



# 2026 Formulary

(List of Covered Drugs or "Drug List")

- | FHCP Medicare Rx Plus (HMO-POS)
- | FHCP Medicare Premier Classic (HMO)

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

This formulary was updated on 04/21/2026. For more recent information or other questions, please contact us, FHCP Medicare Member Services at 1-833-866-6559 (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays. Or visit [www.fhcpmedicare.com](http://www.fhcpmedicare.com).

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means FHCP Medicare. When it refers to “plan” or “our plan,” it means FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO).

This document includes the Drug List (formulary) for our plan which is current as of 04/21/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

### **What is the FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO) formulary?**

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

### **Can the formulary change?**

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO)’s formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/02/2025. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Our plan issues monthly formulary updates to our website ([www.fhcpmedicare.com](http://www.fhcpmedicare.com)) and in print by request.

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

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

#### **Medical Condition**

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page page 84. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 31 tablets per prescription for Januvia 50MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO)'s formulary?" on page 5 for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

## **How do I request an exception to the FHCP Medicare RX Plus (HMO-POS) and FHCP Medicare Classic (HMO)'s formulary?**

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

**Note:** Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use the exceptions and appeals processes. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Medicare Part A covered stay.

When a member is admitted to or discharged from an LTC facility and does not have access to the remainder of the previously dispensed prescription, a one-time override of the “refill too soon” edit will be provided for each medication. Early refill edits are not used to limit appropriate and necessary access to a member’s Part D benefit, and such members are allowed to access a refill upon admission or discharge.

### **For more information**

For more detailed information about your plan’s prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

### **Our Plan’s formulary**

The formulary that begins on page 12 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *tamsulosin*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

## List of Abbreviations

**Tier 1:** Preferred Generic

**Tier 2:** Generic

**Tier 3:** Preferred Brand

**Tier 4:** Non-Preferred Drug

**Tier 5:** Specialty

**Tier 6:** Vaccine

**(DL) Dispensing Limit:** Cannot be dispensed for more than a 31-day supply.

**(LA) Limited Access:** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call FHCP Medicare Member Services at 1-833-866-6559 (TTY users should call 1-800-955-8770. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays., or visit [www.fhcpmedicare.com](http://www.fhcpmedicare.com).

**(B/D) Part B vs. Part D Prior Authorization Required:** Part B vs. Part D administrative prior authorization required. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Part B medications must be obtained from FHCP Pharmacies.

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

**(QL) Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 31 tablets per prescription for Januvia 50mg. This appears on the formulary as "31 EA per 31 days" which means coverage is limited to 31 tablets every 31 days, or 1 tablet per day.

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

### **Distribution Types**

- **(RO) Retail Only:** Must be filled at a retail pharmacy. Mail order delivery not available.
- **(RM) Retail and Mail:** May be filled at a retail pharmacy or the FHCP mail order pharmacy.
- **(SP) Specialty Pharmacy Only:** Certain drugs can only be filled via specialty pharmacies.

### Deductible and Initial Coverage Stages

The copayment/coinsurance amounts that you pay in each drug tier at a Preferred Retail (31-day supply), Standard Retail (31-day supply), or through FHCP’s Mail Order pharmacy (93-day supply) are listed below.

| FHCP Medicare Rx Plus (HMO-POS) |  |        |        |        |        |             |             |
|---------------------------------|--|--------|--------|--------|--------|-------------|-------------|
| Deductible                      | \$615 – Only applies to drugs in Tiers 4 and 5 |        |        |        |        |             |             |
| Initial Coverage                |  |        |        |        |        |             |             |
| Pharmacy Type                   | Day Supply                                     | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 5      | Tier 6      |
| Preferred Retail                | 1 Month Supply                                 | \$0    | \$0    | \$42   | 25%    | 25%         | \$0         |
| Standard Retail                 | 1 Month Supply                                 | \$17   | \$20   | \$47   | 25%    | 25%         | \$0         |
| Mail Order                      | 3 Month Supply                                 | \$0    | \$0    | \$123  | 25%    | Not Covered | Not Covered |

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

You won’t pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

| FHCP Medicare Classic (HMO) |  |        |        |        |        |             |             |
|-----------------------------|--|--------|--------|--------|--------|-------------|-------------|
| Deductible                  | \$615 – Only applies to drugs in Tiers 4 and 5 |        |        |        |        |             |             |
| Initial Coverage            |  |        |        |        |        |             |             |
| Pharmacy Type               | Day Supply                                     | Tier 1 | Tier 2 | Tier 3 | Tier 4 | Tier 5      | Tier 6      |
| Preferred Retail            | 1 Month Supply                                 | \$0    | \$10   | \$44   | 25%    | 25%         | \$0         |
| Standard Retail             | 1 Month Supply                                 | \$17   | \$20   | \$47   | 25%    | 25%         | \$0         |
| Mail Order                  | 3 Month Supply                                 | \$0    | \$27   | \$129  | 25%    | Not Covered | Not Covered |

You won’t pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

You won’t pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

## Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide:

- People with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, which may include:
  - Qualified Interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact:

- Florida Health Care Plans (Group & Individual): 1-877-615-4022
- FHCP Medicare: 1-833-866-6559

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Florida Health Care Plans (Group & Individual members):**

Florida Health Care Plans  
Civil Rights Coordinator  
PO Box 9910  
Daytona Beach, FL 32120-0910  
Phone: 1-844-219-6137  
TTY: 1-800-955-8770  
Fax: 386-676-7149,  
Email: [rights@fhcp.com](mailto:rights@fhcp.com)

### **FHCP Medicare members:**

FHCP Medicare  
Civil Rights Coordinator  
PO Box 9910  
Daytona Beach, FL 32120-0910  
Phone: 1-844-219-6137  
TTY: 1-800-955-8770  
Fax: 386-676-7149  
Email: [rights@fhcp.com](mailto:rights@fhcp.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-877-615-4022, a Medicare al 1-833-866-6559, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòm ki disponib gratis. Rele nan 1-877-615-4022, oswa rele Medicare nan 1-833-866-6559 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-877-615-4022 医疗保险 (Medicare) 1-833-866-6559 听障专线 (TTY) 711。

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-877-615-4022, le Medicare au 1-833-866-6559 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-877-615-4022, Medicare 1-833-866-6559 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على  
1-877-615-4022 برنامج Medicare: 1-833-866-6559 (TTY: 711) لذوي الإعاقة السمعية)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-877-615-4022, Medicare: 1-833-866-6559, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-877-615-4022, 메디케어 1-833-866-6559, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફોર્મટ સેવાઓ ઉપલબ્ધ છે.  
1-877-615-4022, Medicare 1-833-866-6559, (TTY 711) પર કોલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-877-615-4022、メディケア 1-833-866-6559 (TTY 711) までお電話ください。

T'áá free yíníłta'go saad bee áká anilyeedígíí, alk'ida'ánígíí, dóo t'áá ajiłii hane' bee áká anilyeedígíí t'éiyá éí hołne'. 1-877-615-4022 bich'į' náhodoonih, Medicare bich'į' 1-833-866-6559 bich'į' náhodoonih, (TTY 711).

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| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>       |
|--|-------------|----------------------------------|
| <b>Analgesics</b>  |             |                                  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>   | Tier 2      | RO; DL                           |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>                         | Tier 2      | RM                               |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>   | Tier 2      | RM                               |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                     | Tier 2      | RM                               |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                      | Tier 2      | RM                               |
| <i>diclofenac sodium external solution 1.5 %</i>   | Tier 2      | PA; RO                           |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                         | Tier 2      | RM                               |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>                   | Tier 2      | RM                               |
| <i>etodolac oral capsule 200 mg, 300 mg</i>  | Tier 2      | RM                               |
| <i>etodolac oral tablet 400 mg, 500 mg</i>   | Tier 2      | RM                               |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 2      | PA; RO; DL                       |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>                                   | Tier 2      | RO; QL (2700 ML per 30 days); DL |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>                     | Tier 2      | RM                               |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>   | Tier 2      | RO; DL                           |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>  | Tier 2      | RM                               |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>  | Tier 1      | RM                               |
| <i>indomethacin er oral capsule extended release 75 mg</i>                                       | Tier 2      | RM                               |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>  | Tier 2      | RM                               |
| <i>ketorolac tromethamine oral tablet 10 mg</i>  | Tier 2      | RM; QL (20 EA per 31 days)       |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>   | Tier 1      | RM                               |
| <i>methadone hcl oral solution 5 mg/5ml</i>  | Tier 2      | RO; DL                           |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i>   | Tier 2      | RM                               |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>                                   | Tier 2      | RO; DL                           |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>      | Tier 2      | RM                               |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>                                       | Tier 2      | RO; DL                           |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>   | Tier 2      | RM                               |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>   | Tier 2      | RM                               |
| <i>naproxen oral suspension 125 mg/5ml</i>   | Tier 2      | RO; DL                           |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>      |
|--|-------------|---------------------------------|
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>   | Tier 1      | RM                              |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>  | Tier 2      | RO; DL                          |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                          | Tier 2      | RM                              |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>     | Tier 2      | RM                              |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>   | Tier 2      | RM                              |
| <i>sulindac oral tablet 150 mg, 200 mg</i>   | Tier 2      | RM                              |
| <i>tramadol hcl oral tablet 50 mg</i>  | Tier 2      | RM                              |
| <b>Anesthetics</b>   |             |                                 |
| <i>lidocaine external ointment 5 %</i>   | Tier 2      | RO; QL (120 GM per 30 days); DL |
| <i>lidocaine external patch 5 %</i>  | Tier 2      | PA; RO; DL                      |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>                                     | Tier 2      | RO; DL                          |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                                       | Tier 2      | RO; QL (30 GM per 30 days); DL  |
| <b>Anti-Addiction/ Substance Abuse Treatment Agents</b>                                    |             |                                 |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                              | Tier 2      | RM                              |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                           | Tier 2      | RO; DL                          |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>             | Tier 4      | RM                              |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>        | Tier 2      | RO; DL                          |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>          | Tier 2      | RM                              |
| <i>disulfiram oral tablet 250 mg</i>   | Tier 2      | RM                              |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML   | Tier 4      | RO; DL                          |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>                         | Tier 2      | RO; DL                          |
| <i>naltrexone hcl oral tablet 50 mg</i>  | Tier 2      | RM                              |
| NICOTROL NS NASAL SOLUTION 10 MG/ML  | Tier 4      | PA; RM                          |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML  | Tier 3      | RO; QL (4 EA per 31 days); DL   |
| REXTOVY NASAL LIQUID 4 MG/0.25ML   | Tier 3      | RO; DL                          |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i> | Tier 2      | RM                              |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>                       | Tier 2      | RM                              |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML                                       | Tier 3      | RO; DL                          |

| Drug Name   | Tier   | Requirements/Limits |
|---|--------|---------------------|
| <b>Antibacterials</b>   |        |                     |
| <i>amikacin sulfate injection solution 500 mg/2ml</i>   | Tier 2 | RO; DL              |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | Tier 2 | RO; DL              |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                   | Tier 2 | RO; DL              |
| <i>amoxicillin oral tablet 875 mg</i>   | Tier 2 | RO; DL              |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>  | Tier 2 | RO; DL              |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>   | Tier 2 | RO; DL              |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | Tier 2 | RO; DL              |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>   | Tier 2 | RO; DL              |
| <i>ampicillin oral capsule 500 mg</i>   | Tier 2 | RO; DL              |
| <i>ampicillin sodium injection solution reconstituted 1 gm</i>  | Tier 2 | RO; DL              |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i>   | Tier 2 | RO; DL              |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>                                    | Tier 2 | RO; DL              |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML   | Tier 5 | PA; RO; DL          |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>   | Tier 2 | RO; DL              |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>  | Tier 2 | RO; DL              |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>  | Tier 2 | RO; DL              |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>  | Tier 2 | RO; DL              |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML  | Tier 4 | RO; DL              |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML  | Tier 4 | RO; DL              |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML                        | Tier 4 | RO; DL              |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>   | Tier 2 | RO; DL              |
| <i>cefadroxil oral capsule 500 mg</i>   | Tier 2 | RM                  |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>  | Tier 2 | RO; DL              |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>cefadroxil oral tablet 1 gm</i>  | Tier 2      | RM                         |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>          | Tier 2      | RO; DL                     |
| <i>cefdinir oral capsule 300 mg</i>   | Tier 2      | RO; DL                     |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                  | Tier 2      | RO; DL                     |
| <i>cefepime hcl injection solution reconstituted 1 gm</i>                             | Tier 2      | RO; DL                     |
| <i>cefixime oral capsule 400 mg</i>   | Tier 2      | RO; DL                     |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                  | Tier 2      | RO; DL                     |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>          | Tier 2      | RO; DL                     |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>       | Tier 2      | RO; DL                     |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                                | Tier 2      | RO; DL                     |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                 | Tier 2      | RO; DL                     |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>   | Tier 2      | RO; DL                     |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>                        | Tier 2      | RO; DL                     |
| <i>ceftazidime intravenous solution reconstituted 2 gm</i>                            | Tier 2      | RO; DL                     |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | Tier 2      | RO; DL                     |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                   | Tier 2      | RO; DL                     |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i>                      | Tier 2      | RO; DL                     |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>                    | Tier 2      | RO; DL                     |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>   | Tier 2      | RO; DL                     |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                | Tier 2      | RO; DL                     |
| CILOXAN OPHTHALMIC OINTMENT 0.3 %   | Tier 3      | RO; DL                     |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                    | Tier 2      | RO; DL                     |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                           | Tier 2      | RO; DL                     |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>                         | Tier 2      | RO; DL                     |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>            | Tier 2      | RO; DL                     |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                      | Tier 2      | RO; DL                     |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg</i>                                    | Tier 2      | RO; DL                     |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>         |
|--|-------------|------------------------------------|
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>       | Tier 2      | RO; DL                             |
| <i>clindamycin phosphate injection solution 900 mg/6ml</i>                   | Tier 2      | RO; DL                             |
| <i>clindamycin phosphate vaginal cream 2 %</i>                               | Tier 2      | RO; DL                             |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>   | Tier 2      | RO; DL                             |
| <i>daptomycin intravenous solution reconstituted 500 mg</i>                  | Tier 5      | RO; DL                             |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                         | Tier 2      | RM                                 |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                      | Tier 2      | RO; DL                             |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG                           | Tier 4      | RO; DL                             |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                        | Tier 2      | RM                                 |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                         | Tier 2      | RM                                 |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                    | Tier 2      | RM                                 |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>       | Tier 2      | RO; DL                             |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i>                | Tier 2      | RO; DL                             |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG            | Tier 4      | RO; DL                             |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>       | Tier 2      | RM                                 |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>       | Tier 2      | RM                                 |
| <i>fidaxomicin oral tablet 200 mg</i>  | Tier 5      | PA; RO; QL (20 EA per 10 days); DL |
| <i>fosfomycin tromethamine oral packet 3 gm</i>                              | Tier 2      | RO; DL                             |
| <i>gentamicin sulfate external cream 0.1 %</i>                               | Tier 2      | RO; DL                             |
| <i>gentamicin sulfate external ointment 0.1 %</i>                            | Tier 2      | RO; DL                             |
| <i>gentamicin sulfate injection solution 40 mg/ml</i>                        | Tier 2      | RO; DL                             |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i> | Tier 2      | RO; DL                             |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>   | Tier 2      | RO; DL                             |
| <i>levofloxacin oral solution 25 mg/ml</i>                                   | Tier 2      | RO; DL                             |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                       | Tier 2      | RO; DL                             |
| <i>linezolid intravenous solution 600 mg/300ml</i>                           | Tier 2      | RO; DL                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>   | Tier 2      | RO; DL                     |
| <i>linezolid oral tablet 600 mg</i>   | Tier 2      | RO; DL                     |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>  | Tier 2      | RO; DL                     |
| <i>metronidazole external cream 0.75 %</i>  | Tier 2      | RO; DL                     |
| <i>metronidazole external gel 0.75 %, 1 %</i>   | Tier 2      | RO; DL                     |
| <i>metronidazole external lotion 0.75 %</i>   | Tier 2      | RO; DL                     |
| <i>metronidazole intravenous solution 500 mg/100ml</i>  | Tier 2      | RO; DL                     |
| <i>metronidazole oral tablet 125 mg</i>   | Tier 2      | RM                         |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | Tier 2      | RO; DL                     |
| <i>metronidazole vaginal gel 0.75 %</i>   | Tier 2      | RO; DL                     |
| <i>minocycline hcl oral capsule 100 mg, 50 mg</i>   | Tier 2      | RM                         |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>   | Tier 2      | RO; DL                     |
| <i>moxifloxacin hcl oral tablet 400 mg</i>  | Tier 2      | RO; DL                     |
| <i>neomycin sulfate oral tablet 500 mg</i>  | Tier 2      | RO; DL                     |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>  | Tier 2      | RM                         |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>   | Tier 2      | RM                         |
| <i>oxacillin sodium injection solution reconstituted 2 gm</i>   | Tier 2      | RO; DL                     |
| <i>oxacillin sodium intravenous solution reconstituted 10 gm</i>  | Tier 2      | RO; DL                     |
| <b>PENICILLIN G POTASSIUM INJECTION SOLUTION RECONSTITUTED 20000000 UNIT</b>  | Tier 4      | RO; DL                     |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>  | Tier 2      | RO; DL                     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | Tier 2      | RO; DL                     |
| <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</i> | Tier 2      | RO; DL                     |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>   | Tier 2      | RO; DL                     |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>   | Tier 4      | RO; DL                     |
| <i>sulfadiazine oral tablet 500 mg</i>  | Tier 2      | RM                         |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>  | Tier 2      | RO; DL                     |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>          |
|---|-------------|-------------------------------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>              | Tier 2      | RM                                  |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG                           | Tier 5      | RO; DL                              |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                 | Tier 2      | RM                                  |
| <i>tigecycline intravenous solution reconstituted 50 mg</i>                         | Tier 4      | RO; DL                              |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>  | Tier 2      | RM; DL                              |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>                    | Tier 2      | RO                                  |
| <i>trimethoprim oral tablet 100 mg</i>  | Tier 2      | RM                                  |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>               | Tier 2      | RO; DL                              |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>                                   | Tier 2      | RO; DL                              |
| <i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>              | Tier 4      | RO; DL                              |
| XIFAXAN ORAL TABLET 550 MG  | Tier 5      | PA; RO; QL (60 EA per 30 days); DL  |
| <b>Anticonvulsants</b>  |             |                                     |
| BRIVIACT ORAL SOLUTION 10 MG/ML   | Tier 5      | PA; RO; QL (600 ML per 30 days); DL |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                             | Tier 5      | PA; RO; QL (60 EA per 30 days); DL  |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> | Tier 2      | RM                                  |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                     | Tier 2      | RO; DL                              |
| <i>carbamazepine oral tablet 200 mg</i>   | Tier 2      | RM                                  |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>                            | Tier 2      | RM                                  |
| <i>clobazam oral suspension 2.5 mg/ml</i>   | Tier 2      | PA; RO; DL                          |
| <i>clobazam oral tablet 10 mg, 20 mg</i>  | Tier 2      | PA; RM                              |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                    | Tier 2      | RM                                  |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>     | Tier 2      | RM                                  |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                   | Tier 2      | RM                                  |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG  | Tier 5      | PA; SP; QL (180 EA per 30 days); DL |
| DIACOMIT ORAL PACKET 250 MG, 500 MG   | Tier 5      | PA; SP; QL (180 EA per 30 days); DL |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML  | Tier 2      | RO; DL                              |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| <i>diazepam oral solution 5 mg/5ml</i>  | Tier 2 | RO; DL                                  |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>   | Tier 2 | RM                                      |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>   | Tier 2 | RO; QL (10 EA per 30 days); DL          |
| DILANTIN ORAL CAPSULE 30 MG   | Tier 3 | RM                                      |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>                         | Tier 2 | RM                                      |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                                   | Tier 2 | RM                                      |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>                             | Tier 2 | RM                                      |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML   | Tier 5 | PA; RO; DL                              |
| <i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>                               | Tier 2 | RM                                      |
| <i>ethosuximide oral capsule 250 mg</i>   | Tier 2 | RM                                      |
| <i>ethosuximide oral solution 250 mg/5ml</i>  | Tier 2 | RO; DL                                  |
| <i>felbamate oral suspension 600 mg/5ml</i>   | Tier 2 | RO; DL                                  |
| <i>felbamate oral tablet 400 mg, 600 mg</i>   | Tier 2 | RM                                      |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML  | Tier 5 | PA; SP; LA; QL (360 ML per 30 days); DL |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>   | Tier 2 | RM                                      |
| <i>gabapentin oral solution 250 mg/5ml</i>  | Tier 2 | RO; DL                                  |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>  | Tier 2 | RM                                      |
| <i>lacosamide oral solution 10 mg/ml</i>  | Tier 2 | RO                                      |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>   | Tier 2 | RM                                      |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | Tier 2 | RM                                      |
| LAMOTRIGINE ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG                   | Tier 4 | RM; DL                                  |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>  | Tier 2 | RM                                      |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>   | Tier 2 | RM                                      |
| LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG  | Tier 4 | RM                                      |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>   | Tier 2 | RO; DL                                  |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>                                | Tier 2 | RO; DL                                  |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>                              | Tier 2 | RO; DL                                  |

| Drug Name  | Tier   | Requirements/Limits                 |
|--|--------|-------------------------------------|
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                      | Tier 2 | RM                                  |
| <i>levetiracetam oral solution 100 mg/ml</i>   | Tier 2 | RO; DL                              |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                 | Tier 2 | RM                                  |
| <i>levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg</i>                           | Tier 4 | RM                                  |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>   | Tier 2 | RO; DL                              |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2 | RM                                  |
| METHSUXIMIDE ORAL CAPSULE 300 MG   | Tier 4 | RM                                  |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML   | Tier 4 | RM; QL (10 EA per 30 days); DL      |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>  | Tier 2 | RO                                  |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>  | Tier 2 | RM                                  |
| <i>perampanel oral suspension 0.5 mg/ml</i>  | Tier 5 | PA; RO; QL (680 ML per 28 days); DL |
| <i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                               | Tier 4 | PA; RM; QL (30 EA per 30 days)      |
| <i>phenobarbital oral elixir 20 mg/5ml</i>   | Tier 2 | RO; DL                              |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 2 | RM                                  |
| <i>phenytoin oral suspension 125 mg/5ml</i>  | Tier 2 | RO; DL                              |
| <i>phenytoin oral tablet chewable 50 mg</i>  | Tier 2 | RM                                  |
| <i>phenytoin sodium extended oral capsule 100 mg</i>   | Tier 2 | RM                                  |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>       | Tier 2 | RM                                  |
| <i>pregabalin oral solution 20 mg/ml</i>   | Tier 2 | RO; DL                              |
| <i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>   | Tier 2 | RM                                  |
| RUFINAMIDE ORAL SUSPENSION 40 MG/ML  | Tier 4 | PA; RO; DL                          |
| <i>rufinamide oral tablet 200 mg, 400 mg</i>   | Tier 2 | PA; RM                              |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG  | Tier 4 | RM; QL (360 EA per 30 days)         |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG  | Tier 4 | RM; QL (180 EA per 30 days)         |
| SUBVENITE ORAL SUSPENSION 10 MG/ML   | Tier 4 | RO; QL (1500 ML per 30 days)        |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG  | Tier 5 | PA; RO; QL (60 EA per 30 days); DL  |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>  | Tier 2 | RM                                  |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>                                      | Tier 2 | RM                                  |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>           |
|---|-------------|--------------------------------------|
| <i>topiramate oral solution 25 mg/ml</i>  | Tier 4      | RO; QL (480 ML per 30 days); DL      |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                  | Tier 2      | RM                                   |
| <i>valproic acid oral capsule 250 mg</i>  | Tier 2      | RM                                   |
| <i>valproic acid oral solution 250 mg/5ml</i>   | Tier 2      | RO; DL                               |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML   | Tier 5      | PA; RO; QL (10 EA per 30 days); DL   |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML                               | Tier 5      | PA; RO; QL (10 EA per 30 days); DL   |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML                                | Tier 5      | PA; RO; QL (10 EA per 30 days); DL   |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML   | Tier 5      | PA; RO; QL (10 EA per 30 days); DL   |
| <i>vigabatrin oral packet 500 mg</i>  | Tier 5      | PA; RO; DL                           |
| <i>vigabatrin oral tablet 500 mg</i>  | Tier 5      | PA; SP; LA; DL                       |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG                            | Tier 5      | PA; RO; DL                           |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG                            | Tier 5      | PA; RO; DL                           |
| XCOPRI ORAL TABLET 100 MG, 50 MG  | Tier 5      | PA; RO; QL (30 EA per 30 days); DL   |
| XCOPRI ORAL TABLET 150 MG, 200 MG   | Tier 5      | PA; RO; QL (60 EA per 30 days); DL   |
| XCOPRI ORAL TABLET 25 MG  | Tier 5      | PA; RO; DL                           |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG                                   | Tier 4      | PA; RO; QL (28 EA per 28 days); DL   |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG         | Tier 5      | PA; RO; QL (28 EA per 28 days); DL   |
| ZONISADE ORAL SUSPENSION 100 MG/5ML   | Tier 5      | RO; QL (900 ML per 30 days); DL      |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>   | Tier 2      | RM                                   |
| ZTALMY ORAL SUSPENSION 50 MG/ML   | Tier 5      | PA; RO; QL (1080 ML per 30 days); DL |
| <b>Antidementia Agents</b>  |             |                                      |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>  | Tier 1      | RM                                   |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                    | Tier 2      | RM                                   |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | Tier 2      | RM                                   |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                       | Tier 2      | RM                                   |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                               | Tier 2      | RM                                   |
| <i>memantine hcl oral solution 2 mg/ml</i>  | Tier 2      | RO; DL                               |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>         |
|--|-------------|------------------------------------|
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>   | Tier 2      | RM                                 |
| <i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>                                  | Tier 2      | RO; DL                             |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                         | Tier 2      | RM                                 |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>         | Tier 2      | RM                                 |
| <b>Antidepressants</b>   |             |                                    |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG                              | Tier 5      | PA; RO; QL (1 EA per 28 days); DL  |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>              | Tier 1      | RM                                 |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                    | Tier 2      | RM                                 |
| <i>aripiprazole oral solution 1 mg/ml</i>  | Tier 2      | RO; DL                             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                       | Tier 2      | RM                                 |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                                     | Tier 2      | RM                                 |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG  | Tier 5      | PA; RO; QL (60 EA per 30 days); DL |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>     | Tier 2      | RM                                 |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>             | Tier 2      | RM                                 |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | Tier 2      | RM                                 |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i>                                       | Tier 1      | RO; DL                             |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                               | Tier 1      | RM                                 |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                                     | Tier 2      | RM                                 |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                | Tier 2      | RM                                 |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier 2      | RM                                 |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                   | Tier 2      | RM                                 |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>   | Tier 2      | RO; DL                             |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i>  | Tier 2      | RM                                 |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG           | Tier 4      | RM                                 |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>             | Tier 2      | RM                                 |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR                      | Tier 5 | PA; RO; QL (30 EA per 30 days); DL |
| <i>escitalopram oxalate oral capsule 15 mg</i>  | Tier 4 | RM                                 |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                    | Tier 2 | RO; DL                             |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                            | Tier 2 | RM                                 |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG         | Tier 5 | PA; RO; DL                         |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG                     | Tier 5 | PA; RO; DL                         |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG             | Tier 4 | PA; RM; QL (30 EA per 30 days)     |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                     | Tier 4 | PA; RO; QL (28 EA per 28 days); DL |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                | Tier 1 | RM                                 |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>   | Tier 2 | RO; DL                             |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                           | Tier 2 | RM                                 |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                 | Tier 2 | RM                                 |
| MARPLAN ORAL TABLET 10 MG   | Tier 4 | RM                                 |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                            | Tier 2 | RM                                 |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                        | Tier 2 | RM                                 |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>               | Tier 2 | RM                                 |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                      | Tier 1 | RM                                 |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                      | Tier 2 | RO; DL                             |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> | Tier 2 | RM                                 |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i>                                       | Tier 2 | RO; DL                             |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                          | Tier 1 | RM                                 |
| <i>phenelzine sulfate oral tablet 15 mg</i>   | Tier 2 | RM                                 |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                      | Tier 2 | RM                                 |
| RALDESY ORAL SOLUTION 10 MG/ML  | Tier 4 | RO; QL (1200 ML per 30 days); DL   |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                       | Tier 2 | RO; DL                             |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                | Tier 1 | RM                                 |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                       | Tier 2 | RM                                 |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                 | Tier 1 | RM                                 |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>                          | Tier 2 | RM                                 |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG  | Tier 4 | PA; RM; QL (30 EA per 30 days)     |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | Tier 2 | RM                                 |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | Tier 1 | RM                                 |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                  | Tier 2 | RM                                 |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG   | Tier 5 | PA; RO; QL (28 EA per 14 days); DL |
| ZURZUVAE ORAL CAPSULE 30 MG  | Tier 5 | PA; RO; QL (14 EA per 14 days); DL |
| <b>Antiemetics</b>   |        |                                    |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>                   | Tier 2 | PA; RO; DL                         |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>                         | Tier 2 | RO; DL                             |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>              | Tier 2 | RM                                 |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>                      | Tier 2 | RM; DL                             |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                     | Tier 2 | RO; QL (60 EA per 30 days); DL     |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML   | Tier 4 | PA; RO; DL                         |
| <i>granisetron hcl oral tablet 1 mg</i>  | Tier 2 | B/D; RM                            |
| <i>meclizine hcl oral tablet 25 mg</i>   | Tier 1 | RM                                 |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>                                       | Tier 2 | RO; DL                             |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                      | Tier 1 | RM                                 |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>  | Tier 2 | B/D; RO; DL                        |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>  | Tier 2 | B/D; RM; QL (90 EA per 30 days)    |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                                  | Tier 2 | B/D; RM; QL (90 EA per 30 days)    |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                | Tier 2 | RM                                 |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                                | Tier 2 | RM                                 |
| <i>prochlorperazine rectal suppository 25 mg</i>                                       | Tier 2 | RO; DL                             |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>                              | Tier 2 | RM                                 |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                              | Tier 2 | RO; DL                             |

| Drug Name   | Tier   | Requirements/Limits             |
|---|--------|---------------------------------|
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>   | Tier 2 | RO; DL                          |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>  | Tier 2 | RM                              |
| <b>Antifungals</b>  |        |                                 |
| AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG   | Tier 4 | B/D; RO; DL                     |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>                         | Tier 5 | B/D; RM; DL                     |
| <i>casposfungin acetate intravenous solution reconstituted 50 mg</i>                              | Tier 4 | RO; DL                          |
| CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 70 MG                                      | Tier 4 | RO; DL                          |
| <i>ciclopirox external shampoo 1 %</i>  | Tier 2 | RO; DL                          |
| <i>ciclopirox olamine external cream 0.77 %</i>   | Tier 2 | RO; QL (120 GM per 30 days); DL |
| <i>ciclopirox olamine external suspension 0.77 %</i>  | Tier 2 | RO; QL (60 ML per 30 days); DL  |
| <i>clotrimazole external cream 1 %</i>  | Tier 2 | RO; DL                          |
| <i>clotrimazole external solution 1 %</i>   | Tier 2 | RO; DL                          |
| <i>clotrimazole mouth/throat troche 10 mg</i>   | Tier 2 | RO; DL                          |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG   | Tier 5 | PA; RO; DL                      |
| <i>econazole nitrate external cream 1 %</i>   | Tier 2 | RO; QL (120 GM per 30 days); DL |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG  | Tier 5 | RO; DL                          |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG   | Tier 4 | RO; DL                          |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | Tier 2 | RO; DL                          |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>                               | Tier 2 | RO; DL                          |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | Tier 2 | RM                              |
| <i>fluconazole oral tablet 150 mg</i>   | Tier 2 | RO; DL                          |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>  | Tier 5 | RO; DL                          |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>  | Tier 2 | RO; DL                          |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                                     | Tier 2 | RO; DL                          |
| <i>itraconazole oral capsule 100 mg</i>   | Tier 2 | RM                              |
| ITRACONAZOLE ORAL SOLUTION 10 MG/ML   | Tier 4 | RO; DL                          |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>        |
|---|-------------|-----------------------------------|
| <i>ketoconazole external cream 2 %</i>                                    | Tier 1      | RO; DL                            |
| <i>ketoconazole external shampoo 2 %</i>                                  | Tier 2      | RO; DL                            |
| <i>ketoconazole oral tablet 200 mg</i>                                    | Tier 2      | RM                                |
| <i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i> | Tier 4      | RO; DL                            |
| <i>nyamyc external powder 100000 unit/gm</i>                              | Tier 2      | RO; DL                            |
| <i>nystatin external cream 100000 unit/gm</i>                             | Tier 1      | RO; DL                            |
| <i>nystatin external ointment 100000 unit/gm</i>                          | Tier 1      | RO; DL                            |
| <i>nystatin external powder 100000 unit/gm</i>                            | Tier 2      | RO; DL                            |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                    | Tier 2      | RO; DL                            |
| <i>nystatin oral tablet 500000 unit</i>                                   | Tier 2      | RM                                |
| <i>nystop external powder 100000 unit/gm</i>                              | Tier 2      | RO; DL                            |
| <i>posaconazole oral suspension 40 mg/ml</i>                              | Tier 5      | PA; RO; DL                        |
| <i>posaconazole oral tablet delayed release 100 mg</i>                    | Tier 5      | PA; RO; DL                        |
| <i>terbinafine hcl oral tablet 250 mg</i>                                 | Tier 2      | RM                                |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                             | Tier 2      | RO; DL                            |
| <i>terconazole vaginal suppository 80 mg</i>                              | Tier 2      | RO; DL                            |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>             | Tier 5      | RO; DL                            |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>                | Tier 5      | RO; DL                            |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                             | Tier 2      | RO; DL                            |
| <b>Antigout Agents</b>  |             |                                   |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                             | Tier 1      | RM                                |
| <i>colchicine oral tablet 0.6 mg</i>                                      | Tier 1      | RM; QL (120 EA per 30 days)       |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                       | Tier 1      | RM                                |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                                | Tier 2      | RM                                |
| <i>probenecid oral tablet 500 mg</i>                                      | Tier 1      | RM                                |
| <b>Antimigraine Agents</b>  |             |                                   |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML           | Tier 4      | PA; RO; QL (1 ML per 30 days); DL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML                    | Tier 3      | PA; RM; DL                        |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML                | Tier 3      | PA; RM; DL                        |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                  | Tier 5      | RO; DL                            |
| <i>eletriptan hydrobromide oral tablet 20 mg</i>                          | Tier 2      | RM; QL (12 EA per 30 days)        |
| <i>eletriptan hydrobromide oral tablet 40 mg</i>                          | Tier 2      | RM; QL (6 EA per 30 days)         |

| Drug Name   | Tier   | Requirements/Limits                   |
|---|--------|---------------------------------------|
| EMGALITY (300 MG DOSE)<br>SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 100 MG/ML  | Tier 5 | PA; RM; QL (3 ML per 30 days)         |
| EMGALITY SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 120 MG/ML                       | Tier 4 | PA; RM; QL (2 ML per 30 days)         |
| EMGALITY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 120 MG/ML                   | Tier 4 | PA; RM; QL (2 ML per 30 days)         |
| MIGERGOT RECTAL SUPPOSITORY 2-100<br>MG   | Tier 5 | RO; QL (12 EA per 14 days); DL        |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                 | Tier 2 | RM; QL (12 EA per 31 days)            |
| NURTEC ORAL TABLET DISPERSIBLE 75<br>MG   | Tier 5 | PA; RO; QL (18 EA per 30 days);<br>DL |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                             | Tier 2 | RM; QL (18 EA per 31 days)            |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg,<br/>5 mg</i>             | Tier 2 | RM; QL (18 EA per 31 days)            |
| <i>sumatriptan nasal solution 20 mg/act</i>                                     | Tier 2 | RM; QL (12 EA per 31 days)            |
| <i>sumatriptan nasal solution 5 mg/act</i>                                      | Tier 2 | RM; QL (6 EA per 31 days)             |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg,<br/>50 mg</i>               | Tier 2 | RM; QL (12 EA per 31 days)            |
| <i>sumatriptan succinate subcutaneous solution<br/>auto-injector 6 mg/0.5ml</i> | Tier 2 | RM; QL (4 ML per 31 days)             |
| UBRELVY ORAL TABLET 100 MG, 50 MG   | Tier 5 | PA; RO; QL (16 EA per 30 days);<br>DL |
| <i>zolmitriptan oral tablet 2.5 mg</i>  | Tier 2 | RM; QL (12 EA per 30 days)            |
| <i>zolmitriptan oral tablet 5 mg</i>  | Tier 2 | RM; QL (6 EA per 30 days)             |
| <i>zolmitriptan oral tablet dispersible 2.5 mg</i>                              | Tier 2 | RM; QL (12 EA per 30 days)            |
| <i>zolmitriptan oral tablet dispersible 5 mg</i>                                | Tier 2 | RM; QL (6 EA per 30 days)             |
| <b>Antimyasthenic Agents</b>  |        |                                       |
| <i>pyridostigmine bromide er oral tablet extended<br/>release 180 mg</i>        | Tier 2 | RM                                    |
| <i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>                          | Tier 2 | RM                                    |
| <b>Antimycobacterials</b>   |        |                                       |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | Tier 2 | RM                                    |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                | Tier 2 | RM                                    |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                     | Tier 2 | RM                                    |
| PRIFTIN ORAL TABLET 150 MG  | Tier 3 | RM                                    |
| <i>pyrazinamide oral tablet 500 mg</i>  | Tier 2 | RM                                    |
| <i>rifabutin oral capsule 150 mg</i>  | Tier 2 | RM                                    |
| RIFAMPIN INTRAVENOUS SOLUTION<br>RECONSTITUTED 600 MG                           | Tier 4 | RO; DL                                |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                     | Tier 2 | RM                                    |

| Drug Name   | Tier   | Requirements/Limits                 |
|---|--------|-------------------------------------|
| SIRTURO ORAL TABLET 100 MG, 20 MG                       | Tier 4 | RM                                  |
| <b>Antineoplastics</b>                                  |        |                                     |
| <i>abiraterone acetate oral tablet 250 mg</i>           | Tier 2 | PA; RO; DL                          |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                | Tier 5 | PA; RO; QL (60 EA per 30 days); DL  |
| ALECENSA ORAL CAPSULE 150 MG                            | Tier 5 | PA; RO; QL (240 EA per 30 days); DL |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                      | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| ALUNBRIG ORAL TABLET 30 MG                              | Tier 5 | PA; RO; QL (180 EA per 30 days); DL |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG           | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| <i>anastrozole oral tablet 1 mg</i>                     | Tier 1 | RM                                  |
| AUGTYRO ORAL CAPSULE 160 MG                             | Tier 5 | PA; RO; DL                          |
| AUGTYRO ORAL CAPSULE 40 MG                              | Tier 5 | PA; RO; QL (240 EA per 30 days); DL |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | Tier 5 | PA; RO; DL                          |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG              | Tier 5 | PA; RO; QL (31 EA per 31 days); DL  |
| AYVAKIT ORAL TABLET 25 MG, 50 MG                        | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| BALVERSA ORAL TABLET 3 MG                               | Tier 5 | PA; RO; QL (90 EA per 30 days); DL  |
| BALVERSA ORAL TABLET 4 MG                               | Tier 5 | PA; RO; QL (60 EA per 30 days); DL  |
| BALVERSA ORAL TABLET 5 MG                               | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| <i>bexarotene external gel 1 %</i>                      | Tier 5 | PA; RO; QL (60 GM per 30 days); DL  |
| <i>bexarotene oral capsule 75 mg</i>                    | Tier 5 | PA; RO; DL                          |
| <i>bicalutamide oral tablet 50 mg</i>                   | Tier 2 | RM                                  |
| BOSULIF ORAL CAPSULE 100 MG                             | Tier 5 | PA; RO; QL (180 EA per 30 days); DL |
| BOSULIF ORAL CAPSULE 50 MG                              | Tier 5 | PA; RO; QL (360 EA per 30 days); DL |
| BOSULIF ORAL TABLET 100 MG                              | Tier 5 | PA; RO; QL (120 EA per 30 days); DL |
| BOSULIF ORAL TABLET 400 MG, 500 MG                      | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| BRAFTOVI ORAL CAPSULE 75 MG                             | Tier 5 | PA; RO; QL (180 EA per 30 days); DL |

| Drug Name   | Tier   | Requirements/Limits                    |
|---|--------|--|
| BRUKINSA ORAL TABLET 160 MG                               | Tier 5 | PA; RO; DL                             |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                 | Tier 5 | PA; RO; QL (30 EA per 30 days); DL     |
| CALQUENCE ORAL TABLET 100 MG                              | Tier 5 | PA; RO; QL (60 EA per 30 days); DL     |
| CAPRELSA ORAL TABLET 100 MG                               | Tier 5 | PA; RO; QL (60 EA per 30 days); DL     |
| CAPRELSA ORAL TABLET 300 MG                               | Tier 5 | PA; RO; QL (30 EA per 30 days); DL     |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG          | Tier 5 | PA; RO; QL (56 EA per 28 days); DL     |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG   | Tier 5 | PA; RO; QL (112 EA per 28 days); DL    |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG                | Tier 5 | PA; RO; QL (84 EA per 28 days); DL     |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                        | Tier 5 | PA; RO; QL (56 EA per 28 days); DL     |
| COTELLIC ORAL TABLET 20 MG                                | Tier 5 | PA; SP; LA; QL (63 EA per 28 days); DL |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>         | Tier 1 | B/D; RM                                |
| <i>dasatinib oral tablet 100 mg, 50 mg, 70 mg, 80 mg</i>  | Tier 2 | PA; RO; QL (60 EA per 30 days); DL     |
| <i>dasatinib oral tablet 140 mg</i>                       | Tier 2 | PA; RO; QL (30 EA per 30 days); DL     |
| <i>dasatinib oral tablet 20 mg</i>                        | Tier 2 | PA; RO; QL (90 EA per 30 days); DL     |
| DAURISMO ORAL TABLET 100 MG                               | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL |
| DAURISMO ORAL TABLET 25 MG                                | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG                       | Tier 5 | PA; RO                                 |
| ERIVEDGE ORAL CAPSULE 150 MG                              | Tier 5 | PA; RO; QL (28 EA per 28 days); DL     |
| ERLEADA ORAL TABLET 240 MG                                | Tier 5 | PA; RO; QL (30 EA per 30 days); DL     |
| ERLEADA ORAL TABLET 60 MG                                 | Tier 5 | PA; RO; QL (120 EA per 30 days); DL    |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>    | Tier 2 | PA; RM; DL                             |
| EULEXIN ORAL CAPSULE 125 MG                               | Tier 5 | PA; RO; DL                             |
| <i>everolimus oral tablet 0.25 mg</i>                     | Tier 4 | B/D; RO; DL                            |
| <i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>       | Tier 5 | B/D; RO; DL                            |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | Tier 2 | PA; RO; DL                             |

| Drug Name  | Tier   | Requirements/Limits                     |
|--|--------|---|
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> | Tier 5 | PA; RO; DL                              |
| <i>exemestane oral tablet 25 mg</i>                    | Tier 2 | RM                                      |
| <i>fluorouracil external cream 5 %</i>                 | Tier 2 | RO; QL (40 GM per 15 days); DL          |
| <i>fluorouracil external solution 2 %</i>              | Tier 2 | RO; QL (60 ML per 30 days); DL          |
| <i>fluorouracil external solution 5 %</i>              | Tier 2 | RO; QL (40 ML per 30 days); DL          |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                  | Tier 5 | PA; RO; QL (21 EA per 28 days); DL      |
| FRUZAQLA ORAL CAPSULE 1 MG                             | Tier 5 | PA; RO; QL (84 EA per 28 days); DL      |
| FRUZAQLA ORAL CAPSULE 5 MG                             | Tier 5 | PA; RO; QL (21 EA per 28 days); DL      |
| GAVRETO ORAL CAPSULE 100 MG                            | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| <i>gefitinib oral tablet 250 mg</i>                    | Tier 5 | PA; RO; DL                              |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG               | Tier 5 | PA; RO; QL (30 EA per 30 days); DL      |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                        | Tier 5 | PA; RO; DL                              |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG                       | Tier 5 | PA; RO; DL                              |
| HERNEXEOS ORAL TABLET 60 MG                            | Tier 5 | PA; RO; DL                              |
| <i>hydroxyurea oral capsule 500 mg</i>                 | Tier 2 | RM                                      |
| HYRNUO ORAL TABLET 10 MG                               | Tier 5 | PA; RO; DL                              |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG             | Tier 5 | PA; SP; LA; QL (21 EA per 28 days); DL  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG              | Tier 5 | PA; SP; LA; QL (21 EA per 28 days); DL  |
| IBTROZI ORAL CAPSULE 200 MG                            | Tier 5 | PA; RO; DL                              |
| ICLUSIG ORAL TABLET 10 MG, 30 MG                       | Tier 5 | PA; RO; LA; QL (30 EA per 30 days); DL  |
| ICLUSIG ORAL TABLET 15 MG                              | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| ICLUSIG ORAL TABLET 45 MG                              | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| IDHIFA ORAL TABLET 100 MG, 50 MG                       | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>    | Tier 2 | RO                                      |
| IMBRUVICA ORAL CAPSULE 140 MG                          | Tier 5 | PA; SP; LA; QL (120 EA per 30 days); DL |
| IMBRUVICA ORAL CAPSULE 70 MG                           | Tier 5 | PA; SP; LA; QL (28 EA per 28 days); DL  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                     | Tier 5 | PA; SP; QL (324 ML per 31 days); DL     |

| Drug Name  | Tier   | Requirements/Limits                     |
|--|--------|---|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG                               | Tier 5 | PA; RO; DL                              |
| IMBRUVICA ORAL TABLET 420 MG                                       | Tier 5 | PA; SP; LA; QL (31 EA per 31 days); DL  |
| <i>imkeldi oral solution 80 mg/ml</i>                              | Tier 5 | PA; RO; DL                              |
| INLURIYO ORAL TABLET 200 MG  | Tier 5 | PA; RO; DL                              |
| INLYTA ORAL TABLET 1 MG  | Tier 5 | PA; SP; LA; QL (180 EA per 30 days); DL |
| INLYTA ORAL TABLET 5 MG  | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| INQOVI ORAL TABLET 35-100 MG                                       | Tier 5 | PA; RO; QL (5 EA per 28 days); DL       |
| INREBIC ORAL CAPSULE 100 MG  | Tier 5 | PA; SP; LA; QL (140 EA per 30 days); DL |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                     | Tier 5 | PA; RO; DL                              |
| IWILFIN ORAL TABLET 192 MG   | Tier 5 | PA; RO; QL (240 EA per 30 days); DL     |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| JAYPIRCA ORAL TABLET 100 MG  | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |
| JAYPIRCA ORAL TABLET 50 MG   | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                      | Tier 4 | RO; DL                                  |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | Tier 5 | PA; RO; QL (21 EA per 28 days); DL      |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | Tier 5 | PA; RO; QL (42 EA per 28 days); DL      |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG              | Tier 5 | PA; RO; QL (63 EA per 28 days); DL      |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | Tier 5 | PA; RO; QL (70 EA per 28 days); DL      |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | Tier 5 | PA; RO; QL (91 EA per 28 days); DL      |
| KOSELUGO ORAL CAPSULE 10 MG  | Tier 5 | PA; RO; QL (240 EA per 30 days); DL     |
| KOSELUGO ORAL CAPSULE 25 MG  | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG                        | Tier 5 | PA; RM; DL                              |
| KRAZATI ORAL TABLET 200 MG   | Tier 5 | PA; RO; QL (180 EA per 30 days); DL     |
| <i>lapatinib ditosylate oral tablet 250 mg</i>                     | Tier 5 | PA; RM                                  |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| LAZCLUZE ORAL TABLET 240 MG, 80 MG  | Tier 5 | PA; RO; DL                              |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | Tier 5 | PA; SP; LA; QL (31 EA per 31 days); DL  |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG                | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG             | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL  |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG            | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG     | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL  |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG            | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG     | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL  |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG                  | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG              | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL  |
| <i>letrozole oral tablet 2.5 mg</i>                                       | Tier 2 | RM                                      |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>           | Tier 2 | RM                                      |
| LEUKERAN ORAL TABLET 2 MG   | Tier 5 | RO; DL                                  |
| <i>lomustine oral capsule 10 mg</i>                                       | Tier 4 | PA; RM                                  |
| <i>lomustine oral capsule 100 mg, 40 mg</i>                               | Tier 5 | PA; RO; DL                              |
| LONSURF ORAL TABLET 15-6.14 MG  | Tier 5 | PA; RO; QL (100 EA per 30 days); DL     |
| LONSURF ORAL TABLET 20-8.19 MG  | Tier 5 | PA; RO; QL (80 EA per 30 days); DL      |
| LORBRENA ORAL TABLET 100 MG   | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| LORBRENA ORAL TABLET 25 MG  | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL  |
| LUMAKRAS ORAL TABLET 120 MG   | Tier 5 | PA; RO; QL (240 EA per 30 days); DL     |
| LUMAKRAS ORAL TABLET 240 MG   | Tier 5 | PA; RO; DL                              |
| LUMAKRAS ORAL TABLET 320 MG   | Tier 5 | PA; RO; QL (90 EA per 30 days); DL      |
| LYNPARZA ORAL TABLET 100 MG   | Tier 5 | PA; RO; LA; DL                          |
| LYNPARZA ORAL TABLET 150 MG   | Tier 5 | PA; RO; LA; QL (120 EA per 30 days); DL |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| LYSODREN ORAL TABLET 500 MG                                   | Tier 3 | RM                                      |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG      | Tier 5 | PA; RO; QL (84 EA per 28 days); DL      |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG      | Tier 5 | PA; RO; QL (112 EA per 28 days); DL     |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG      | Tier 5 | PA; RO; QL (140 EA per 28 days); DL     |
| MATULANE ORAL CAPSULE 50 MG                                   | Tier 3 | RM                                      |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML               | Tier 5 | PA; RO; LA; DL                          |
| MEKINIST ORAL TABLET 0.5 MG                                   | Tier 5 | PA; RO; LA; QL (120 EA per 30 days); DL |
| MEKINIST ORAL TABLET 2 MG                                     | Tier 5 | PA; RO; LA; QL (30 EA per 30 days); DL  |
| MEKTOVI ORAL TABLET 15 MG                                     | Tier 5 | PA; RO; QL (180 EA per 30 days); DL     |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i>           | Tier 5 | RO; QL (300 ML per 30 days); DL         |
| <i>mercaptopurine oral tablet 50 mg</i>                       | Tier 1 | RM                                      |
| <i>mesna oral tablet 400 mg</i>                               | Tier 4 | RM                                      |
| MESNEX ORAL TABLET 400 MG                                     | Tier 4 | RM                                      |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>  | Tier 1 | RM                                      |
| <i>methotrexate sodium injection solution 50 mg/2ml</i>       | Tier 1 | RM                                      |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                 | Tier 1 | RM                                      |
| MODEYSO ORAL CAPSULE 125 MG                                   | Tier 5 | PA; RO; DL                              |
| NERLYNX ORAL TABLET 40 MG                                     | Tier 5 | PA; SP; LA; QL (180 EA per 30 days); DL |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>       | Tier 5 | PA; RO; DL                              |
| <i>nilutamide oral tablet 150 mg</i>                          | Tier 5 | RO; DL                                  |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                       | Tier 5 | PA; RO; QL (3 EA per 28 days); DL       |
| NUBEQA ORAL TABLET 300 MG                                     | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| ODOMZO ORAL CAPSULE 200 MG                                    | Tier 5 | PA; RO; LA; QL (30 EA per 30 days); DL  |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                            | Tier 5 | PA; RO                                  |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML                 | Tier 5 | PA; RO                                  |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK) | Tier 5 | PA; RO                                  |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                    | Tier 5 | PA; RO; QL (30 EA per 30 days); DL      |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| ONUREG ORAL TABLET 200 MG, 300 MG                               | Tier 5 | PA; RO; QL (14 EA per 28 days); DL      |
| ORGOVYX ORAL TABLET 120 MG                                      | Tier 5 | PA; RO; QL (32 EA per 30 days); DL      |
| ORSERDU ORAL TABLET 345 MG                                      | Tier 5 | PA; RO; QL (30 EA per 30 days); DL      |
| ORSERDU ORAL TABLET 86 MG                                       | Tier 5 | PA; RO; QL (90 EA per 30 days); DL      |
| <i>pazopanib hcl oral tablet 200 mg</i>                         | Tier 5 | PA; RO; DL                              |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                      | Tier 5 | PA; SP; QL (28 EA per 28 days); DL      |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG      | Tier 5 | PA; RO; QL (28 EA per 28 days); DL      |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | Tier 5 | PA; RO; QL (56 EA per 28 days); DL      |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG  | Tier 5 | PA; RO; QL (56 EA per 28 days); DL      |
| <i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>         | Tier 5 | PA; RO; QL (21 EA per 28 days); DL      |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML                           | Tier 5 | SP; LA; QL (300 ML per 30 days); DL     |
| QINLOCK ORAL TABLET 50 MG                                       | Tier 5 | PA; RO; QL (90 EA per 30 days); DL      |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                | Tier 5 | PA; RO                                  |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                      | Tier 5 | PA; RO; DL                              |
| REZLIDHIA ORAL CAPSULE 150 MG                                   | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                       | Tier 5 | PA; RO; DL                              |
| ROZLYTREK ORAL CAPSULE 100 MG                                   | Tier 5 | PA; RO; QL (180 EA per 30 days); DL     |
| ROZLYTREK ORAL CAPSULE 200 MG                                   | Tier 5 | PA; RO; QL (90 EA per 30 days); DL      |
| ROZLYTREK ORAL PACKET 50 MG                                     | Tier 5 | PA; RO; QL (360 EA per 30 days); DL     |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                      | Tier 5 | PA; RO; LA; QL (120 EA per 30 days); DL |
| RYDAPT ORAL CAPSULE 25 MG                                       | Tier 5 | PA; RO; QL (224 EA per 28 days); DL     |
| SCSEMBLIX ORAL TABLET 100 MG                                    | Tier 5 | PA; RO; DL                              |
| SCSEMBLIX ORAL TABLET 20 MG                                     | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |

| Drug Name   | Tier   | Requirements/Limits                    |
|---|--------|--|
| SCSEMBLIX ORAL TABLET 40 MG   | Tier 5 | PA; RO; QL (300 EA per 30 days); DL    |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML                                    | Tier 3 | RO; DL                                 |
| <i>sorafenib tosylate oral tablet 200 mg</i>                        | Tier 5 | PA; RO; DL                             |
| STIVARGA ORAL TABLET 40 MG  | Tier 5 | PA; SP; LA; QL (84 EA per 28 days); DL |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | Tier 5 | PA; RO; DL                             |
| TABLOID ORAL TABLET 40 MG   | Tier 5 | PA; RO; DL                             |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                 | Tier 5 | PA; SP; QL (112 EA per 28 days); DL    |
| TAFINLAR ORAL CAPSULE 50 MG   | Tier 5 | PA; RO; QL (180 EA per 30 days); DL    |
| TAFINLAR ORAL CAPSULE 75 MG   | Tier 5 | PA; RO; QL (120 EA per 30 days); DL    |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG                                  | Tier 5 | PA; RO; QL (840 EA per 28 days); DL    |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                   | Tier 5 | PA; RO; QL (30 EA per 30 days); DL     |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | Tier 5 | PA; RO; QL (30 EA per 30 days); DL     |
| TALZENNA ORAL CAPSULE 0.25 MG                                       | Tier 5 | PA; RO; QL (90 EA per 30 days); DL     |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                   | Tier 1 | RM                                     |
| TAZVERIK ORAL TABLET 200 MG   | Tier 5 | PA; SP; QL (240 EA per 30 days); DL    |
| TEPMETKO ORAL TABLET 225 MG   | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL |
| THALOMID ORAL CAPSULE 100 MG  | Tier 5 | PA; SP; QL (4 EA per 1 day); DL        |
| THALOMID ORAL CAPSULE 50 MG   | Tier 5 | PA; SP; QL (8 EA per 1 day); DL        |
| TIBSOVO ORAL TABLET 250 MG  | Tier 5 | PA; RO; QL (60 EA per 30 days); DL     |
| <i>toremifene citrate oral tablet 60 mg</i>                         | Tier 5 | RO; DL                                 |
| <i>tretinoin oral capsule 10 mg</i>                                 | Tier 5 | RO; DL                                 |
| TRUQAP ORAL TABLET 200 MG   | Tier 5 | PA; RO; QL (64 EA per 28 days); DL     |
| TUKYSA ORAL TABLET 150 MG   | Tier 5 | PA; RO; QL (120 EA per 30 days); DL    |
| TUKYSA ORAL TABLET 50 MG  | Tier 5 | PA; RO; QL (300 EA per 30 days); DL    |
| TURALIO ORAL CAPSULE 125 MG   | Tier 5 | PA; RO; QL (120 EA per 30 days); DL    |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| VALCHLOR EXTERNAL GEL 0.016 %                                     | Tier 5 | PA; RO; QL (60 GM per 28 days); DL      |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                             | Tier 5 | PA; RO; QL (56 EA per 28 days)          |
| VENCLEXTA ORAL TABLET 10 MG                                       | Tier 4 | PA; RO; QL (60 EA per 30 days); DL      |
| VENCLEXTA ORAL TABLET 100 MG                                      | Tier 5 | PA; RO; QL (180 EA per 30 days); DL     |
| VENCLEXTA ORAL TABLET 50 MG                                       | Tier 4 | PA; RO; QL (30 EA per 30 days); DL      |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | Tier 5 | PA; RO; QL (42 EA per 28 days); DL      |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |
| VITRAKVI ORAL CAPSULE 100 MG                                      | Tier 5 | PA; SP; QL (60 EA per 30 days); DL      |
| VITRAKVI ORAL CAPSULE 25 MG                                       | Tier 5 | PA; SP; QL (180 EA per 30 days); DL     |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                   | Tier 5 | PA; SP; QL (300 ML per 30 days); DL     |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                          | Tier 5 | PA; RO; QL (30 EA per 30 days); DL      |
| VONJO ORAL CAPSULE 100 MG   | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| VORANIGO ORAL TABLET 10 MG, 40 MG                                 | Tier 5 | PA; RO; DL                              |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                               | Tier 5 | PA; SP; LA; QL (120 EA per 30 days); DL |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG                              | Tier 5 | PA; RO; QL (180 EA per 30 days); DL     |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG                               | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG                               | Tier 5 | PA; RO; QL (240 EA per 30 days); DL     |
| XOSPATA ORAL TABLET 40 MG   | Tier 5 | PA; RO; QL (90 EA per 30 days); DL      |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG        | Tier 5 | PA; SP; LA; QL (8 EA per 28 days); DL   |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG         | Tier 5 | PA; RO; DL                              |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG        | Tier 5 | PA; SP; LA; QL (8 EA per 28 days); DL   |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG         | Tier 5 | PA; SP; LA; QL (4 EA per 28 days); DL   |

| Drug Name  | Tier   | Requirements/Limits                     |
|--|--------|---|
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG         | Tier 5 | PA; SP; LA; QL (24 EA per 28 days); DL  |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG          | Tier 5 | PA; SP; LA; QL (8 EA per 28 days); DL   |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG          | Tier 5 | PA; RO; QL (4 EA per 28 days); DL       |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG         | Tier 5 | PA; SP; LA; QL (32 EA per 28 days); DL  |
| XTANDI ORAL CAPSULE 40 MG  | Tier 5 | PA; SP; LA; QL (120 EA per 30 days); DL |
| XTANDI ORAL TABLET 40 MG   | Tier 5 | PA; SP; QL (120 EA per 30 days); DL     |
| XTANDI ORAL TABLET 80 MG   | Tier 5 | PA; SP; QL (60 EA per 30 days); DL      |
| YONSA ORAL TABLET 125 MG   | Tier 5 | PA; RO; DL                              |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                          | Tier 5 | PA; RO; QL (30 EA per 30 days); DL      |
| ZELBORAF ORAL TABLET 240 MG  | Tier 5 | PA; SP; LA; QL (240 EA per 30 days); DL |
| ZOLINZA ORAL CAPSULE 100 MG  | Tier 5 | PA; RO; QL (120 EA per 30 days); DL     |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                 | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |
| ZYKADIA ORAL TABLET 150 MG   | Tier 5 | PA; RO; QL (150 EA per 30 days); DL     |
| <b>Antiparasitics</b>  |        |   |
| <i>albendazole oral tablet 200 mg</i>                              | Tier 2 | RM; DL                                  |
| <i>atovaquone oral suspension 750 mg/5ml</i>                       | Tier 2 | RO; DL                                  |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> | Tier 2 | RM                                      |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>            | Tier 2 | RM                                      |
| COARTEM ORAL TABLET 20-120 MG                                      | Tier 4 | RO; DL                                  |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>               | Tier 1 | RM                                      |
| IMPAVIDO ORAL CAPSULE 50 MG  | Tier 5 | PA; RO; DL                              |
| <i>ivermectin oral tablet 3 mg</i>                                 | Tier 2 | RO; DL                                  |
| <i>mefloquine hcl oral tablet 250 mg</i>                           | Tier 2 | RM                                      |
| <i>nitazoxanide oral tablet 500 mg</i>                             | Tier 5 | RO; QL (6 EA per 30 days); DL           |
| PENTAMIDINE ISETHIONATE INHALATION SOLUTION RECONSTITUTED 300 MG   | Tier 4 | B/D; RO; DL                             |
| PENTAMIDINE ISETHIONATE INJECTION SOLUTION RECONSTITUTED 300 MG    | Tier 4 | B/D; RO; DL                             |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>           |
|---|-------------|--------------------------------------|
| <i>praziquantel oral tablet 600 mg</i>  | Tier 4      | RM; DL                               |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>   | Tier 2      | RO; DL                               |
| <i>pyrimethamine oral tablet 25 mg</i>  | Tier 5      | PA; RO; DL                           |
| <i>quinine sulfate oral capsule 324 mg</i>  | Tier 2      | RM                                   |
| <b>Antiparkinson Agents</b>   |             |                                      |
| <i>amantadine hcl oral capsule 100 mg</i>   | Tier 2      | RM                                   |
| <i>amantadine hcl oral solution 50 mg/5ml</i>   | Tier 2      | RO; DL                               |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>  | Tier 5      | PA; SP; DL                           |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2      | RM                                   |
| <i>bromocriptine mesylate oral capsule 5 mg</i>   | Tier 2      | RM                                   |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>  | Tier 2      | RM                                   |
| <i>carbidopa oral tablet 25 mg</i>  | Tier 2      | RM                                   |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                          | Tier 2      | RM                                   |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                   | Tier 2      | RM                                   |
| <i>entacapone oral tablet 200 mg</i>  | Tier 2      | RM                                   |
| NEUPRO TRANSDERMAL PATCH 24 HOUR<br>1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4<br>MG/24HR, 6 MG/24HR, 8 MG/24HR | Tier 4      | PA; RM                               |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>         | Tier 2      | RM                                   |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>   | Tier 2      | RM                                   |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>             | Tier 2      | RM                                   |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                         | Tier 2      | RM                                   |
| <i>selegiline hcl oral capsule 5 mg</i>   | Tier 2      | RM                                   |
| <i>selegiline hcl oral tablet 5 mg</i>  | Tier 2      | RM                                   |
| <i>tolcapone oral tablet 100 mg</i>   | Tier 5      | RO; DL                               |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>  | Tier 2      | RO; DL                               |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>   | Tier 2      | RM                                   |
| <b>Antipsychotics</b>   |             |                                      |
| ABILIFY MAINTENA INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED ER 300 MG,<br>400 MG                         | Tier 5      | PA; RO; QL (1 EA per 28 days);<br>DL |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>                               | Tier 2      | RM; QL (60 EA per 30 days)           |

| Drug Name   | Tier   | Requirements/Limits                 |
|---|--------|-------------------------------------|
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG  | Tier 5 | PA; RO; QL (30 EA per 30 days); DL  |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>   | Tier 2 | RM                                  |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                     | Tier 2 | RM                                  |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG   | Tier 5 | PA; RO; DL                          |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG                                    | Tier 5 | PA; RO; DL                          |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                                       | Tier 5 | PA; RO; QL (60 EA per 30 days); DL  |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG  | Tier 4 | PA; RO; QL (60 EA per 30 days); DL  |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>   | Tier 2 | RM                                  |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>  | Tier 2 | RM                                  |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>  | Tier 2 | RO; DL                              |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>  | Tier 2 | RO; DL                              |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                       | Tier 2 | RM                                  |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                             | Tier 2 | RM                                  |
| <i>haloperidol lactate injection solution 5 mg/ml</i>   | Tier 2 | RM                                  |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>   | Tier 2 | RO; DL                              |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                               | Tier 2 | RM                                  |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML                             | Tier 5 | PA; RO; QL (3.5 ML per 180 days)    |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML                               | Tier 5 | PA; RO; QL (5 ML per 180 days)      |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 78 MG/0.5ML | Tier 5 | PA; RO; QL (1.5 ML per 28 days); DL |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML                                | Tier 5 | PA; RO; QL (1 ML per 28 days); DL   |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML                             | Tier 4 | PA; RO; QL (1.5 ML per 28 days); DL |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                                    | Tier 2 | RM                                  |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>  | Tier 2 | RM; QL (30 EA per 30 days)         |
| <i>lurasidone hcl oral tablet 80 mg</i>  | Tier 2 | RM; QL (60 EA per 30 days)         |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG   | Tier 5 | PA; RO; QL (1 EA per 1 day); DL    |
| MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG   | Tier 4 | RM                                 |
| NUPLAZID ORAL CAPSULE 34 MG  | Tier 5 | PA; RO; QL (30 EA per 30 days); DL |
| NUPLAZID ORAL TABLET 10 MG   | Tier 5 | PA; RO; QL (30 EA per 30 days); DL |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>   | Tier 2 | PA; RO; DL                         |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                  | Tier 1 | RM                                 |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                      | Tier 2 | RM                                 |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG   | Tier 5 | PA; RO; DL                         |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>                     | Tier 2 | RM                                 |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | Tier 2 | RM                                 |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | Tier 2 | RM                                 |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | Tier 1 | RM                                 |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG  | Tier 5 | PA; RO; QL (30 EA per 30 days); DL |
| RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG            | Tier 4 | PA; RO; DL                         |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>                       | Tier 5 | PA; RO; DL                         |
| <i>risperidone oral solution 1 mg/ml</i>   | Tier 2 | RO; DL                             |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                   | Tier 1 | RM                                 |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                       | Tier 2 | RM                                 |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                                  | Tier 5 | PA; RO; QL (30 EA per 30 days); DL |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>  | Tier 2 | RM                                 |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>         |
|--|-------------|------------------------------------|
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                | Tier 2      | RM                                 |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>         | Tier 2      | RM                                 |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                     | Tier 5      | RO; DL                             |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG       | Tier 5      | PA; RO; QL (30 EA per 30 days); DL |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>         | Tier 2      | RM                                 |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> | Tier 2      | RO; DL                             |
| <b>Antispasticity Agents</b>   |             |                                    |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                               | Tier 2      | RM                                 |
| <i>dantrolene sodium oral capsule 50 mg</i>                            | Tier 2      | RM                                 |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                           | Tier 2      | RM                                 |
| <b>Antivirals</b>  |             |                                    |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                         | Tier 2      | RO; DL                             |
| <i>abacavir sulfate oral tablet 300 mg</i>                             | Tier 2      | RM                                 |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>              | Tier 2      | RM                                 |
| <i>acyclovir oral capsule 200 mg</i>                                   | Tier 2      | RM                                 |
| <i>acyclovir oral suspension 200 mg/5ml</i>                            | Tier 2      | RO; DL                             |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                            | Tier 2      | RM                                 |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                  | Tier 2      | B/D; RO; DL                        |
| ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG                                   | Tier 4      | RO; DL                             |
| APTIVUS ORAL CAPSULE 250 MG  | Tier 5      | RM; QL (120 EA per 30 days)        |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>          | Tier 2      | RM                                 |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                        | Tier 5      | RM; QL (30 EA per 30 days)         |
| CIMDUO ORAL TABLET 300-300 MG  | Tier 5      | RM; QL (30 EA per 30 days)         |
| <i>darunavir oral tablet 600 mg, 800 mg</i>                            | Tier 2      | RM                                 |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                   | Tier 5      | RM; QL (30 EA per 30 days)         |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                               | Tier 5      | RM; QL (30 EA per 30 days)         |
| DOVATO ORAL TABLET 50-300 MG   | Tier 5      | RM; QL (30 EA per 30 days)         |
| EDURANT ORAL TABLET 25 MG  | Tier 5      | RM; QL (30 EA per 30 days)         |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG                                 | Tier 5      | RO; QL (18 EA per 30 days); DL     |
| <i>efavirenz oral tablet 600 mg</i>                                    | Tier 2      | RM                                 |

| Drug Name  | Tier   | Requirements/Limits             |
|--|--------|---------------------------------|
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>                             | Tier 2 | RM                              |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>             | Tier 2 | RM                              |
| <i>emtricitabine oral capsule 200 mg</i>   | Tier 2 | RM                              |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | Tier 1 | RM                              |
| <i>emtricitab- rilpivir-tenofov df oral tablet 200-25-300 mg</i>                             | Tier 5 | RO; DL                          |
| EMTRIVA ORAL SOLUTION 10 MG/ML   | Tier 3 | RO; QL (680 ML per 28 days); DL |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>  | Tier 2 | RM                              |
| <i>etravirine oral tablet 100 mg, 200 mg</i>   | Tier 2 | RM                              |
| EVOTAZ ORAL TABLET 300-150 MG  | Tier 5 | RM; QL (30 EA per 30 days)      |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>  | Tier 2 | RM                              |
| <i>fosamprenavir calcium oral tablet 700 mg</i>  | Tier 2 | RM                              |
| GENVOYA ORAL TABLET 150-150-200-10 MG  | Tier 5 | RM; QL (30 EA per 30 days)      |
| INTELENCE ORAL TABLET 25 MG  | Tier 4 | RM; QL (120 EA per 30 days)     |
| ISENTRESS HD ORAL TABLET 600 MG  | Tier 5 | RM; QL (60 EA per 30 days)      |
| ISENTRESS ORAL PACKET 100 MG   | Tier 5 | RM; QL (60 EA per 30 days)      |
| ISENTRESS ORAL TABLET 400 MG   | Tier 5 | RM; QL (120 EA per 30 days)     |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG  | Tier 5 | RM; QL (180 EA per 30 days)     |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG   | Tier 4 | RM; QL (180 EA per 30 days)     |
| JULUCA ORAL TABLET 50-25 MG  | Tier 5 | RM; QL (30 EA per 30 days)      |
| KALETRA ORAL SOLUTION 400-100 MG/5ML   | Tier 4 | RO; QL (480 ML per 30 days)     |
| <i>lamivudine oral solution 10 mg/ml</i>   | Tier 2 | RO; DL                          |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>   | Tier 2 | RM                              |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>  | Tier 2 | RM                              |
| LIVTENCITY ORAL TABLET 200 MG  | Tier 5 | PA; RO; DL                      |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>                                  | Tier 2 | RM                              |
| <i>maraviroc oral tablet 150 mg, 300 mg</i>  | Tier 2 | RM                              |
| MAVYRET ORAL PACKET 50-20 MG   | Tier 5 | PA; RO; DL                      |
| MAVYRET ORAL TABLET 100-40 MG  | Tier 5 | PA; RO; DL                      |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i>                             | Tier 2 | RM                              |
| <i>nevirapine oral suspension 50 mg/5ml</i>  | Tier 2 | RO; DL                          |
| <i>nevirapine oral tablet 200 mg</i>   | Tier 2 | RM                              |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| NORVIR ORAL PACKET 100 MG  | Tier 3 | RM; QL (360 EA per 30 days)        |
| ODEFSEY ORAL TABLET 200-25-25 MG   | Tier 5 | RM; QL (30 EA per 30 days)         |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>                | Tier 2 | RO; DL                             |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>           | Tier 2 | RO; DL                             |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG         | Tier 5 | RO; DL                             |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | Tier 5 | RO; DL                             |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG         | Tier 5 | RO; DL                             |
| PIFELTRO ORAL TABLET 100 MG  | Tier 5 | RM; QL (60 EA per 30 days)         |
| PREVYMIS ORAL TABLET 240 MG, 480 MG  | Tier 5 | PA; RO; QL (28 EA per 28 days); DL |
| PREZCOBIX ORAL TABLET 675-150 MG   | Tier 5 | RO; QL (30 EA per 30 days); DL     |
| PREZCOBIX ORAL TABLET 800-150 MG   | Tier 5 | RM; QL (30 EA per 30 days)         |
| PREZISTA ORAL SUSPENSION 100 MG/ML   | Tier 5 | RO; QL (360 ML per 30 days); DL    |
| PREZISTA ORAL TABLET 150 MG  | Tier 5 | RM; QL (240 EA per 30 days)        |
| PREZISTA ORAL TABLET 75 MG   | Tier 4 | RM; QL (480 EA per 30 days)        |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT        | Tier 3 | RO; DL                             |
| REYATAZ ORAL PACKET 50 MG  | Tier 3 | RM                                 |
| <i>ribavirin oral capsule 200 mg</i>   | Tier 2 | RM                                 |
| <i>rimantadine hcl oral tablet 100 mg</i>                                    | Tier 2 | RM                                 |
| <i>ritonavir oral tablet 100 mg</i>  | Tier 2 | RM                                 |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG                          | Tier 5 | RM; QL (60 EA per 30 days)         |
| SELZENTRY ORAL SOLUTION 20 MG/ML   | Tier 5 | RO; QL (1800 ML per 30 days); DL   |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                      | Tier 5 | RM; QL (30 EA per 30 days)         |
| SUNLENCA ORAL TABLET 300 MG  | Tier 5 | RO; QL (4 EA per 28 days); DL      |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG                                 | Tier 5 | RO; QL (8 EA per 365 days); DL     |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG                                 | Tier 5 | RO; QL (10 EA per 365 days); DL    |
| SYMTUZA ORAL TABLET 800-150-200-10 MG  | Tier 5 | RM; QL (30 EA per 30 days)         |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                      | Tier 2 | RM                                 |

| Drug Name  | Tier   | Requirements/Limits             |
|--|--------|---------------------------------|
| TIVICAY ORAL TABLET 50 MG  | Tier 5 | RM; QL (60 EA per 30 days)      |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG  | Tier 5 | RM; QL (180 EA per 30 days)     |
| <i>trifluridine ophthalmic solution 1 %</i>  | Tier 2 | RO; DL                          |
| TRIUMEQ ORAL TABLET 600-50-300 MG  | Tier 5 | RM; QL (30 EA per 30 days)      |
| <i>trimeq pd oral tablet soluble 60-5-30 mg</i>                                      | Tier 3 | RM; QL (180 EA per 30 days)     |
| TYBOST ORAL TABLET 150 MG  | Tier 3 | RM                              |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                                     | Tier 2 | RM                              |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>                       | Tier 5 | RO; DL                          |
| <i>valganciclovir hcl oral tablet 450 mg</i>   | Tier 2 | RM; DL                          |
| VEMLIDY ORAL TABLET 25 MG  | Tier 3 | RM; QL (30 EA per 30 days)      |
| VIRACEPT ORAL TABLET 250 MG  | Tier 5 | RM; QL (300 EA per 30 days)     |
| VIRACEPT ORAL TABLET 625 MG  | Tier 5 | RM; QL (120 EA per 30 days)     |
| VIREAD ORAL POWDER 40 MG/GM  | Tier 5 | RO; QL (240 GM per 30 days); DL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG  | Tier 5 | RM; QL (30 EA per 30 days)      |
| VOSEVI ORAL TABLET 400-100-100 MG  | Tier 5 | PA; RO; DL                      |
| <i>zidovudine oral capsule 100 mg</i>  | Tier 2 | RM                              |
| <i>zidovudine oral syrup 50 mg/5ml</i>   | Tier 2 | RO; DL                          |
| <i>zidovudine oral tablet 300 mg</i>   | Tier 2 | RM                              |
| <b>Anxiolytics</b>   |        |                                 |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                            | Tier 2 | RM                              |
| <i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>                            | Tier 2 | RM                              |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg</i>                                | Tier 2 | RM                              |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>  | Tier 2 | RO; DL                          |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                               | Tier 2 | RM                              |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                         | Tier 2 | RM                              |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>  | Tier 2 | RM                              |
| <b>Bipolar Agents</b>  |        |                                 |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> | Tier 2 | RM                              |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>              | Tier 2 | RM                              |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                         | Tier 1 | RM                              |
| <i>lithium oral solution 8 meq/5ml</i>   | Tier 2 | RO                              |
| LYBALVI ORAL TABLET 5-10 MG  | Tier 5 | PA; RO; QL (1 EA per 1 day); DL |

| Drug Name  | Tier   | Requirements/Limits           |
|--|--------|-------------------------------|
| <b>Blood Glucose Regulators</b>  |        |                               |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                               | Tier 2 | RM                            |
| <i>assure id insulin safety syr 29g x 1/2" 1 ml</i>                            | Tier 2 | RM                            |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE  | Tier 3 | RO; DL                        |
| <i>colesevelam hcl oral tablet 625 mg</i>                                      | Tier 2 | RM                            |
| <i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>                          | Tier 2 | RM                            |
| <i>cvs gauze sterile pad 2"x2"</i>   | Tier 2 | RM                            |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>                       | Tier 3 | RM                            |
| DIAZOXIDE ORAL SUSPENSION 50 MG/ML   | Tier 4 | RO; DL                        |
| <i>exel comfort point pen needle 29g x 12mm</i>                                | Tier 2 | RM                            |
| FARXIGA ORAL TABLET 10 MG, 5 MG  | Tier 3 | RM                            |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                 | Tier 3 | RM                            |
| FIASP INJECTION SOLUTION 100 UNIT/ML   | Tier 3 | RM                            |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                      | Tier 3 | RM                            |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                | Tier 1 | RM                            |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>   | Tier 2 | RM                            |
| <i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>                               | Tier 1 | RM                            |
| <i>glucagon emergency injection solution reconstituted 1 mg</i>                | Tier 2 | RM; QL (4 EA per 30 days); DL |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                             | Tier 2 | PA; RM; HRM                   |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | Tier 4 | RM                            |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                      | Tier 1 | RM                            |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML             | Tier 4 | RM                            |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                  | Tier 1 | RM                            |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML                                       | Tier 1 | RM                            |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML               | Tier 5 | B/D; RO                       |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML         | Tier 5 | RO; DL                        |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML                        | Tier 1 | RM                            |

| Drug Name   | Tier   | Requirements/Limits                     |
|---|--------|---|
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                  | Tier 1 | RM                                      |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>    | Tier 4 | RM                                      |
| <i>insulin lispro injection solution 100 unit/ml</i>                                  | Tier 1 | RM                                      |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG  | Tier 3 | RM; QL (31 EA per 31 days)              |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | Tier 3 | RM                                      |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                        | Tier 4 | RM                                      |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML  | Tier 4 | RM                                      |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>                       | Tier 2 | PA; RM; QL (9 ML per 30 days)           |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>           | Tier 1 | RM                                      |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                              | Tier 1 | RM                                      |
| <i>metformin hcl oral tablet 750 mg</i>   | Tier 2 | RM                                      |
| <i>mifepristone oral tablet 300 mg</i>  | Tier 5 | PA; SP; LA; QL (120 EA per 30 days); DL |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  | Tier 2 | RM                                      |
| <i>novolin 70/30 flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i> | Tier 1 | RM                                      |
| <i>novolin 70/30 subcutaneous suspension (70-30) 100 unit/ml</i>                      | Tier 1 | RM                                      |
| <i>novolin n flexpen subcutaneous suspension pen-injector 100 unit/ml</i>             | Tier 1 | RM                                      |
| <i>novolin n subcutaneous suspension 100 unit/ml</i>                                  | Tier 1 | RM                                      |
| <i>novolin r flexpen injection solution pen-injector 100 unit/ml</i>                  | Tier 1 | RM                                      |
| <i>novolin r injection solution 100 unit/ml</i>                                       | Tier 1 | RM                                      |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                        | Tier 3 | RM                                      |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML  | Tier 3 | RM                                      |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML    | Tier 3 | RM                                      |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                         | Tier 3 | RM                                      |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML  | Tier 3      | RM                         |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>  | Tier 2      | RM                         |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>  | Tier 2      | RM                         |
| <i>reli-on insulin syringe 29g 0.3 ml</i>  | Tier 2      | RM                         |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2      | RM                         |
| <i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>  | Tier 2      | RM                         |
| <i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>  | Tier 4      | RM                         |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML  | Tier 3      | RM                         |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML  | Tier 3      | RM                         |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML   | Tier 4      | PA; RM                     |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG   | Tier 3      | RM; QL (30 EA per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG  | Tier 3      | RM; QL (60 EA per 30 days) |
| <b>Blood Products and Modifiers</b>  |             |                            |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>  | Tier 2      | RM                         |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>   | Tier 2      | RM                         |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>  | Tier 2      | RM                         |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>   | Tier 1      | RM                         |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>  | Tier 1      | RM                         |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>  | Tier 2      | RM                         |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG  | Tier 3      | RO; DL                     |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG   | Tier 3      | RM                         |
| <i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>  | Tier 5      | PA; RO; DL                 |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>  | Tier 5      | PA; RO; DL                 |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | Tier 2      | RO; DL                     |

| Drug Name   | Tier   | Requirements/Limits                 |
|---|--------|-------------------------------------|
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>        | Tier 2 | RO; DL                              |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML   | Tier 5 | PA; RO; DL                          |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | Tier 2 | RO; DL                              |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML   | Tier 5 | RO; DL                              |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML                                  | Tier 5 | RO; DL                              |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>  | Tier 2 | RM                                  |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML          | Tier 4 | PA; RO; QL (14 ML per 30 days); DL  |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML   | Tier 5 | PA; RO; QL (14 ML per 30 days); DL  |
| <i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>  | Tier 3 | RO; DL                              |
| <i>ticagrelor oral tablet 60 mg, 90 mg</i>  | Tier 2 | RM                                  |
| <i>tranexamic acid oral tablet 650 mg</i>   | Tier 2 | RO; DL                              |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML  | Tier 5 | PA; RO; QL (1.2 ML per 28 days); DL |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML  | Tier 5 | PA; RO; QL (1.2 ML per 28 days); DL |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                | Tier 1 | RM                                  |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML   | Tier 3 | RO; DL                              |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG   | Tier 3 | RM                                  |
| XARELTO ORAL TABLET 2.5 MG  | Tier 3 | RM; QL (60 EA per 30 days)          |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG  | Tier 3 | RO; DL                              |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML                                    | Tier 5 | RO; DL                              |
| <b>Cardiovascular Agents</b>  |        |                                     |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>   | Tier 2 | RM                                  |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>   | Tier 2 | RM                                  |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>  | Tier 2 | RM                                  |
| <i>amiloride hcl oral tablet 5 mg</i>   | Tier 2 | RM                                  |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b> |
|---|-------------|----------------------------|
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>  | Tier 2      | RM                         |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 2      | RM                         |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>  | Tier 1      | RM                         |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>  | Tier 1      | RM                         |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | Tier 1      | RM                         |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | Tier 1      | RM                         |
| <i>bumetanide injection solution 0.25 mg/ml</i>   | Tier 2      | RO; DL                     |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>  | Tier 2      | RM                         |
| <b>CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</b>   | Tier 4      | RM                         |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>   | Tier 1      | RM                         |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>  | Tier 2      | RM                         |
| <i>cholestyramine light oral packet 4 gm</i>  | Tier 2      | RM                         |
| <i>cholestyramine oral packet 4 gm</i>  | Tier 2      | RM                         |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>   | Tier 1      | RM                         |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                             | Tier 2      | RM                         |
| <i>colestipol hcl oral tablet 1 gm</i>  | Tier 2      | RM                         |
| <i>digoxin oral solution 0.05 mg/ml</i>   | Tier 2      | RO; DL                     |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>   | Tier 2      | RM                         |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>   | Tier 2      | RM                         |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>  | Tier 2      | RM                         |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>   | Tier 2      | RM                         |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>  | Tier 2      | RM                         |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>  | Tier 2      | RM                         |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>  | Tier 2      | PA; RO; DL                 |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>   | Tier 1      | RM                         |
| <b>ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG</b>  | Tier 3      | RM                         |

| Drug Name  | Tier   | Requirements/Limits            |
|--|--------|--------------------------------|
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG   | Tier 3 | RM; QL (60 EA per 30 days)     |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>   | Tier 2 | RM                             |
| <i>ethacrynic acid oral tablet 25 mg</i>   | Tier 2 | RM                             |
| <i>ezetimibe oral tablet 10 mg</i>   | Tier 2 | RM                             |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>              | Tier 2 | RM                             |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg</i>                                       | Tier 2 | RM                             |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                          | Tier 2 | RM                             |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                                | Tier 2 | RM                             |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                                   | Tier 2 | RM                             |
| <i>furosemide injection solution 10 mg/ml</i>  | Tier 2 | RO; DL                         |
| <i>furosemide oral solution 10 mg/ml</i>   | Tier 2 | RO; DL                         |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>  | Tier 1 | RM                             |
| <i>gemfibrozil oral tablet 600 mg</i>  | Tier 2 | RM                             |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>   | Tier 2 | RM                             |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                             | Tier 2 | RM                             |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  | Tier 1 | RM                             |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                               | Tier 1 | RM                             |
| ICOSAPENT ETHYL ORAL CAPSULE 0.5 GM, 1 GM  | Tier 4 | RM                             |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>  | Tier 1 | RM                             |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                          | Tier 2 | RM                             |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | Tier 2 | RM                             |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>   | Tier 4 | PA; RM                         |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG  | Tier 5 | PA; SP; LA; DL                 |
| KERENDIA ORAL TABLET 10 MG, 20 MG  | Tier 4 | PA; RM; QL (30 EA per 30 days) |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                    | Tier 2 | RM                             |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>                     | Tier 1 | RM                             |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>         | Tier 1 | RM                             |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                                 | Tier 1 | RM                             |

| Drug Name  | Tier   | Requirements/Limits        |
|--|--------|----------------------------|
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                    | Tier 1 | RM                         |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>  | Tier 1 | RM                         |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | Tier 2 | RM                         |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | RM                         |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                      | Tier 1 | RM                         |
| <i>metyrosine oral capsule 250 mg</i>  | Tier 5 | RO; DL                     |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>  | Tier 2 | RM                         |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>   | Tier 2 | RM                         |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | Tier 2 | RM                         |
| MULTAQ ORAL TABLET 400 MG  | Tier 4 | RM                         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | Tier 2 | RM                         |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                      | Tier 1 | RM                         |
| NEXLETOL ORAL TABLET 180 MG  | Tier 4 | PA; RM                     |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>       | Tier 2 | RM                         |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                    | Tier 2 | RM                         |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>  | Tier 2 | RM                         |
| <i>nimodipine oral capsule 30 mg</i>   | Tier 2 | RM; DL                     |
| NITRO-BID TRANSDERMAL OINTMENT 2 %   | Tier 3 | RO; DL                     |
| <i>nitroglycerin rectal ointment 0.4 %</i>   | Tier 4 | RO; DL                     |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                         | Tier 2 | RM                         |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>        | Tier 2 | RM                         |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG                                  | Tier 4 | RM                         |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                       | Tier 1 | RM                         |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                    | Tier 1 | RM                         |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>   | Tier 2 | RM                         |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                     | Tier 2 | RM                         |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>   | Tier 5 | PA; RO; DL                 |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>   | Tier 1 | RM; QL (31 EA per 31 days) |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b> |
|--|-------------|----------------------------|
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                             | Tier 1      | RM                         |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>  | Tier 2      | RM                         |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                    | Tier 2      | RM                         |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | Tier 2      | RM                         |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                    | Tier 2      | RO; DL                     |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                         | Tier 2      | RM                         |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                   | Tier 1      | RM                         |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                            | Tier 2      | RM                         |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>  | Tier 2      | RM                         |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                    | Tier 1      | RM                         |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                    | Tier 2      | RM                         |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML                                    | Tier 4      | PA; RO; DL                 |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML                              | Tier 4      | PA; RO; DL                 |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                            | Tier 1      | RM                         |
| <i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>                        | Tier 2      | RM                         |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>                              | Tier 1      | RM                         |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                 | Tier 2      | RM                         |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                       | Tier 2      | RM                         |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>  | Tier 2      | RM                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>   | Tier 1      | RM                         |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                    | Tier 1      | RM                         |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                       | Tier 1      | RM                         |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>  | Tier 1      | RM                         |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                                     | Tier 1      | RM                         |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                    | Tier 1      | RM                         |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                               | Tier 2 | RM                                 |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>   | Tier 2 | RM                                 |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG   | Tier 4 | RM; QL (30 EA per 30 days)         |
| <b>Central Nervous System Agents</b>  |        |                                    |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>               | Tier 2 | RM; QL (31 EA per 31 days)         |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>              | Tier 2 | RM; QL (62 EA per 31 days)         |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                      | Tier 2 | RM                                 |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML   | Tier 5 | PA; RO; QL (1 EA per 28 days); DL  |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML   | Tier 5 | PA; RO; QL (1 EA per 28 days); DL  |
| BETASERON SUBCUTANEOUS KIT 0.3 MG   | Tier 5 | PA; RO; QL (15 EA per 30 days); DL |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>  | Tier 2 | PA; RO; DL                         |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>   | Tier 2 | RM; QL (60 EA per 30 days)         |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>              | Tier 2 | RM                                 |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>  | Tier 2 | RM                                 |
| <i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>                                      | Tier 1 | PA; RM                             |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>          | Tier 1 | PA; RO; DL                         |
| <i>fingolimod hcl oral capsule 0.5 mg</i>   | Tier 1 | PA; RM; QL (28 EA per 28 days); DL |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML  | Tier 5 | RO; DL                             |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                      | Tier 2 | RM                                 |
| <i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>           | Tier 2 | RM; QL (31 EA per 31 days)         |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 2 | RM; QL (31 EA per 31 days)         |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>                      | Tier 2 | RM; QL (31 EA per 31 days)         |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>         |
|--|-------------|------------------------------------|
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>                 | Tier 2      | RM; QL (62 EA per 31 days)         |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i>                       | Tier 2      | RM; QL (93 EA per 31 days)         |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i> | Tier 2      | RM; QL (31 EA per 31 days)         |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>               | Tier 2      | RM; QL (62 EA per 31 days)         |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                           | Tier 2      | RO; DL                             |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                              | Tier 2      | RM                                 |
| NUDEXTA ORAL CAPSULE 20-10 MG  | Tier 5      | PA; RO; QL (60 EA per 30 days); DL |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML          | Tier 5      | PA; RO; DL                         |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG     | Tier 5      | PA; RO; DL                         |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML               | Tier 5      | PA; RO; DL                         |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG          | Tier 5      | PA; RO; DL                         |
| <i>riluzole oral tablet 50 mg</i>  | Tier 2      | RM                                 |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG                                      | Tier 3      | RM                                 |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG  | Tier 3      | RO; DL                             |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>   | Tier 1      | PA; RM                             |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>  | Tier 2      | PA; RO; DL                         |
| <b>Dental and Oral Agents</b>  |             |                                    |
| <i>cevimeline hcl oral capsule 30 mg</i>   | Tier 2      | RM                                 |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                            | Tier 2      | RM                                 |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>  | Tier 2      | RM                                 |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                                | Tier 2      | RO; DL                             |
| <b>Dermatological Agents</b>   |             |                                    |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                    | Tier 2      | RO; DL                             |
| <i>acyclovir external ointment 5 %</i>   | Tier 2      | RO; QL (30 GM per 30 days); DL     |
| <i>adapalene external gel 0.3 %</i>  | Tier 2      | RO; DL                             |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>           |
|--|-------------|--------------------------------------|
| ADBRY SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 300 MG/2ML    | Tier 5      | PA; RO; QL (3 ML per 28 days);<br>DL |
| ADBRY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 150 MG/ML | Tier 5      | PA; RO; QL (6 ML per 28 days);<br>DL |
| <i>alclometasone dipropionate external cream 0.05 %</i>    | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>ammonium lactate external cream 12 %</i>                | Tier 2      | RM                                   |
| <i>azelaic acid external gel 15 %</i>                      | Tier 2      | RO                                   |
| <i>betamethasone dipropionate external cream 0.05 %</i>    | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>betamethasone dipropionate external lotion 0.05 %</i>   | Tier 2      | RO; QL (60 ML per 30 days); DL       |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>betamethasone valerate external cream 0.1 %</i>         | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>betamethasone valerate external lotion 0.1 %</i>        | Tier 2      | RO; QL (60 ML per 30 days); DL       |
| <i>betamethasone valerate external ointment 0.1 %</i>      | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>calcipotriene external cream 0.005 %</i>                | Tier 2      | RO; QL (60 GM per 30 days); DL       |
| <i>calcipotriene external ointment 0.005 %</i>             | Tier 2      | RO; QL (60 GM per 30 days); DL       |
| <i>calcipotriene external solution 0.005 %</i>             | Tier 2      | RO; QL (60 ML per 30 days); DL       |
| <i>ciclopirox external gel 0.77 %</i>                      | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>ciclopirox external solution 8 %</i>                    | Tier 2      | RO; DL                               |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>     | Tier 1      | RO                                   |
| <i>clindamycin phosphate external swab 1 %</i>             | Tier 2      | RO; DL                               |
| <i>clobetasol propionate e external cream 0.05 %</i>       | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>clobetasol propionate external cream 0.05 %</i>         | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>clobetasol propionate external foam 0.05 %</i>          | Tier 2      | RO; QL (100 GM per 28 days);<br>DL   |
| <i>clobetasol propionate external gel 0.05 %</i>           | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>clobetasol propionate external lotion 0.05 %</i>        | Tier 2      | RO; QL (240 ML per 30 days); DL      |
| <i>clobetasol propionate external ointment 0.05 %</i>      | Tier 2      | RO; QL (120 GM per 30 days);<br>DL   |
| <i>clobetasol propionate external shampoo 0.05 %</i>       | Tier 2      | RO; QL (118 ML per 30 days); DL      |
| <i>clobetasol propionate external solution 0.05 %</i>      | Tier 2      | RO; QL (60 ML per 30 days); DL       |

| <b>Drug Name</b>   | <b>Tier</b> | <b>Requirements/Limits</b>          |
|--|-------------|-------------------------------------|
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>    | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i>   | Tier 2      | RO; QL (60 ML per 30 days); DL      |
| <i>desonide external cream 0.05 %</i>                        | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>desonide external lotion 0.05 %</i>                       | Tier 2      | RO; QL (60 ML per 30 days); DL      |
| <i>desonide external ointment 0.05 %</i>                     | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>          | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>desoximetasone external gel 0.05 %</i>                    | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i>       | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>diclofenac sodium external gel 3 %</i>                    | Tier 2      | PA; RO; QL (100 GM per 30 days); DL |
| <i>erythromycin external solution 2 %</i>                    | Tier 2      | RO; DL                              |
| EUCRISA EXTERNAL OINTMENT 2 %                                | Tier 3      | ST; RO; QL (60 GM per 30 days); DL  |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinolone acetonide external ointment 0.025 %</i>      | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinolone acetonide external solution 0.01 %</i>       | Tier 2      | RO; QL (60 ML per 30 days); DL      |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>      | Tier 2      | RO; DL                              |
| <i>fluocinonide emulsified base external cream 0.05 %</i>    | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinonide external cream 0.05 %</i>                    | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinonide external gel 0.05 %</i>                      | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinonide external ointment 0.05 %</i>                 | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluocinonide external solution 0.05 %</i>                 | Tier 2      | RO; QL (60 ML per 30 days); DL      |
| <i>fluticasone propionate external cream 0.05 %</i>          | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>fluticasone propionate external lotion 0.05 %</i>         | Tier 2      | RO; QL (60 ML per 30 days); DL      |
| <i>fluticasone propionate external ointment 0.005 %</i>      | Tier 2      | RO; QL (120 GM per 30 days); DL     |
| <i>global alcohol prep ease pad 70 %</i>                     | Tier 2      | RM                                  |
| <i>halobetasol propionate external cream 0.05 %</i>          | Tier 2      | RO; QL (120 GM per 30 days); DL     |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| <i>halobetasol propionate external ointment 0.05 %</i>               | Tier 2 | RO; QL (120 GM per 30 days); DL    |
| <i>hydrocortisone (perianal) external cream 2.5 %</i>                | Tier 2 | RO                                 |
| <i>hydrocortisone butyrate external cream 0.1 %</i>                  | Tier 2 | RO; DL                             |
| <i>hydrocortisone butyrate external lotion 0.1 %</i>                 | Tier 2 | RO; DL                             |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>               | Tier 2 | RO; DL                             |
| <i>hydrocortisone butyrate external solution 0.1 %</i>               | Tier 2 | RO; DL                             |
| <i>hydrocortisone external cream 1 %</i>                             | Tier 1 | RO; DL                             |
| <i>hydrocortisone external lotion 2.5 %</i>                          | Tier 1 | RO; DL                             |
| <i>hydrocortisone external ointment 2.5 %</i>                        | Tier 1 | RO; DL                             |
| <i>hydrocortisone valerate external cream 0.2 %</i>                  | Tier 2 | RO; DL                             |
| <i>hydrocortisone valerate external ointment 0.2 %</i>               | Tier 2 | RO; DL                             |
| <i>imiquimod external cream 5 %</i>                                  | Tier 2 | RO; DL                             |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>          | Tier 2 | PA; RO; DL                         |
| <i>ivermectin external cream 1 %</i>                                 | Tier 2 | RO; DL                             |
| <i>malathion external lotion 0.5 %</i>                               | Tier 2 | RO; DL                             |
| <i>methoxsalen rapid oral capsule 10 mg</i>                          | Tier 5 | RO; DL                             |
| <i>mometasone furoate external cream 0.1 %</i>                       | Tier 2 | RO; QL (120 GM per 30 days); DL    |
| <i>mometasone furoate external ointment 0.1 %</i>                    | Tier 2 | RO; QL (120 GM per 30 days); DL    |
| <i>mometasone furoate external solution 0.1 %</i>                    | Tier 2 | RO; QL (60 ML per 30 days); DL     |
| <i>mupirocin external ointment 2 %</i>                               | Tier 2 | RO; QL (44 GM per 30 days); DL     |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>    | Tier 1 | RO; DL                             |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | Tier 1 | RO; DL                             |
| OTEZLA ORAL TABLET 20 MG   | Tier 5 | PA; RO; DL                         |
| OTEZLA ORAL TABLET 30 MG   | Tier 5 | PA; RO; QL (60 EA per 30 days); DL |
| OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG                   | Tier 5 | PA; RO; DL                         |
| PANRETIN EXTERNAL GEL 0.1 %  | Tier 5 | PA; RO; DL                         |
| <i>permethrin external cream 5 %</i>                                 | Tier 2 | RO; DL                             |
| <i>pimecrolimus external cream 1 %</i>                               | Tier 2 | RO; QL (30 GM per 30 days); DL     |
| <i>podofilox external solution 0.5 %</i>                             | Tier 2 | RO; DL                             |
| <i>proctozone-hc external cream 2.5 %</i>                            | Tier 2 | RO; DL                             |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM                                 | Tier 4 | RO; QL (60 GM per 30 days); DL     |
| <i>selenium sulfide external lotion 2.5 %</i>                        | Tier 2 | RO; DL                             |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| <i>silver sulfadiazine external cream 1 %</i>   | Tier 2 | RO; DL                             |
| <i>spinosad external suspension 0.9 %</i>   | Tier 2 | RO; QL (240 ML per 30 days); DL    |
| <i>ssd external cream 1 %</i>   | Tier 2 | RO; DL                             |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>                                       | Tier 2 | RO; QL (30 GM per 30 days); DL     |
| <i>tazarotene external cream 0.05 %</i>   | Tier 4 | PA; RO; DL                         |
| <i>tazarotene external cream 0.1 %</i>  | Tier 2 | PA; RO; QL (30 GM per 30 days); DL |
| TAZAROTENE EXTERNAL GEL 0.05 %, 0.1 %   | Tier 4 | PA; RO; QL (30 GM per 30 days); DL |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                                  | Tier 2 | PA; RO; DL                         |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>   | Tier 2 | PA; RO; DL                         |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>                     | Tier 1 | RO; DL                             |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                           | Tier 1 | RO; DL                             |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>                  | Tier 1 | RO; DL                             |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>  |        |                                    |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                                | Tier 2 | B/D; RM                            |
| <i>carglumic acid oral tablet soluble 200 mg</i>  | Tier 5 | PA; RO; DL                         |
| CHEMET ORAL CAPSULE 100 MG  | Tier 5 | RO; DL                             |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                           | Tier 2 | PA; RO; DL                         |
| <i>dextrose intravenous solution 10 %, 5 %</i>  | Tier 2 | RO; DL                             |
| <i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>                  | Tier 2 | RO; DL                             |
| INTRALIPID INTRAVENOUS EMULSION 30 %  | Tier 4 | B/D; RO; DL                        |
| JYNARQUE ORAL TABLET 15 MG, 30 MG   | Tier 5 | PA; RO; DL                         |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | Tier 5 | PA; RO; DL                         |
| <i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>                    | Tier 2 | RO; DL                             |
| <i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>                           | Tier 2 | RO; DL                             |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>                 | Tier 5 | B/D; RO; DL                        |
| LOKELMA ORAL PACKET 10 GM, 5 GM   | Tier 4 | PA; RO                             |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 %   | Tier 4 | RO; DL                             |

| Drug Name   | Tier   | Requirements/Limits |
|---|--------|---------------------|
| <i>penicillamine oral capsule 250 mg</i>  | Tier 5 | PA; RO; DL          |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                                 | Tier 2 | RM                  |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML  | Tier 4 | RO; DL              |
| <i>potassium chloride oral packet 20 meq</i>  | Tier 2 | RM                  |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                                    | Tier 2 | RO                  |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>     | Tier 2 | RM                  |
| <i>sevelamer carbonate oral tablet 800 mg</i>   | Tier 2 | B/D; RM             |
| SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 0.9 %  | Tier 3 | RO; DL              |
| <i>sodium chloride irrigation solution 0.9 %</i>  | Tier 2 | RO; DL              |
| <i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>  | Tier 2 | RO; DL              |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i>   | Tier 5 | PA; RO; DL          |
| <i>tolvaptan oral tablet therapy pack 15 mg, 30 &amp; 15 mg, 45 &amp; 15 mg, 60 &amp; 30 mg, 90 &amp; 30 mg</i> | Tier 5 | PA; RO; DL          |
| TRAVASOL INTRAVENOUS SOLUTION 10 %  | Tier 4 | B/D; RO; DL         |
| <i>trientine hcl oral capsule 250 mg</i>  | Tier 5 | RO; DL              |
| TROPHAMINE INTRAVENOUS SOLUTION 10 %  | Tier 3 | B/D; RO; DL         |
| <b>Gastrointestinal Agents</b>  |        |                     |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>   | Tier 2 | PA; RM              |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>  | Tier 2 | RM                  |
| <i>dicyclomine hcl oral capsule 10 mg</i>   | Tier 2 | RM                  |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>  | Tier 2 | RO; DL              |
| <i>dicyclomine hcl oral tablet 20 mg</i>  | Tier 2 | RM                  |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>  | Tier 2 | RO; DL              |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>  | Tier 2 | RM                  |
| <i>enulose oral solution 10 gm/15ml</i>   | Tier 2 | RM                  |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>   | Tier 2 | RM                  |
| <i>famotidine oral tablet 20 mg, 40 mg</i>  | Tier 2 | RM                  |
| GATTEX SUBCUTANEOUS KIT 5 MG  | Tier 5 | PA; SP; LA; DL      |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>  | Tier 2 | RM                  |
| <i>lactulose oral solution 10 gm/15ml</i>   | Tier 2 | RM                  |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>  | Tier 2 | RM                                 |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG  | Tier 4 | RM; QL (31 EA per 31 days)         |
| <i>loperamide hcl oral capsule 2 mg</i>  | Tier 2 | RO; DL                             |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>   | Tier 2 | RM                                 |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>  | Tier 2 | RM                                 |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG  | Tier 3 | PA; RM; QL (31 EA per 31 days)     |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>                          | Tier 2 | RO; DL                             |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>  | Tier 2 | RM                                 |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>   | Tier 2 | RM                                 |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>  | Tier 2 | RM                                 |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>  | Tier 1 | RO; DL                             |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM  | Tier 3 | RO; DL                             |
| <i>prucalopride succinate oral tablet 1 mg, 2 mg</i>   | Tier 2 | RM                                 |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>  | Tier 2 | RM                                 |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG   | Tier 5 | PA; RO; DL                         |
| <i>sucralfate oral suspension 1 gm/10ml</i>  | Tier 2 | RO; DL                             |
| <i>sucralfate oral tablet 1 gm</i>   | Tier 2 | RM                                 |
| SUTAB ORAL TABLET 1479-225-188 MG  | Tier 4 | RO; DL                             |
| <i>ursodiol oral capsule 300 mg</i>  | Tier 2 | RM                                 |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>   | Tier 2 | RM                                 |
| VELSIPITY ORAL TABLET 2 MG   | Tier 5 | PA; RO; DL                         |
| VOWST ORAL CAPSULE   | Tier 5 | PA; RO; QL (12 EA per 3 days); DL  |
| XERMELO ORAL TABLET 250 MG   | Tier 5 | PA; RO; QL (84 EA per 28 days); DL |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>                                  |        |                                    |
| <i>betaine oral powder</i>   | Tier 2 | RM; DL                             |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 6000-19000 UNIT | Tier 4 | RM                                 |

| Drug Name  | Tier   | Requirements/Limits                    |
|--|--------|--|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT   | Tier 5 | RM                                     |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>  | Tier 2 | B/D; RM                                |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>   | Tier 2 | RO                                     |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG  | Tier 3 | SP; LA; DL                             |
| ENDARI ORAL PACKET 5 GM  | Tier 5 | PA; RO; DL                             |
| <i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>   | Tier 5 | PA; RO; DL                             |
| <i>l-glutamine oral packet 5 gm</i>  | Tier 4 | PA; RM                                 |
| <i>miglustat oral capsule 100 mg</i>   | Tier 5 | PA; SP; LA; DL                         |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT                                     | Tier 3 | RM                                     |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT  | Tier 5 | RM                                     |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT  | Tier 4 | RM                                     |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML  | Tier 5 | PA; SP; LA; DL                         |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>  | Tier 5 | PA; RO; DL                             |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i>  | Tier 5 | PA; RO; DL                             |
| WELIREG ORAL TABLET 40 MG  | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | Tier 4 | RM                                     |
| <b>Genitourinary Agents</b>  |        |  |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>   | Tier 2 | RM                                     |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>  | Tier 2 | RM                                     |
| <i>dutasteride oral capsule 0.5 mg</i>   | Tier 2 | RM                                     |
| ELMIRON ORAL CAPSULE 100 MG  | Tier 4 | RM; QL (90 EA per 30 days)             |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>  | Tier 2 | RM                                     |
| <i>finasteride oral tablet 5 mg</i>  | Tier 2 | RM                                     |

| <b>Drug Name</b>  | <b>Tier</b> | <b>Requirements/Limits</b>     |
|---|-------------|--------------------------------|
| <i>flavoxate hcl oral tablet 100 mg</i>   | Tier 2      | RM                             |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg</i>                         | Tier 4      | RM; QL (60 EA per 30 days)     |
| <i>mirabegron er oral tablet extended release 24 hour 50 mg</i>                         | Tier 4      | RM; QL (30 EA per 30 days)     |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>   | Tier 2      | RM                             |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                       | Tier 2      | RO; DL                         |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | Tier 2      | RM                             |
| <i>silodosin oral capsule 4 mg, 8 mg</i>  | Tier 2      | RM                             |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                    | Tier 2      | RM                             |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>   | Tier 2      | PA; RM; QL (30 EA per 30 days) |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>   | Tier 1      | RM                             |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>         | Tier 2      | RM                             |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                      | Tier 2      | RM                             |
| <i>tropium chloride oral tablet 20 mg</i>   | Tier 2      | RM                             |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>                     |             |                                |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                          | Tier 5      | PA; RO; DL                     |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                           | Tier 2      | RM                             |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>   | Tier 2      | RO; DL                         |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>        | Tier 2      | RM                             |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                       | Tier 2      | RM                             |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                    | Tier 2      | RM                             |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                          | Tier 2      | RM                             |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                 | Tier 2      | RO; DL                         |
| <i>prednisolone oral solution 15 mg/5ml</i>   | Tier 2      | RO; DL                         |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>                 | Tier 4      | RO; DL                         |
| <i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>                             | Tier 2      | RO; DL                         |
| <i>prednisone oral solution 5 mg/5ml</i>  | Tier 2      | RO; DL                         |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                   | Tier 1      | RM                             |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | Tier 2      | RO; DL                         |

| Drug Name   | Tier   | Requirements/Limits        |
|---|--------|----------------------------|
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>   |        |                            |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>  | Tier 2 | RM                         |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>  | Tier 2 | RM                         |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML  | Tier 5 | PA; RO; DL                 |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML   | Tier 5 | PA; RO; DL                 |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG  | Tier 5 | PA; RO; DL                 |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>   |        |                            |
| <i>apri oral tablet 0.15-30 mg-mcg</i>  | Tier 2 | RM                         |
| <i>cryselle oral tablet 0.3-30 mg-mcg</i>   | Tier 2 | RM                         |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>   | Tier 2 | RM                         |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML  | Tier 3 | RO                         |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML   | Tier 3 | RO                         |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>   | Tier 2 | RM                         |
| DUAVEE ORAL TABLET 0.45-20 MG   | Tier 3 | RM; QL (30 EA per 30 days) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>   | Tier 1 | RM                         |
| <i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>                          | Tier 2 | RM                         |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>         | Tier 2 | RM; QL (8 EA per 28 days)  |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | Tier 2 | RM; QL (4 EA per 28 days)  |
| <i>estradiol vaginal cream 0.01 %</i>   | Tier 2 | RM                         |
| <i>estradiol vaginal tablet 10 mcg</i>  | Tier 2 | RM                         |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>  | Tier 2 | RM                         |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>   | Tier 2 | RM                         |
| INTRAROSA VAGINAL INSERT 6.5 MG   | Tier 4 | RM                         |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>  | Tier 2 | RM                         |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>  | Tier 2 | RM                         |

| Drug Name  | Tier   | Requirements/Limits |
|--|--------|---------------------|
| <i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>                                 | Tier 2 | RM                  |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG                               | Tier 4 | RO                  |
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>                  | Tier 2 | RM                  |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i> | Tier 2 | RM                  |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>       | Tier 2 | RM                  |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY                  | Tier 3 | RO                  |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG                                | Tier 3 | RM                  |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>          | Tier 2 | RO                  |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>             | Tier 1 | RM                  |
| <i>megestrol acetate oral suspension 40 mg/ml</i>                              | Tier 2 | RO; DL              |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                              | Tier 2 | RM                  |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY                     | Tier 4 | RO                  |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                             | Tier 2 | RM                  |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG   | Tier 3 | RO                  |
| <i>norethindrone acetate oral tablet 5 mg</i>                                  | Tier 2 | RM                  |
| <i>norethindrone oral tablet 0.35 mg</i>                                       | Tier 2 | RM                  |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>                   | Tier 2 | RM                  |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>    | Tier 2 | RM                  |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                           | Tier 2 | RM                  |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                               | Tier 2 | RM                  |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                | Tier 3 | RM                  |
| PREMARIN VAGINAL CREAM 0.625 MG/GM   | Tier 3 | RM                  |
| PREMPHASE ORAL TABLET 0.625-5 MG   | Tier 3 | RM                  |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG          | Tier 3 | RM                  |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                | Tier 2 | RM                  |
| <i>raloxifene hcl oral tablet 60 mg</i>  | Tier 2 | RM                  |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG                                 | Tier 4 | RO                  |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>  | Tier 2 | RM                                 |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>   | Tier 2 | RM                                 |
| TESTOSTERONE TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)  | Tier 4 | RM; QL (300 GM per 30 days)        |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>   | Tier 2 | RM                                 |
| <i>xulane transdermal patch weekly 150-35 mcg/24hr</i>   | Tier 2 | RM                                 |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>  |        |                                    |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | RM                                 |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | Tier 2 | RM                                 |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                   | Tier 3 | RM                                 |
| <b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>   |        |                                    |
| <i>cabergoline oral tablet 0.5 mg</i>  | Tier 2 | RM                                 |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG   | Tier 3 | RO                                 |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL   | Tier 5 | RO; DL                             |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG   | Tier 4 | RO; DL                             |
| LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG  | Tier 4 | RM                                 |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>   | Tier 4 | RM; DL                             |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG   | Tier 5 | RO; QL (1 EA per 30 days); DL      |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG   | Tier 5 | RO; QL (1 EA per 90 days)          |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>  | Tier 2 | RO; DL                             |
| ORLISSA ORAL TABLET 150 MG, 200 MG   | Tier 3 | PA; SP; DL                         |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML   | Tier 5 | PA; RO; QL (60 ML per 30 days); DL |

| Drug Name  | Tier   | Requirements/Limits                   |
|--|--------|---------------------------------------|
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 5 | PA; RO; DL                            |
| SYNAREL NASAL SOLUTION 2 MG/ML   | Tier 5 | PA; RO; DL                            |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG      | Tier 4 | RO; DL                                |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>                                  |        |                                       |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                     | Tier 2 | RM                                    |
| <i>propylthiouracil oral tablet 50 mg</i>                                      | Tier 2 | RM                                    |
| <b>Immunological Agents</b>  |        |                                       |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML                     | Tier 6 | RO; QL (1 EA per 365 days); DL        |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                                    | Tier 3 | RO; DL                                |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML                                  | Tier 5 | PA; SP; LA; DL                        |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5                            | Tier 6 | RO; DL                                |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5          | Tier 6 | RO; DL                                |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG                            | Tier 5 | PA; SP; LA; DL                        |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML                    | Tier 6 | RO; QL (1 EA per 365 days); DL        |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG           | Tier 4 | B/D; RM                               |
| <i>azathioprine oral tablet 50 mg</i>  | Tier 1 | B/D; RM                               |
| <i>bcg vaccine injection solution reconstituted 50 mg</i>                      | Tier 6 | RO; DL                                |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML                         | Tier 5 | PA; RO; QL (8 ML per 28 days); DL     |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML                     | Tier 5 | PA; RO; QL (8 ML per 28 days); DL     |
| BERINERT INTRAVENOUS KIT 500 UNIT  | Tier 5 | PA; SP; LA; DL                        |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML                     | Tier 5 | PA; SP; LA; QL (2 ML per 28 days); DL |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                      | Tier 6 | RO; DL                                |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5                        | Tier 6 | RO; DL                                |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5      | Tier 6 | RO; DL                                |

| Drug Name  | Tier   | Requirements/Limits                |
|--|--------|------------------------------------|
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT                            | Tier 5 | PA; RO; QL (20 EA per 30 days); DL |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                 | Tier 2 | B/D; RM                            |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                           | Tier 2 | B/D; RO; DL                        |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i>                                 | Tier 2 | RM; QL (60 EA per 30 days)         |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                 | Tier 2 | B/D; RM                            |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                                      | Tier 3 | RO; DL                             |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML                           | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                       | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML           | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML                  | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML                                       | Tier 6 | B/D; RO; DL                        |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML       | Tier 6 | B/D; RO; DL                        |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML                                       | Tier 5 | PA; RO; DL                         |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML   | Tier 5 | PA; RO; DL                         |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML                                     | Tier 6 | RO; DL                             |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                   | Tier 6 | RO; DL                             |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML | Tier 3 | PA; RO; DL                         |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML       | Tier 3 | PA; RO; DL                         |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML                 | Tier 6 | RO; DL                             |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML               | Tier 3 | RO; DL                             |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML               | Tier 3 | B/D; RO; DL                        |

| Drug Name  | Tier   | Requirements/Limits                  |
|--|--------|--------------------------------------|
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG                                | Tier 3 | RO; DL                               |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML         | Tier 5 | PA; RO; DL                           |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | Tier 5 | PA; RO; DL                           |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>     | Tier 5 | PA; RO; DL                           |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML               | Tier 6 | B/D; RO; DL                          |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10                                     | Tier 3 | RO; DL                               |
| IPOL INJECTION SUSPENSION  | Tier 6 | RO; DL                               |
| IXIARO INTRAMUSCULAR SUSPENSION  | Tier 6 | RO; DL                               |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML   | Tier 6 | RO; DL                               |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML       | Tier 5 | PA; RO; QL (2.28 ML per 28 days); DL |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML   | Tier 5 | PA; RO; QL (2.28 ML per 28 days); DL |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML                  | Tier 5 | PA; RO; DL                           |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                       | Tier 3 | RO; DL                               |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                    | Tier 1 | RM                                   |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML  | Tier 6 | RO; DL                               |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED                                    | Tier 6 | RO; DL                               |
| M-M-R II INJECTION SOLUTION RECONSTITUTED                                      | Tier 6 | RO; DL                               |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML                | Tier 6 | RO                                   |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                               | Tier 2 | B/D; RM                              |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>           | Tier 2 | B/D; RO; DL                          |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                | Tier 2 | B/D; RM                              |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>         | Tier 2 | B/D; RM                              |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG                             | Tier 5 | PA; RO; DL                         |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                         | Tier 3 | RO; DL                             |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML                           | Tier 3 | RO; DL                             |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                    | Tier 5 | RO; QL (4 ML per 28 days); DL      |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML               | Tier 5 | RO; QL (2 ML per 28 days); DL      |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED                             | Tier 6 | RO; QL (2 EA per 365 days); DL     |
| <i>penmenvy intramuscular suspension reconstituted</i>                      | Tier 6 | RO; DL                             |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED                             | Tier 3 | RO; DL                             |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED                               | Tier 6 | RO; DL                             |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG  | Tier 4 | B/D; RM                            |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED                               | Tier 3 | RO; DL                             |
| QUADRACEL INTRAMUSCULAR SUSPENSION  | Tier 3 | RO; DL                             |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                 | Tier 3 | RO; DL                             |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED                             | Tier 6 | B/D; RO; DL                        |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML        | Tier 6 | B/D; RO; DL                        |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | Tier 6 | B/D; RO; DL                        |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML                                 | Tier 5 | PA; RO; DL                         |
| REZUROCK ORAL TABLET 200 MG   | Tier 5 | PA; RO; QL (60 EA per 30 days); DL |
| ROTARIX ORAL SUSPENSION   | Tier 3 | RO; DL                             |
| ROTATEQ ORAL SOLUTION   | Tier 3 | RO; DL                             |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML            | Tier 6 | RM                                 |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML                | Tier 6 | RO; DL                             |
| <i>sirolimus oral solution 1 mg/ml</i>                                      | Tier 4 | B/D; RO; DL                        |

| Drug Name  | Tier   | Requirements/Limits                 |
|--|--------|-------------------------------------|
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                  | Tier 2 | B/D; RM                             |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML  | Tier 5 | PA; RO; QL (1.5 ML per 84 days); DL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML                      | Tier 5 | PA; RO; QL (1.5 ML per 84 days); DL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML                         | Tier 5 | PA; RO; QL (3 ML per 84 days); DL   |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                | Tier 2 | B/D; RM                             |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML                               | Tier 5 | PA; SP; DL                          |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML          | Tier 5 | PA; RO; DL                          |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML                           | Tier 5 | PA; SP; DL                          |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)                    | Tier 6 | RO; DL                              |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML | Tier 3 | RO; DL                              |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML                       | Tier 6 | RO; DL                              |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML             | Tier 6 | RO; DL                              |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML                          | Tier 5 | PA; RO; DL                          |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML                      | Tier 5 | PA; RO; DL                          |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML                                    | Tier 6 | RO; DL                              |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML                  | Tier 6 | RO; DL                              |
| <i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>                             | Tier 5 | PA; RO; DL                          |
| <i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i> | Tier 5 | PA; RO; DL                          |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML                                     | Tier 3 | RO; DL                              |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML  | Tier 6 | RO; DL                              |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML                   | Tier 3 | RO; DL                              |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML                      | Tier 6 | RO; DL                              |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML                         | Tier 6 | RO; DL                             |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED  | Tier 6 | RO                                 |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML                  | Tier 6 | RO; DL                             |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE  | Tier 6 | RO; QL (4 EA per 8 days)           |
| XELJANZ ORAL SOLUTION 1 MG/ML   | Tier 3 | PA; RM; DL                         |
| XELJANZ ORAL TABLET 10 MG, 5 MG   | Tier 3 | PA; RM; DL                         |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG                             | Tier 3 | PA; RM; DL                         |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG                             | Tier 3 | PA; RM; QL (31 EA per 31 days); DL |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML     | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | Tier 5 | PA; RO; QL (8 ML per 28 days); DL  |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG                                 | Tier 5 | PA; RO; QL (8 EA per 28 days); DL  |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML  | Tier 3 | PA; RO                             |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML                      | Tier 3 | PA; RO                             |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML                         | Tier 5 | PA; RO                             |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)                   | Tier 6 | RO; DL                             |
| <b>Inflammatory Bowel Disease Agents</b>  |        |                                    |
| <i>balsalazide disodium oral capsule 750 mg</i>                                   | Tier 1 | RM                                 |
| DIPENTUM ORAL CAPSULE 250 MG  | Tier 4 | RM                                 |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                    | Tier 2 | RO; DL                             |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>               | Tier 1 | RM                                 |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>                              | Tier 2 | RM                                 |
| MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG                                     | Tier 4 | RM                                 |
| <i>mesalamine rectal enema 4 gm</i>   | Tier 2 | RO; QL (1680 ML per 28 days); DL   |
| <i>mesalamine rectal suppository 1000 mg</i>                                      | Tier 2 | RO; DL                             |

| Drug Name   | Tier   | Requirements/Limits                 |
|---|--------|-------------------------------------|
| <i>sulfasalazine oral tablet 500 mg</i>                               | Tier 1 | RM                                  |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>               | Tier 1 | RM                                  |
| <b>Metabolic Bone Disease Agents</b>                                  |        |                                     |
| <i>alendronate sodium oral tablet 10 mg</i>                           | Tier 2 | RM                                  |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>                    | Tier 1 | RM                                  |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                | Tier 2 | RM                                  |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                      | Tier 2 | RM                                  |
| <i>calcitriol oral solution 1 mcg/ml</i>                              | Tier 2 | RO; DL                              |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>                 | Tier 2 | PA; RM; DL                          |
| DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG                  | Tier 4 | B/D; RO; DL                         |
| ENOPY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML                | Tier 4 | PA; RO; QL (1 ML per 180 days)      |
| <i>ibandronate sodium oral tablet 150 mg</i>                          | Tier 2 | RM; QL (1 EA per 28 days)           |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                  | Tier 2 | B/D; RM                             |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML               | Tier 4 | PA; RO; QL (1 ML per 180 days)      |
| <i>risedronate sodium oral tablet 35 mg</i>                           | Tier 2 | RM                                  |
| <i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i> | Tier 5 | PA; RO; DL                          |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML                              | Tier 5 | PA; SP; QL (1.7 ML per 28 days); DL |
| XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML                            | Tier 4 | PA; RM                              |
| <b>Ophthalmic Agents</b>  |        |                                     |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>  | Tier 2 | RM                                  |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                    | Tier 2 | RM                                  |
| <i>atropine sulfate ophthalmic solution 1 %</i>                       | Tier 2 | RO; DL                              |
| AZASITE OPHTHALMIC SOLUTION 1 %                                       | Tier 3 | RO; DL                              |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                      | Tier 2 | RO; DL                              |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                     | Tier 2 | RO; DL                              |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>   | Tier 2 | RO; DL                              |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>          | Tier 2 | RO; DL                              |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                        | Tier 2 | RM                                  |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %                               | Tier 3 | RM                                  |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>                 | Tier 2 | RM                                  |

| Drug Name  | Tier   | Requirements/Limits            |
|--|--------|--------------------------------|
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>        | Tier 2 | RM                             |
| <i>brinzolamide ophthalmic suspension 1 %</i>                            | Tier 2 | RM                             |
| <i>carteolol hcl ophthalmic solution 1 %</i>                             | Tier 2 | RM                             |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                           | Tier 2 | RO; DL                         |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 %                                      | Tier 5 | RO; DL                         |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>          | Tier 2 | RO; DL                         |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                       | Tier 2 | RO; DL                         |
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                          | Tier 2 | RO                             |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                           | Tier 2 | RM                             |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>           | Tier 2 | RM                             |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>                         | Tier 2 | RO; DL                         |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                          | Tier 2 | RO; DL                         |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                       | Tier 2 | RO; DL                         |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                    | Tier 2 | RO; DL                         |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 %                                   | Tier 3 | RO; DL                         |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                            | Tier 2 | RO; DL                         |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                      | Tier 2 | RO; DL                         |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 %                                       | Tier 3 | RO; DL                         |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>           | Tier 2 | RO; DL                         |
| <i>latanoprost ophthalmic solution 0.005 %</i>                           | Tier 1 | RM                             |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                         | Tier 1 | RM                             |
| <i>levofloxacin ophthalmic solution 0.5 %</i>                            | Tier 2 | RM; DL                         |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 %  | Tier 4 | RO; QL (3.5 GM per 3 days); DL |
| <i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>          | Tier 2 | RO; DL                         |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                            | Tier 2 | RM                             |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                        | Tier 2 | RO; DL                         |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | Tier 2 | RO; DL                         |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>     | Tier 2 | RO; DL                         |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | Tier 2 | RO; DL                         |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier 2 | RO; DL                         |

| Drug Name   | Tier   | Requirements/Limits                |
|---|--------|------------------------------------|
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>          | Tier 2 | RO; DL                             |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 %                                     | Tier 3 | RO; DL                             |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                              | Tier 2 | RO; DL                             |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                | Tier 2 | RM                                 |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | Tier 2 | RO; DL                             |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 %                                  | Tier 3 | RO; DL                             |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                   | Tier 2 | RO; DL                             |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>            | Tier 2 | RO; DL                             |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 %                                    | Tier 4 | RM                                 |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                    | Tier 2 | RO; DL                             |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>         | Tier 2 | RO; DL                             |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>                | Tier 1 | RM                                 |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %                                  | Tier 3 | RO; DL                             |
| <i>tobramycin ophthalmic solution 0.3 %</i>                             | Tier 2 | RO; DL                             |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>         | Tier 2 | RO; DL                             |
| TOBREX OPHTHALMIC OINTMENT 0.3 %  | Tier 3 | RO; DL                             |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>                | Tier 2 | RM                                 |
| XDEMVY OPHTHALMIC SOLUTION 0.25 %                                       | Tier 5 | PA; RO; QL (10 ML per 42 days); DL |
| ZIRGAN OPHTHALMIC GEL 0.15 %  | Tier 4 | RO; QL (5 GM per 30 days); DL      |
| <b>Otic Agents</b>  |        |                                    |
| <i>acetic acid otic solution 2 %</i>                                    | Tier 2 | RO; DL                             |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>                            | Tier 2 | RM; DL                             |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>            | Tier 2 | RO; DL                             |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                           | Tier 2 | RO; DL                             |
| <i>neomycin-polymyxin-hc otic solution 1 %</i>                          | Tier 2 | RO; DL                             |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                | Tier 2 | RO; DL                             |
| <i>ofloxacin otic solution 0.3 %</i>                                    | Tier 2 | RO; DL                             |

| Drug Name   | Tier   | Requirements/Limits                    |
|---|--------|--|
| <b>Respiratory Tract/ Pulmonary Agents</b>  |        |  |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>  | Tier 2 | B/D; RO                                |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG  | Tier 5 | PA; SP; LA; QL (90 EA per 30 days); DL |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)</i> | Tier 2 | RM                                     |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>           | Tier 2 | B/D; RM                                |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>  | Tier 2 | RO; DL                                 |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>   | Tier 2 | RM                                     |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>  | Tier 2 | PA; SP                                 |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT  | Tier 3 | RM                                     |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT                   | Tier 3 | RM                                     |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                                | Tier 3 | RM; QL (1 EA per 30 days)              |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT                    | Tier 3 | RM; QL (1 EA per 30 days)              |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT                                 | Tier 3 | RM; QL (1 EA per 30 days)              |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT   | Tier 3 | RM; QL (13 GM per 30 days)             |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT   | Tier 3 | RM                                     |
| <i>azelastine hcl nasal solution 0.1 %</i>  | Tier 2 | RM                                     |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>   | Tier 5 | PA; SP; DL                             |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH             | Tier 3 | RM                                     |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>   | Tier 2 | B/D; RM                                |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>                          | Tier 2 | RM                                     |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG   | Tier 5 | PA; SP; LA; QL (84 ML per 28 days); DL |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT   | Tier 4 | RM                                     |

| Drug Name   | Tier   | Requirements/Limits                    |
|---|--------|--|
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>   | Tier 2 | RO; DL                                 |
| <i>cyproheptadine hcl oral tablet 4 mg</i>  | Tier 2 | RM                                     |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML   | Tier 5 | PA; RO; QL (8 ML per 28 days); DL      |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML  | Tier 5 | PA; RO; QL (3.42 ML per 28 days); DL   |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML   | Tier 5 | PA; RO; QL (8 ML per 28 days); DL      |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>   | Tier 2 | RM; QL (2 EA per 30 days)              |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>   | Tier 2 | RM                                     |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT           | Tier 4 | RM                                     |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT                                      | Tier 4 | RM                                     |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>   | Tier 2 | RM                                     |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | Tier 1 | RM                                     |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>  | Tier 2 | RM                                     |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT   | Tier 3 | RM                                     |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   | Tier 2 | B/D; RM                                |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>  | Tier 2 | RM                                     |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>   | Tier 2 | B/D; RM                                |
| KALYDECO ORAL PACKET 13.4 MG, 5.8 MG  | Tier 5 | PA; RO; QL (56 EA per 28 days); DL     |
| KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG  | Tier 5 | PA; SP; LA; QL (56 EA per 28 days); DL |
| KALYDECO ORAL TABLET 150 MG   | Tier 5 | PA; SP; LA; QL (60 EA per 30 days); DL |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>  | Tier 2 | RM                                     |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>  | Tier 2 | RM                                     |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>   | Tier 2 | RM                                     |

| Drug Name  | Tier   | Requirements/Limits                     |
|--|--------|---|
| <i>montelukast sodium oral packet 4 mg</i>                                 | Tier 2 | RM                                      |
| <i>montelukast sodium oral tablet 10 mg</i>                                | Tier 1 | RM                                      |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                  | Tier 1 | RM                                      |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                       | Tier 5 | PA; RO; QL (3 ML per 28 days)           |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML                   | Tier 5 | PA; RO; QL (3 ML per 28 days)           |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML                 | Tier 5 | PA; RO; QL (0.4 ML per 28 days); DL     |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG                          | Tier 5 | PA; RO; QL (3 EA per 28 days)           |
| OFEV ORAL CAPSULE 100 MG, 150 MG   | Tier 5 | PA; RO; QL (60 EA per 30 days); DL      |
| <i>olopatadine hcl nasal solution 0.6 %</i>                                | Tier 2 | RM                                      |
| OPSUMIT ORAL TABLET 10 MG  | Tier 5 | PA; SP; LA; QL (30 EA per 30 days); DL  |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG                            | Tier 4 | PA; SP; LA; DL                          |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG         | Tier 5 | PA; SP; LA; DL                          |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG                                 | Tier 5 | PA; SP; LA; QL (56 EA per 28 days); DL  |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                 | Tier 5 | PA; SP; LA; QL (112 EA per 28 days); DL |
| <i>pirfenidone oral capsule 267 mg</i>                                     | Tier 2 | PA; RO; DL                              |
| <i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>                      | Tier 2 | PA; RO; DL                              |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                                 | Tier 5 | PA; RO; QL (150 ML per 28 days); DL     |
| <i>roflumilast oral tablet 250 mcg</i>                                     | Tier 1 | RM; QL (31 EA per 31 days)              |
| <i>roflumilast oral tablet 500 mcg</i>                                     | Tier 1 | RM                                      |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT      | Tier 3 | RM                                      |
| <i>sildenafil citrate oral tablet 20 mg</i>                                | Tier 2 | PA; RM                                  |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT                  | Tier 4 | RM                                      |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT                 | Tier 3 | RM                                      |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                   | Tier 2 | PA; RM                                  |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                        | Tier 2 | RM                                      |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | Tier 2 | RM                                      |

| Drug Name   | Tier   | Requirements/Limits            |
|---|--------|--------------------------------|
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                          | Tier 2 | RM                             |
| <i>theophylline oral solution 80 mg/15ml</i>  | Tier 2 | RO; DL                         |
| TOBI PODHALER INHALATION CAPSULE 28 MG  | Tier 5 | PA; RO; DL                     |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | Tier 3 | ST; RM                         |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG                            | Tier 5 | PA; RO; DL                     |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG                                    | Tier 5 | PA; RO; DL                     |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG      | Tier 5 | PA; SP; LA; DL                 |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG  | Tier 5 | PA; SP; LA; DL                 |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG                                       | Tier 5 | PA; RO; DL                     |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>                                      | Tier 5 | PA; RO; DL                     |
| <b>Skeletal Muscle Relaxants</b>  |        |                                |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>  | Tier 2 | PA; RM                         |
| <i>metaxalone oral tablet 800 mg</i>  | Tier 2 | PA; RM                         |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>   | Tier 2 | RM                             |
| <b>Sleep Disorder Agents</b>  |        |                                |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>  | Tier 2 | PA; RM                         |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>   | Tier 2 | RM                             |
| <i>modafinil oral tablet 100 mg, 200 mg</i>   | Tier 2 | PA; RM                         |
| <i>ramelteon oral tablet 8 mg</i>   | Tier 2 | RM                             |
| <i>sodium oxybate oral solution 500 mg/ml</i>   | Tier 5 | PA; SP; LA; DL                 |
| SUNOSI ORAL TABLET 150 MG   | Tier 4 | PA; RM                         |
| SUNOSI ORAL TABLET 75 MG  | Tier 4 | PA; RM; QL (30 EA per 30 days) |
| <i>tasimelteon oral capsule 20 mg</i>   | Tier 5 | PA; RO; DL                     |
| <i>temazepam oral capsule 15 mg, 30 mg</i>  | Tier 2 | PA; RM                         |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>  | Tier 2 | RM                             |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>                           | Tier 2 | RM                             |
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