| <i>acetasol hc</i>                                     | Tier 1 |                |
| <i>acetic acid otic</i>                                | Tier 1 |                |
| CETRAXAL                                               | Tier 3 |                |
| CIPRO HC                                               | Tier 3 | #              |
| CIPRODEX                                               | Tier 2 |                |
| <i>ciprofloxacin hcl otic</i>                          | Tier 3 |                |
| COLY-MYCIN S                                           | Tier 3 |                |
| CORTISPORIN OTIC SOLUTION                              | NC     | N5             |
| DERMOTIC                                               | NC     | N5             |
| FLOXIN OTIC                                            | NC     |                |
| <i>fluocinolone acetonide otic</i>                     | Tier 3 |                |
| <i>hydrocortisone-acetic acid</i>                      | Tier 1 |                |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | Tier 1 |                |
| <i>neomycin-polymyxin-hc otic suspension</i>           | Tier 1 |                |
| <i>ofloxacin otic</i>                                  | Tier 1 |                |

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|---------------------------------------------------------------------------|--------|------------|
| OTOVEL                                                                    | Tier 3 |            |
| <b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***</b>                        |        |            |
| KERYDIN                                                                   | Tier 3 | PA; ST     |
| <b>*OXYTOCICS*</b>                                                        |        |            |
| METHERGINE ORAL                                                           | Tier 1 | QL         |
| <b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***</b>                       |        |            |
| HYQVIA                                                                    | Tier 5 | PA; ST; SP |
| <b>*PASSIVE IMMUNIZING AGENTS*</b>                                        |        |            |
| BIVIGAM                                                                   | NC     | N5; SP     |
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM                | NC     | N5; SP     |
| CUVITRU                                                                   | NC     | N5         |
| CYTOGAM                                                                   | NC     | N5; SP     |
| FLEBOGAMMA DIF                                                            | Tier 4 | PA; SP     |
| GAMASTAN S/D INTRAMUSCULAR INJECTABLE                                     | Tier 5 | SP         |
| GAMMAGARD                                                                 | NC     | N5; SP     |
| GAMMAGARD S/D LESS IGA                                                    | NC     | N5; SP     |
| GAMMAKED                                                                  | NC     | N5; SP     |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML       | Tier 4 | PA; SP     |
| GAMUNEX-C                                                                 | Tier 4 | PA; SP     |
| HEPAGAM B                                                                 | Tier 4 |            |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | NC     | N5; SP     |
| HYPERHEP B S/D                                                            | NC     | N5; SP     |
| HYPERRAB S/D INTRAMUSCULAR INJECTABLE 150 UNIT/ML                         | NC     | N5; SP     |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                     | NC     | N5; SP     |

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| HYPERTET S/D                                                           | NC     | N5; SP     |
| IMOGAM RABIES-HT                                                       | NC     | N5; SP     |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | NC     | N5; SP     |
| NABI-HB                                                                | NC     | N5; SP     |
| OCTAGAM                                                                | Tier 4 | PA; SP     |
| PRIVIGEN                                                               | NC     | N5; SP     |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE    | NC     | N5; SP     |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE                         | NC     | N5; SP     |
| SYNAGIS                                                                | Tier 4 | PA; SP     |
| WINRHO SDF                                                             | NC     | N5; SP     |
| <b>*PCSK9 INHIBITORS***</b>                                            |        |            |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                            | Tier 4 | PA; ST; QL |
| REPATHA                                                                | Tier 4 | PA; ST; QL |
| REPATHA PUSHTRONEX SYSTEM                                              | Tier 4 | PA; ST; QL |
| REPATHA SURECLICK                                                      | Tier 4 | PA; ST; QL |
| <b>*PENICILLINS*</b>                                                   |        |            |
| <i>amoxicillin oral capsule</i>                                        | Tier 1 | LGC        |
| <i>amoxicillin oral suspension reconstituted</i>                       | Tier 1 | LGC        |
| <i>amoxicillin oral tablet</i>                                         | Tier 1 |            |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                 | Tier 1 |            |
| <i>amoxicillin-pot clavulanate er</i>                                  | Tier 1 |            |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i>       | Tier 1 |            |
| <i>amoxicillin-pot clavulanate oral tablet</i>                         | Tier 1 |            |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>    | Tier 1 |            |
| <i>ampicillin oral capsule 500 mg</i>                                  | Tier 1 |            |
| <i>ampicillin sodium injection</i>                                     | Tier 5 |            |
| <i>ampicillin sodium intravenous</i>                                   | Tier 5 |            |

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| <i>ampicillin-sulbactam sodium injection</i>                                                                                                    | Tier 5 |            |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm</i>                                              | Tier 5 |            |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML                                                                                        | Tier 3 |            |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML                                                                                         | NC     | N5         |
| AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG                                                                                                    | NC     | N5         |
| AUGMENTIN XR                                                                                                                                    | NC     | N5         |
| BACTOCILL IN DEXTROSE                                                                                                                           | Tier 3 |            |
| <i>dicloxacillin sodium</i>                                                                                                                     | Tier 1 |            |
| MOXATAG                                                                                                                                         | Tier 3 |            |
| <i>penicillin g pot in dextrose</i>                                                                                                             | Tier 3 |            |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml</i>                                                                            | Tier 1 | LGC        |
| <i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>                                                                            | Tier 1 |            |
| <i>penicillin v potassium oral tablet 250 mg</i>                                                                                                | Tier 1 | LGC        |
| <i>penicillin v potassium oral tablet 500 mg</i>                                                                                                | Tier 1 |            |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | Tier 5 |            |
| UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM, 3 (2-1) GM                                                                                | Tier 3 |            |
| ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED                                                                                                        | NC     |            |
| <b>*PHARMACEUTICAL ADJUVANTS*</b>                                                                                                               |        |            |
| <i>saline bacteriostatic</i>                                                                                                                    | Tier 3 |            |
| <i>saline-benzyl alcohol</i>                                                                                                                    | Tier 3 |            |
| <i>sodium chloride bacteriostatic</i>                                                                                                           | Tier 3 |            |
| <b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***</b>                                                                                      |        |            |
| ZYDELIG                                                                                                                                         | Tier 5 | PA; SP; QL |

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|------------------------------------------------------------|--------|----------------|
| <b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b> |        |                |
| EUCRISA                                                    | NC     |                |
| <b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>           |        |                |
| OTEZLA ORAL TABLET                                         | Tier 4 | PA; ST; SP; QL |
| OTEZLA ORAL TABLET THERAPY PACK                            | Tier 4 | PA; ST; SP; QL |
| <b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**</b>   |        |                |
| LYNPARZA ORAL CAPSULE                                      | Tier 5 | PA; ST; SP; QL |
| LYNPARZA ORAL TABLET                                       | Tier 5 | PA; SP; QL     |
| RUBRACA ORAL TABLET 200 MG, 300 MG                         | Tier 5 | PA; QL         |
| RUBRACA ORAL TABLET 250 MG                                 | Tier 5 | PA; SP; QL     |
| ZEJULA                                                     | Tier 5 | PA; SP; QL     |
| <b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>  |        |                |
| LYNPARZA ORAL CAPSULE                                      | Tier 5 | PA; ST; SP; QL |
| LYNPARZA ORAL TABLET                                       | Tier 5 | PA; SP; QL     |
| RUBRACA ORAL TABLET 200 MG, 300 MG                         | Tier 5 | PA; QL         |
| RUBRACA ORAL TABLET 250 MG                                 | Tier 5 | PA; SP; QL     |
| ZEJULA                                                     | Tier 5 | PA; SP; QL     |
| <b>*POTASSIUM REMOVING AGENTS***</b>                       |        |                |
| <i>kionex oral powder</i>                                  | Tier 1 |                |
| <i>sodium polystyrene sulfonate oral powder</i>            | Tier 1 |                |
| VELTASSA                                                   | Tier 5 | PA; QL         |
| <b>*PROGESTINS*</b>                                        |        |                |
| AYGESTIN                                                   | NC     | N5             |
| MAKENA                                                     | Tier 5 | PA; SP         |
| <i>medroxyprogesterone acetate oral</i>                    | Tier 1 | LGC            |
| MEGACE ES                                                  | NC     | N5             |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>        | Tier 3 |                |

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|--------------------------------------------------------------|--------|----------------|
| <i>norethindrone acetate oral</i>                            | Tier 1 |                |
| <i>progesterone micronized oral</i>                          | Tier 1 | QL             |
| PROMETRIUM                                                   | NC     | N5             |
| PROVERA                                                      | NC     | N5             |
| <b>*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***</b> |        |                |
| ZONTIVITY                                                    | Tier 3 | PA; QL         |
| <b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>   |        |                |
| <i>acamprosate calcium</i>                                   | Tier 1 | QL             |
| AMPYRA                                                       | Tier 4 | PA; SP; QL     |
| ANTABUSE                                                     | NC     | N5             |
| ARICEPT ORAL TABLET 10 MG, 5 MG                              | NC     | N5             |
| ARICEPT ORAL TABLET 23 MG                                    | NC     | N5; AL         |
| AUBAGIO                                                      | Tier 5 | PA; ST; SP; QL |
| AUSTEDO                                                      | Tier 5 | PA; ST; SP; QL |
| AVONEX                                                       | Tier 5 | PA; ST; SP; QL |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                   | Tier 5 | PA; ST; SP; QL |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT         | Tier 5 | PA; ST; SP; QL |
| BETASERON SUBCUTANEOUS KIT                                   | Tier 5 | PA; ST; SP; QL |
| BRISDELLE                                                    | Tier 3 | PA; QL         |
| <i>bupropion hcl er (smoking det)</i>                        | CE     | QL             |
| CHANTIX                                                      | CE     | QL             |
| CHANTIX CONTINUING MONTH PAK                                 | CE     | QL             |
| CHANTIX STARTING MONTH PAK                                   | CE     | QL             |
| <i>chlordiazepoxide-amitriptyline</i>                        | Tier 3 |                |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML    | NC     | N5; SP         |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML    | Tier 4 | PA; SP         |

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|----------------------------------------------------------|--------|----------------|
| <i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i> | Tier 2 | QL             |
| <i>cvs nicotine transdermal patch 24 hour</i>            | CE     | QL             |
| <i>cvs nts step 1</i>                                    | CE     | QL             |
| <i>disulfiram oral</i>                                   | Tier 1 |                |
| <i>donepezil hcl oral tablet 10 mg</i>                   | Tier 1 | PA; QL         |
| <i>donepezil hcl oral tablet 23 mg</i>                   | Tier 3 | PA; AL         |
| <i>donepezil hcl oral tablet 5 mg</i>                    | Tier 1 | PA; AL         |
| <i>donepezil hcl oral tablet dispersible</i>             | Tier 1 | PA             |
| <i>eq nicotine transdermal</i>                           | CE     | QL             |
| <i>ergoloid mesylates oral</i>                           | Tier 3 |                |
| EXELON TRANSDERMAL                                       | NC     | N5             |
| EXTAVIA SUBCUTANEOUS KIT                                 | Tier 5 | PA; ST; SP; QL |
| <i>fluoxetine hcl (pmdd)</i>                             | Tier 1 |                |
| <i>galantamine hydrobromide</i>                          | Tier 3 | PA; AL         |
| <i>galantamine hydrobromide er</i>                       | Tier 3 | PA; AL         |
| GILENYA                                                  | Tier 4 | PA; SP; QL     |
| <i>glatopa</i>                                           | Tier 4 | PA             |
| GRALISE ORAL TABLET 300 MG, 600 MG                       | Tier 3 | ST; QL         |
| GRALISE STARTER                                          | Tier 3 | ST; QL         |
| <i>hm nicotine</i>                                       | CE     | QL             |
| <i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>  | Tier 2 | QL             |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG     | Tier 3 | PA; ST; QL     |
| INGREZZA                                                 | Tier 5 | PA; SP; QL     |
| LEMTRADA                                                 | Tier 5 | PA; ST; SP; QL |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>             | Tier 1 | QL; AL         |
| <i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>       | Tier 1 | AL             |
| NAMENDA ORAL TABLET                                      | NC     | N5             |
| NAMENDA TITRATION PAK                                    | NC     | N5             |
| NAMENDA XR                                               | Tier 2 | PA; #; AL      |
| NAMENDA XR TITRATION PACK                                | Tier 3 | #              |
| NICODERM CQ                                              | CE     | QL             |

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| <b>Drug</b>                                                       | <b>Status</b> | <b>Notes</b>   |
|-------------------------------------------------------------------|---------------|----------------|
| <i>nicorelief mouth/throat gum</i>                                | Tier 2        | QL             |
| NICORETTE MOUTH/THROAT GUM                                        | CE            | QL             |
| NICORETTE MOUTH/THROAT LOZENGE                                    | CE            |                |
| <i>nicotine polacrilex mouth/throat gum 4 mg</i>                  | Tier 2        |                |
| <i>nicotine step 1</i>                                            | CE            | QL             |
| <i>nicotine step 2</i>                                            | CE            | QL             |
| <i>nicotine step 3</i>                                            | CE            | QL             |
| <i>nicotine transdermal patch 24 hour</i>                         | CE            | QL             |
| NICOTROL                                                          | CE            | QL             |
| NICOTROL NS                                                       | CE            | QL             |
| NUEDEXTA                                                          | Tier 2        | QL             |
| <i>olanzapine-fluoxetine hcl</i>                                  | Tier 1        | QL             |
| ORAP                                                              | NC            | N5             |
| <i>paroxetine mesylate</i>                                        | Tier 3        | QL             |
| <i>perphenazine-amitriptyline</i>                                 | Tier 1        |                |
| <i>pimozide</i>                                                   | Tier 3        |                |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR          | Tier 5        | PA; ST; SP; QL |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE     | Tier 5        | PA; ST; SP     |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | Tier 5        | PA; ST; SP; QL |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | Tier 5        | PA; ST; SP     |
| <i>ra nicotine transdermal</i>                                    | CE            | QL             |
| RAZADYNE ER                                                       | NC            | N5; AL         |
| RAZADYNE ORAL TABLET                                              | NC            | N5             |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | Tier 4        | PA; SP; QL     |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier 4        | PA; SP; QL     |

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| Drug                                                                                        | Status | Notes          |
|---------------------------------------------------------------------------------------------|--------|----------------|
| REBIF SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                            | Tier 4 | PA; SP; QL     |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                          | Tier 4 | PA; SP; QL     |
| <i>rivastigmine</i>                                                                         | Tier 3 | PA             |
| <i>rivastigmine tartrate</i>                                                                | Tier 3 | PA             |
| SARAFEM ORAL TABLET 10 MG, 20 MG                                                            | Tier 3 |                |
| SAVELLA                                                                                     | Tier 3 | ST; QL         |
| SAVELLA TITRATION PACK                                                                      | Tier 3 | ST; QL         |
| <i>sm nicotine transdermal</i>                                                              | CE     | QL             |
| SYMBYAX                                                                                     | NC     | N5             |
| TECFIDERA                                                                                   | Tier 5 | PA; ST; SP; QL |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                             | Tier 4 | PA; QL         |
| <i>tgt nicotine step one</i>                                                                | CE     | QL             |
| <i>tgt nicotine step three</i>                                                              | CE     | QL             |
| <i>tgt nicotine step two</i>                                                                | CE     | QL             |
| <i>thrive mouth/throat gum 2 mg</i>                                                         | Tier 2 | QL             |
| TYSABRI                                                                                     | Tier 5 | PA; ST; SP     |
| XENAZINE                                                                                    | NC     | N5; SP         |
| XYREM                                                                                       | Tier 5 | PA; SP         |
| ZINBRYTA                                                                                    | Tier 5 | PA; ST; QL     |
| ZYBAN                                                                                       | CE     | QL             |
| <b>*PULMONARY FIBROSIS AGENTS -<br/>KINASE INHIBITORS***</b>                                |        |                |
| OFEV                                                                                        | Tier 5 | PA; SP; QL     |
| <b>*PULMONARY FIBROSIS AGENTS***</b>                                                        |        |                |
| ESBRIET ORAL CAPSULE                                                                        | Tier 5 | PA; SP; QL     |
| ESBRIET ORAL TABLET 267 MG, 801 MG                                                          | Tier 5 | PA; SP; QL     |
| <b>*PULMONARY HYPERTENSION -<br/>PROSTACYCLIN RECEPTOR<br/>AGONIST***</b>                   |        |                |
| UPTRAVI ORAL TABLET 1000 MCG, 1200<br>MCG, 1400 MCG, 1600 MCG, 400 MCG, 600<br>MCG, 800 MCG | Tier 5 | PA; SP; QL     |

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|--------------------------------------------------------------------------------------------------|--------|------------|
| UPTRAVI ORAL TABLET 200 MCG                                                                      | Tier 5 | PA; SP     |
| UPTRAVI ORAL TABLET THERAPY PACK                                                                 | Tier 5 | PA; SP     |
| <b>*RESPIRATORY AGENTS - MISC.*</b>                                                              |        |            |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG                                    | Tier 5 | PA; SP     |
| GLASSIA                                                                                          | Tier 5 | PA; SP     |
| KALYDECO                                                                                         | Tier 5 | PA; SP; QL |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG                                           | Tier 5 | PA; SP     |
| PULMOZYME                                                                                        | Tier 4 | PA; SP; QL |
| ZEMAIRA                                                                                          | Tier 5 | PA; SP     |
| <b>*SEROTONIN MODULATORS***</b>                                                                  |        |            |
| <i>nefazodone hcl</i>                                                                            | Tier 3 |            |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                           | Tier 1 | LGC        |
| <i>trazodone hcl oral tablet 300 mg</i>                                                          | Tier 1 |            |
| TRINTELLIX                                                                                       | Tier 3 | PA; ST; QL |
| VIIBRYD ORAL TABLET                                                                              | Tier 3 | QL         |
| VIIBRYD STARTER PACK                                                                             | Tier 3 |            |
| <b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***</b>                                        |        |            |
| GLYXAMBI                                                                                         | Tier 3 | ST; QL     |
| <b>*SINUS NODE INHIBITORS**</b>                                                                  |        |            |
| CORLANOR                                                                                         | Tier 3 | PA; ST; QL |
| <b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>                              |        |            |
| INVOKAMET                                                                                        | Tier 2 | QL         |
| INVOKAMET XR                                                                                     | Tier 2 | QL         |
| SYNJARDY                                                                                         | Tier 3 | QL         |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | Tier 3 | QL         |

| Drug                                                                                      | Status | Notes |
|-------------------------------------------------------------------------------------------|--------|-------|
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG | Tier 3 | QL    |
| <b>*SULFONAMIDES*</b>                                                                     |        |       |
| <i>sulfadiazine oral</i>                                                                  | Tier 3 |       |
| <b>*TETRACYCLINES*</b>                                                                    |        |       |
| ACTICLATE                                                                                 | NC     |       |
| ADOXA ORAL CAPSULE                                                                        | NC     |       |
| <i>avidoxy</i>                                                                            | NC     |       |
| AVIDOXY DK                                                                                | NC     |       |
| <i>demeclocycline hcl oral</i>                                                            | Tier 3 |       |
| DORYX MPC                                                                                 | NC     |       |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG                                           | NC     |       |
| <i>doxy 100</i>                                                                           | Tier 3 |       |
| <i>doxycycline hyclate intravenous</i>                                                    | Tier 3 |       |
| <i>doxycycline hyclate oral capsule</i>                                                   | Tier 1 |       |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                             | Tier 1 |       |
| <i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>                                      | NC     |       |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                              | Tier 3 |       |
| <i>doxycycline hyclate oral tablet delayed release</i>                                    | NC     |       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                 | NC     |       |
| <i>doxycycline monohydrate oral capsule 50 mg</i>                                         | Tier 1 |       |
| <i>doxycycline monohydrate oral tablet</i>                                                | NC     |       |
| MINOCIN ORAL CAPSULE 100 MG, 50 MG                                                        | NC     | N5    |
| <i>minocycline hcl er</i>                                                                 | NC     |       |
| <i>minocycline hcl oral capsule 100 mg, 75 mg</i>                                         | Tier 1 |       |
| <i>minocycline hcl oral capsule 50 mg</i>                                                 | NC     |       |
| <i>minocycline hcl oral tablet</i>                                                        | NC     |       |
| MONDOXYNE NL ORAL CAPSULE 75 MG                                                           | NC     |       |
| MONODOX ORAL CAPSULE 100 MG                                                               | Tier 3 |       |

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| Drug                                                                                                                                  | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| MONODOX ORAL CAPSULE 75 MG                                                                                                            | NC     |       |
| MORGIDOX COMBINATION                                                                                                                  | NC     |       |
| MORGIDOX ORAL CAPSULE 100 MG                                                                                                          | Tier 1 |       |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG                                                      | NC     |       |
| TARGADOX                                                                                                                              | NC     |       |
| <i>tetracycline hcl oral</i>                                                                                                          | Tier 1 |       |
| VIBRAMYCIN ORAL CAPSULE                                                                                                               | NC     | N5    |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED                                                                                              | Tier 3 |       |
| VIBRAMYCIN ORAL SYRUP                                                                                                                 | Tier 3 |       |
| <b>*THYROID AGENTS*</b>                                                                                                               |        |       |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 90 MG                                                        | Tier 3 |       |
| ARMOUR THYROID ORAL TABLET 60 MG                                                                                                      | NC     | N5    |
| CYTOMEL                                                                                                                               | NC     | N5    |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | LGC   |
| <i>levothyroxine sodium oral tablet 300 mcg</i>                                                                                       | Tier 1 |       |
| <i>levoxyl</i>                                                                                                                        | Tier 1 | LGC   |
| <i>liothyronine sodium intravenous</i>                                                                                                | Tier 3 |       |
| <i>liothyronine sodium oral</i>                                                                                                       | Tier 1 |       |
| <i>methimazole oral</i>                                                                                                               | Tier 1 |       |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 162.5 MG, 195 MG, 260 MG, 325 MG, 81.25 MG                                    | Tier 3 |       |
| NATURE-THROID ORAL TABLET 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 97.5 MG                                                                 | Tier 2 |       |
| <i>np thyroid oral tablet 60 mg</i>                                                                                                   | Tier 1 |       |
| <i>propylthiouracil oral</i>                                                                                                          | Tier 1 |       |
| SYNTHROID                                                                                                                             | NC     | N5    |

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|-------------------------------------------------------------------------------------------------------------------|--------|---------------|
| TAPAZOLE ORAL TABLET 5 MG                                                                                         | NC     | N5            |
| THYROLAR-1                                                                                                        | Tier 3 |               |
| THYROLAR-1/2                                                                                                      | Tier 3 |               |
| THYROLAR-1/4                                                                                                      | Tier 3 |               |
| THYROLAR-2                                                                                                        | Tier 3 |               |
| THYROLAR-3                                                                                                        | Tier 3 |               |
| TIROSINT                                                                                                          | Tier 3 | QL            |
| <i>unithroid direct</i>                                                                                           | Tier 1 |               |
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | LGC           |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG                                                     | Tier 3 |               |
| WP THYROID ORAL TABLET 113.75 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG                           | Tier 3 |               |
| WP THYROID ORAL TABLET 130 MG                                                                                     | Tier 2 |               |
| <b>*TOXOIDS*</b>                                                                                                  |        |               |
| ADACEL                                                                                                            | Tier 2 |               |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5                                                                      | Tier 2 |               |
| <b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>                                                                      |        |               |
| XERMELO                                                                                                           | Tier 5 | PA; QL        |
| <b>*ULCER DRUGS*</b>                                                                                              |        |               |
| <i>acid control</i>                                                                                               | NC     |               |
| <i>acid reducer oral tablet 150 mg</i>                                                                            | NC     |               |
| ACIPHEX                                                                                                           | NC     | N5            |
| ACIPHEX SPRINKLE                                                                                                  | Tier 3 | PA; ST; #; QL |
| <i>amoxicill-clarithro-lansopraz</i>                                                                              | Tier 1 |               |
| ANASPAZ                                                                                                           | NC     | N5            |
| <i>belladonna alkaloids-opium</i>                                                                                 | Tier 3 |               |
| <i>belladonna-opium</i>                                                                                           | Tier 3 |               |
| BENTYL INTRAMUSCULAR                                                                                              | Tier 3 |               |

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|------------------------------------------------------------------|--------|------------|
| BENTYL ORAL CAPSULE                                              | NC     | N5         |
| BENTYL ORAL TABLET                                               | NC     | N5         |
| CARAFATE ORAL SUSPENSION                                         | Tier 3 |            |
| CARAFATE ORAL TABLET                                             | NC     | N5         |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>             | Tier 1 |            |
| CUVPOSA                                                          | Tier 3 |            |
| <i>cvs lansoprazole</i>                                          | Tier 1 | Select OTC |
| DEXILANT                                                         | Tier 3 | PA; ST; QL |
| <i>dicyclomine hcl oral capsule</i>                              | Tier 1 | LGC        |
| <i>dicyclomine hcl oral solution</i>                             | Tier 1 |            |
| <i>dicyclomine hcl oral tablet</i>                               | Tier 1 | LGC        |
| DONNATAL ORAL TABLET                                             | Tier 3 |            |
| <i>eq lansoprazole</i>                                           | Tier 1 | Select OTC |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i> | Tier 3 | QL         |
| <i>esomeprazole strontium</i>                                    | NC     |            |
| <i>famotidine oral suspension reconstituted</i>                  | Tier 1 |            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                       | Tier 1 | LGC        |
| <i>famotidine premixed</i>                                       | Tier 3 |            |
| <i>glycopyrrolate injection solution 4 mg/20ml</i>               | Tier 3 |            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                     | Tier 3 |            |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                         | NC     |            |
| <i>gnp lansoprazole</i>                                          | Tier 1 | Select OTC |
| <i>heartburn treatment 24 hour</i>                               | Tier 1 | Select OTC |
| <i>hm lansoprazole</i>                                           | Tier 1 | Select OTC |
| <i>kls lansoprazole</i>                                          | Tier 1 | Select OTC |
| <i>lansoprazole oral capsule delayed release 15 mg</i>           | Tier 1 | Select OTC |
| <i>lansoprazole oral capsule delayed release 30 mg</i>           | NC     |            |
| LEVBIID                                                          | NC     | N5         |
| LEVSIN ORAL TABLET                                               | NC     | N5         |
| LEVSIN/SL                                                        | NC     | N5         |
| <i>methscopolamine bromide oral</i>                              | Tier 3 |            |
| <i>misoprostol oral</i>                                          | Tier 1 |            |

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|--------------------------------------------------------------|--------|----------------|
| NEXIUM 24HR                                                  | Tier 1 | Select OTC; QL |
| NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG         | Tier 3 |                |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG                    | NC     | N5             |
| NEXIUM ORAL PACKET                                           | Tier 3 | #; QL          |
| <i>nizatidine oral capsule</i>                               | Tier 1 |                |
| <i>nizatidine oral solution</i>                              | Tier 3 |                |
| OMECLAMOX-PAK                                                | Tier 3 |                |
| <i>omeprazole magnesium</i>                                  | Tier 1 | Select OTC     |
| <i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>  | Tier 1 |                |
| <i>omeprazole oral tablet delayed release</i>                | Tier 1 | Select OTC     |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i> | Tier 1 | Select OTC     |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i> | NC     |                |
| <i>omeprazole-sodium bicarbonate oral packet</i>             | NC     |                |
| <i>pantoprazole sodium oral</i>                              | Tier 1 |                |
| PEPCID ORAL SUSPENSION RECONSTITUTED                         | NC     | N5             |
| PREVACID                                                     | NC     |                |
| PREVACID 24HR                                                | NC     |                |
| PREVACID SOLUTAB                                             | Tier 3 | PA; ST; QL; AL |
| PREVPAC                                                      | NC     | N5             |
| PRILOSEC ORAL CAPSULE DELAYED RELEASE 20 MG                  | NC     | N5             |
| PRILOSEC ORAL PACKET                                         | NC     |                |
| PRILOSEC OTC                                                 | Tier 1 | Select OTC; QL |
| <i>propantheline bromide oral</i>                            | Tier 1 |                |
| PROTONIX INTRAVENOUS                                         | Tier 3 |                |
| PROTONIX ORAL PACKET                                         | Tier 3 |                |
| PROTONIX ORAL TABLET DELAYED RELEASE                         | NC     | N5             |
| PYLERA                                                       | Tier 3 |                |

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|------------------------------------------------------------|--------|----------------|
| <i>ra lansoprazole</i>                                     | Tier 1 | Select OTC     |
| <i>ra omeprazole-sodium bicarb</i>                         | Tier 1 | Select OTC     |
| <i>rabeprazole sodium</i>                                  | Tier 1 | PA; QL         |
| <i>ranitidine hcl injection solution 50 mg/2ml</i>         | Tier 3 |                |
| <i>ranitidine hcl oral capsule</i>                         | Tier 1 |                |
| <i>ranitidine hcl oral syrup 75 mg/5ml</i>                 | Tier 1 |                |
| <i>ranitidine hcl oral tablet 300 mg</i>                   | Tier 1 | LGC            |
| ROBINUL ORAL                                               | NC     | N5             |
| ROBINUL-FORTE                                              | NC     | N5             |
| <i>sm lansoprazole</i>                                     | Tier 1 | Select OTC     |
| <i>sucralfate oral tablet</i>                              | Tier 1 |                |
| SYMAX DUOTAB                                               | NC     |                |
| ZANTAC INJECTION SOLUTION 1000 MG/40ML                     | Tier 3 |                |
| ZANTAC ORAL TABLET 300 MG                                  | NC     | N5             |
| ZEGERID                                                    | NC     |                |
| ZEGERID OTC                                                | Tier 1 | Select OTC; QL |
| <b>*URINARY ANTI-INFECTIVES*</b>                           |        |                |
| FURADANTIN                                                 | NC     | N5             |
| HIPREX                                                     | NC     | N5             |
| MACROBID                                                   | NC     | N5             |
| MACRODANTIN ORAL CAPSULE 100 MG                            | NC     | N5             |
| MACRODANTIN ORAL CAPSULE 25 MG, 50 MG                      | NC     | N5; #          |
| <i>methenamine hippurate</i>                               | Tier 1 |                |
| <i>methenamine mandelate oral tablet 0.5 gm</i>            | Tier 1 |                |
| <i>nitrofurantoin macrocrystal oral capsule 50 mg</i>      | Tier 1 |                |
| <i>nitrofurantoin monohyd macro</i>                        | Tier 1 |                |
| <i>nitrofurantoin oral suspension</i>                      | Tier 1 |                |
| <b>*URINARY ANTISPASMODICS*</b>                            |        |                |
| <i>bethanechol chloride oral tablet 10 mg, 5 mg, 50 mg</i> | Tier 1 |                |
| <i>darifenacin hydrobromide er</i>                         | Tier 3 | QL             |

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|---------------------------------------------------------------------------------------|--------|---------------|
| DETROL                                                                                | NC     | N5            |
| DETROL LA                                                                             | NC     | N5            |
| DITROPAN XL                                                                           | NC     | N5            |
| ENABLEX                                                                               | Tier 3 | ST; #; QL     |
| <i>flavoxate hcl</i>                                                                  | Tier 1 |               |
| GELNIQUE TRANSDERMAL GEL 10 %                                                         | Tier 3 | ST            |
| MYRBETRIQ                                                                             | Tier 2 | ST; QL        |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | Tier 1 | QL            |
| <i>oxybutynin chloride oral syrup</i>                                                 | Tier 1 |               |
| <i>oxybutynin chloride oral tablet</i>                                                | Tier 1 | LGC; QL       |
| OXYTROL                                                                               | NC     |               |
| OXYTROL FOR WOMEN                                                                     | Tier 1 | #; Select OTC |
| <i>tolterodine tartrate</i>                                                           | Tier 1 |               |
| <i>tolterodine tartrate er</i>                                                        | Tier 3 | QL            |
| TOVIAZ                                                                                | Tier 3 | ST; QL        |
| <i>trospium chloride</i>                                                              | Tier 1 | QL            |
| <i>trospium chloride er</i>                                                           | Tier 1 | QL            |
| URECHOLINE                                                                            | NC     | N5            |
| VESICARE                                                                              | Tier 2 | ST; #; QL     |
| <b>*VAGINAL PRODUCTS*</b>                                                             |        |               |
| AVC VAGINAL                                                                           | Tier 3 |               |
| CLEOCIN VAGINAL CREAM                                                                 | NC     | N5            |
| CLEOCIN VAGINAL SUPPOSITORY                                                           | Tier 3 |               |
| <i>clindamycin phosphate vaginal</i>                                                  | Tier 1 |               |
| CRINONE                                                                               | Tier 3 |               |
| ENDOMETRIN                                                                            | Tier 3 |               |
| ESTRACE VAGINAL                                                                       | Tier 3 |               |
| ESTRING                                                                               | Tier 3 |               |
| FEM PH                                                                                | Tier 3 |               |
| FEMRING                                                                               | Tier 3 | #; QL         |
| GYNAZOLE-1                                                                            | Tier 3 |               |
| INTRAROSA                                                                             | Tier 3 | QL            |

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| METROGEL-VAGINAL                                    | NC     | N5    |
| <i>metronidazole vaginal</i>                        | Tier 1 |       |
| <i>miconazole 3 vaginal suppository</i>             | Tier 3 |       |
| PREMARIN VAGINAL                                    | Tier 2 |       |
| RELAGARD                                            | Tier 3 |       |
| <i>terconazole</i>                                  | Tier 1 |       |
| VAGIFEM VAGINAL TABLET 10 MCG                       | Tier 3 |       |
| <i>vandazole</i>                                    | Tier 1 |       |
| YUVAFEM                                             | Tier 3 |       |
| <b>*VASOPRESSORS*</b>                               |        |       |
| ADRENALIN INJECTION                                 | NC     |       |
| ADYPHREN                                            | Tier 3 | QL    |
| ADYPHREN AMP II                                     | Tier 3 | QL    |
| ADYPHREN II                                         | Tier 3 | QL    |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR             | NC     |       |
| <i>epinephrine injection solution auto-injector</i> | Tier 1 | QL    |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR       | Tier 2 | QL    |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR    | Tier 2 | QL    |
| EPISNAP                                             | Tier 3 | QL    |
| <i>midodrine hcl</i>                                | Tier 1 | SP    |
| <b>*VITAMINS*</b>                                   |        |       |
| <i>aqueous vitamin d</i>                            | CE     |       |
| BIO-D-MULSION FORTE                                 | NC     |       |
| CALCIDOL                                            | NC     |       |
| CALCIFEROL                                          | NC     |       |
| <i>cvs d3 oral capsule 2000 unit, 5000 unit</i>     | NC     |       |
| <i>d 10000</i>                                      | NC     |       |
| <i>d 5000 oral capsule</i>                          | NC     |       |
| <i>d-2000 maximum strength</i>                      | NC     |       |
| <i>d2000 ultra strength</i>                         | NC     |       |
| D3 DOTS                                             | NC     |       |

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| <i>d3 maximum strength</i>                                | NC     |       |
| <i>d3 super strength</i>                                  | NC     |       |
| <i>d3-1000 oral capsule</i>                               | CE     |       |
| <i>d-3-5</i>                                              | NC     |       |
| <i>d-5000</i>                                             | NC     |       |
| DDROPS ORAL LIQUID 2000<br>UNT/0.03ML, 2000 UT/0.028ML    | NC     |       |
| DECARA                                                    | NC     |       |
| <i>delta d3</i>                                           | CE     |       |
| DIALYVITE VITAMIN D 5000                                  | NC     |       |
| DIALYVITE VITAMIN D3 MAX                                  | NC     |       |
| DRISDOL ORAL CAPSULE                                      | NC     | N5    |
| D-VI-SOL                                                  | CE     |       |
| <i>eql vitamin d3 oral capsule 2000 unit, 5000 unit</i>   | NC     |       |
| <i>ergocal</i>                                            | Tier 3 |       |
| <i>ergocalciferol oral capsule</i>                        | Tier 1 |       |
| <i>gnp vitamin d maximum strength</i>                     | NC     |       |
| <i>gnp vitamin d oral tablet 1000 unit</i>                | CE     |       |
| <i>gnp vitamin d super strength</i>                       | NC     |       |
| <i>hm vitamin d3</i>                                      | NC     |       |
| MAXIMUM D3                                                | NC     |       |
| MEPHYTON                                                  | Tier 2 | QL    |
| <i>nat-rul vitamin d oral tablet 2000 unit, 5000 unit</i> | NC     |       |
| <i>natural vitamin d-3</i>                                | NC     |       |
| OPTIMAL D3 M                                              | NC     |       |
| OPTIMAL-D                                                 | NC     |       |
| OPURITY VITAMIN D                                         | NC     |       |
| <i>pa vitamin d-3 oral capsule 5000 unit</i>              | NC     |       |
| POTABA ORAL CAPSULE                                       | Tier 3 |       |
| <i>ra vitamin d-3 oral capsule 5000 unit</i>              | NC     |       |
| REPLESTA                                                  | NC     |       |
| REPLESTA CHILDRENS                                        | NC     |       |
| REPLESTA NX                                               | NC     |       |

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|----------------------------------------------------------------------------|---------------|--------------|
| <i>sm vitamin d3 oral capsule</i>                                          | NC            |              |
| <i>super daily d3 oral liquid 2000 ut/0.028ml</i>                          | NC            |              |
| THERA-D 2000                                                               | NC            |              |
| THERA-D 4000                                                               | NC            |              |
| THERA-D RAPID REPLETION                                                    | NC            |              |
| <i>vitamin d (ergocalciferol)</i>                                          | Tier 1        |              |
| <i>vitamin d oral capsule 2000 unit</i>                                    | NC            |              |
| <i>vitamin d oral tablet 2000 unit</i>                                     | NC            |              |
| <i>vitamin d2 oral tablet 2000 unit</i>                                    | NC            |              |
| <i>vitamin d3 maximum strength</i>                                         | NC            |              |
| <i>vitamin d3 oral capsule 10000 unit, 5000 unit, 50000 unit</i>           | NC            |              |
| <i>vitamin d3 oral liquid 5000 unit/ml</i>                                 | NC            |              |
| <i>vitamin d3 oral tablet 10000 unit, 3000 unit, 5000 unit, 50000 unit</i> | NC            |              |
| <i>vitamin d3 oral tablet 400 unit</i>                                     | CE            |              |
| <i>vitamin d3 oral tablet chewable 2000 unit, 5000 unit</i>                | NC            |              |
| <i>vitamin d3 super strength oral tablet</i>                               | NC            |              |



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