

# Keystone 65 Rx and Personal Choice 65<sup>SM</sup> Rx 2025 Formulary or “Drug List”

*Keystone 65 Basic Rx HMO, Keystone 65 Essential Rx HMO-POS,  
Keystone 65 Rx Focus HMO-POS, Personal Choice 65 Elite Rx PPO,  
Personal Choice 65 Plus Rx PPO, Personal Choice 65 Prime Rx PPO,  
and Personal Choice 65 Saver Rx PPO Plans*

(List of Covered Drugs)

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

FID 00025343

This formulary was updated on **10/01/2024**. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** (TTY users should call **711**), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail, or visit **[ibxmedicare.com/formulary](https://ibxmedicare.com/formulary)**.



**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 Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx and Personal Choice 65 Rx.

This document includes a Drug List (formulary) for our plan which is current as of **10/01/2024**. 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 Keystone 65 Rx/Personal Choice 65 Rx 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 Keystone 65 Rx and Personal Choice 65 Rx, 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Keystone 65 Rx or Personal Choice 65 Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Keystone 65 Rx and Personal Choice 65 Rx, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## 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: [ibxmedicare.com/formulary](https://ibxmedicare.com/formulary).

### 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 Keystone 65 Rx and Personal Choice 65 Rx 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 60-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 Keystone 65 Rx and Personal Choice 65 Rx Formulary?"

### **Changes that will not affect you if you are currently taking the drug**

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 each new benefit year for any changes to drug coverage.

The enclosed formulary is current as of **10/01/2024**. To get updated information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

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

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

#### **Medical Condition**

The formulary begins on page 7. 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 7. 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 122. The Index provides an alphabetical list of all 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 that page and find the name of your drug in the first column of the list.

## What are generic drugs?

Keystone 65 Rx and Personal Choice 65 Rx 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:** Keystone 65 Rx and Personal Choice 65 Rx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Keystone 65 Rx or Personal Choice 65 Rx before you fill your prescriptions. If you don't get approval, Keystone 65 Rx and Personal Choice 65 Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Keystone 65 Rx and Personal Choice 65 Rx limits the amount of the drug that Keystone 65 Rx and Personal Choice 65 Rx will cover. For example, Keystone 65 Rx and Personal Choice 65 Rx provides 60 tablets per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Keystone 65 Rx and Personal Choice 65 Rx 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, Keystone 65 Rx and Personal Choice 65 Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Keystone 65 Rx and Personal Choice 65 Rx 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 7. 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 the Keystone 65 Rx or Personal Choice 65 Rx 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 Keystone 65 Rx and Personal Choice 65 Rx's Formulary?" on page 4 for more 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 our Member Help Team and ask if your drug is covered.

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

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the Keystone 65 Rx and Personal Choice 65 Rx.
- You can ask Keystone 65 Rx or Personal Choice 65 Rx to make an exception and cover your drug. See below for more information about how to request an exception.

## How do I request an exception to the Keystone 65 Rx/ Personal Choice 65 Rx formulary?

You can ask Keystone 65 Rx and Personal Choice 65 Rx to make the following types of exceptions 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, Keystone 65 Rx and Personal Choice 65 Rx 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 a 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, Keystone 65 Rx or Personal Choice 65 Rx 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 120 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan for less than 120 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 120 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If a transition occurs due to a change in setting, such as moving from a home residence to a long-term care facility and then back again, our plan has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify our plan of the setting change and provide you with your prescribed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

### For more information

For more detailed information about your Keystone 65 Rx or Personal Choice 65 Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Keystone 65 Rx or Personal Choice 65 Rx, please contact us. Our contact information, along with the date we last updated this 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 **medicare.gov**.

## Keystone 65 Rx/Personal Choice 65 Rx Formulary

The formulary provides information about the drugs covered by Keystone 65 Rx and Personal Choice 65 Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 122.

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

The information in the Requirements/Limits column tells you if Keystone 65 Rx or Personal Choice 65 Rx has any special requirements for coverage of your drug.

- **Prior Authorization (PA):** Our plan requires you or your physician 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 (QL):** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan covers 60 tablets per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to try certain drugs to treat your medical condition first 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.
- **Non-Extended Day Supply (NDS):** All prescription fills for opioid medications will be limited to a 30-day supply for retail and mail order. Long-term care is 31 days. OptumRx® Home Delivery requires you to use 75 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

The Drug Tier column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which you are responsible. See your Evidence of Coverage for more information about cost-sharing amounts.



| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <b>Antihistamine Drugs</b>                                |      |              |
| <b>First Generation Antihistamines</b>                    |      |              |
| <i>carbinoxamine maleate oral solution</i>                | NF   |              |
| <i>carbinoxamine maleate oral tablet</i>                  | NF   |              |
| <i>clemastine fumarate oral syrup</i>                     | NF   |              |
| <i>clemastine fumarate oral tablet 2.68 mg</i>            | NF   |              |
| <i>cyproheptadine hcl oral syrup</i>                      | NF   |              |
| <i>cyproheptadine hcl oral tablet</i>                     | 2    |              |
| <i>promethazine hcl oral solution</i>                     | NF   |              |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>        | 2    | PA           |
| <i>promethazine hcl oral tablet 50 mg</i>                 | NF   |              |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | NF   |              |
| <i>promethazine vc oral syrup</i>                         | NF   |              |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG               | NF   |              |
| RYCLORA ORAL SOLUTION                                     | NF   |              |
| RYVENT ORAL TABLET  | NF   |              |
| <b>Second Generation Antihistamines</b>                   |      |              |
| <i>cetirizine hcl oral solution 5 mg/5ml</i>              | NF   |              |
| CLARINEX ORAL TABLET                                      | NF   |              |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR   | NF   |              |
| <i>desloratadine oral tablet</i>                          | 3    |              |
| <i>desloratadine oral tablet dispersible</i>              | NF   |              |
| <i>levocetirizine dihydrochloride oral solution</i>       | NF   |              |
| <i>levocetirizine dihydrochloride oral tablet</i>         | 2    |              |
| <b>Anti-Infective Agents</b>                              |      |              |
| <b>Anthelmintics</b>                                      |      |              |
| <i>albendazole oral tablet</i>                            | 5    |              |
| BILTRICIDE ORAL TABLET                                    | NF   |              |
| EMVERM ORAL TABLET CHEWABLE                               | NF   |              |
| <i>ivermectin oral tablet</i>                             | 2    |              |
| <i>praziquantel oral tablet</i>                           | 4    |              |
| STROMEKTOL ORAL TABLET                                    | NF   |              |
| <b>Antibacterials</b>                                     |      |              |
| AEMCOLO ORAL TABLET DELAYED RELEASE                       | NF   |              |
| <i>amikacin sulfate injection solution 500 mg/2ml</i>     | 2    |              |
| <i>amoxicillin oral capsule</i>                           | 2    |              |
| <i>amoxicillin oral suspension reconstituted</i>          | 2    |              |
| <i>amoxicillin oral tablet</i>                            | 2    |              |



| Drug Name  | Tier | Requirements |
|--|------|--------------|
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>   | 2    |              |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>                     | 4    |              |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i>                               | 4    |              |
| <i>amoxicillin-pot clavulanate oral tablet</i>   | 2    |              |
| <i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>                              | NF   |              |
| <i>ampicillin oral capsule 500 mg</i>  | 2    |              |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>                         | NF   |              |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i>                              | 4    |              |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> | 4    |              |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>             | NF   |              |
| ARIKAYCE INHALATION SUSPENSION   | 5    | PA           |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED   | NF   |              |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML                                       | NF   |              |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED  | NF   |              |
| AZACTAM INJECTION SOLUTION RECONSTITUTED   | NF   |              |
| <i>azithromycin intravenous solution reconstituted</i>   | 2    |              |
| <i>azithromycin oral packet</i>  | 3    |              |
| <i>azithromycin oral suspension reconstituted</i>  | 2    |              |
| <i>azithromycin oral tablet</i>  | 2    |              |
| <i>aztreonam injection solution reconstituted</i>  | 4    |              |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE   | NF   |              |
| AZULFIDINE ORAL TABLET   | NF   |              |
| BACTRIM DS ORAL TABLET   | NF   |              |
| BACTRIM ORAL TABLET  | NF   |              |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |              |
| BAXDELA ORAL TABLET  | NF   |              |
| BETHKIS INHALATION NEBULIZATION SOLUTION   | NF   |              |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION  | 2    |              |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION  | 2    |              |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML       | NF   |              |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML                       | 4    |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| CAYSTON INHALATION SOLUTION RECONSTITUTED                                 | 5    | PA           |
| <i>cefaclor er oral tablet extended release 12 hour</i>                   | NF   |              |
| <i>cefaclor oral capsule</i>  | 3    |              |
| <i>cefaclor oral suspension reconstituted 250 mg/5ml</i>                  | NF   |              |
| <i>cefadroxil oral capsule</i>  | 2    |              |
| <i>cefadroxil oral suspension reconstituted</i>                           | 3    |              |
| <i>cefadroxil oral tablet</i>   | 4    |              |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>      | 3    |              |
| <i>cefazolin sodium injection solution reconstituted 500 mg</i>           | NF   |              |
| <i>cefdinir oral capsule</i>  | 2    |              |
| <i>cefdinir oral suspension reconstituted</i>                             | 2    |              |
| <i>cefepime hcl injection solution reconstituted 1 gm</i>                 | NF   |              |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i>               | 4    |              |
| <i>cefixime oral capsule</i>  | 4    |              |
| <i>cefixime oral suspension reconstituted</i>                             | NF   |              |
| <i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>     | NF   |              |
| <i>cefoxitin sodium intravenous solution reconstituted</i>                | 2    |              |
| <i>cefpodoxime proxetil oral suspension reconstituted</i>                 | 4    |              |
| <i>cefpodoxime proxetil oral tablet</i>                                   | 3    |              |
| <i>cefprozil oral suspension reconstituted</i>                            | NF   |              |
| <i>cefprozil oral tablet</i>  | 2    |              |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>            | 2    |              |
| <i>ceftazidime intravenous solution reconstituted</i>                     | 2    |              |
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm</i>     | 2    |              |
| <i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i> | NF   |              |
| <i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>        | 2    |              |
| <i>cefuroxime axetil oral tablet</i>                                      | 2    |              |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i>          | 2    |              |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>        | 2    |              |
| <i>cephalexin oral capsule</i>  | 2    |              |
| <i>cephalexin oral suspension reconstituted</i>                           | 2    |              |
| <i>cephalexin oral tablet</i>   | 4    |              |
| CIPRO ORAL SUSPENSION RECONSTITUTED                                       | NF   |              |
| CIPRO ORAL TABLET 250 MG, 500 MG  | NF   |              |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>               | 2    |              |

| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>       | 2    |                         |
| <i>clarithromycin er oral tablet extended release 24 hour</i>       | 4    |                         |
| <i>clarithromycin oral suspension reconstituted</i>                 | NF   |                         |
| <i>clarithromycin oral tablet</i>                                   | 2    |                         |
| CLEOCIN ORAL CAPSULE  | NF   |                         |
| CLEOCIN ORAL SOLUTION RECONSTITUTED                                 | NF   |                         |
| CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML                     | NF   |                         |
| <i>clindamycin hcl oral capsule</i>                                 | 2    |                         |
| <i>clindamycin palmitate hcl oral solution reconstituted</i>        | 4    |                         |
| <i>clindamycin phosphate in d5w intravenous solution</i>            | 2    |                         |
| <i>clindamycin phosphate injection solution 900 mg/6ml</i>          | 2    |                         |
| <i>colistimethate sodium (cba) injection solution reconstituted</i> | 5    |                         |
| CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED                       | NF   |                         |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED                         | NF   |                         |
| <i>daptomycin intravenous solution reconstituted 350 mg</i>         | NF   |                         |
| <i>daptomycin intravenous solution reconstituted 500 mg</i>         | 5    |                         |
| <i>demeclocycline hcl oral tablet</i>                               | 4    |                         |
| <i>dicloxacillin sodium oral capsule</i>                            | 2    |                         |
| DIFICID ORAL SUSPENSION RECONSTITUTED                               | 5    | QL (408 ML per 30 days) |
| DIFICID ORAL TABLET   | 5    | QL (60 EA per 30 days)  |
| DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG                         | NF   |                         |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED                         | 2    |                         |
| <i>doxycycline hyclate oral capsule</i>                             | 2    |                         |
| <i>doxycycline hyclate oral tablet</i>                              | 3    |                         |
| <i>doxycycline hyclate oral tablet delayed release</i>              | NF   |                         |
| <i>doxycycline monohydrate oral capsule</i>                         | 2    |                         |
| <i>doxycycline monohydrate oral suspension reconstituted</i>        | NF   |                         |
| <i>doxycycline monohydrate oral tablet</i>                          | 2    |                         |
| E.E.S. 400 ORAL TABLET  | NF   |                         |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED                       | NF   |                         |
| <i>ertapenem sodium injection solution reconstituted</i>            | NF   |                         |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED                            | NF   |                         |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED                            | NF   |                         |
| ERY-TAB ORAL TABLET DELAYED RELEASE                                 | NF   |                         |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG   | NF   |                         |

| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| <i>erythromycin base oral capsule delayed release particles</i>   | 4    |                        |
| <i>erythromycin base oral tablet</i>  | 4    |                        |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i>  | NF   |                        |
| <i>erythromycin ethylsuccinate oral tablet</i>  | 4    |                        |
| <i>erythromycin oral tablet delayed release</i>   | 4    |                        |
| FIRVANQ ORAL SOLUTION RECONSTITUTED   | NF   |                        |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i> | NF   |                        |
| <i>gentamicin sulfate injection solution 40 mg/ml</i>   | 3    |                        |
| <i>imipenem-cilastatin intravenous solution reconstituted</i>   | 2    |                        |
| INVANZ INJECTION SOLUTION RECONSTITUTED   | NF   |                        |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION  | NF   |                        |
| <i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>  | 2    |                        |
| <i>levofloxacin oral solution</i>   | NF   |                        |
| <i>levofloxacin oral tablet</i>   | 2    |                        |
| <i>linezolid intravenous solution 600 mg/300ml</i>  | 2    |                        |
| <i>linezolid oral suspension reconstituted</i>  | NF   |                        |
| <i>linezolid oral tablet</i>  | 3    | QL (56 EA per 28 days) |
| <i>meropenem intravenous solution reconstituted 1 gm</i>  | 3    |                        |
| <i>meropenem intravenous solution reconstituted 500 mg</i>  | NF   |                        |
| <i>minocycline hcl er oral tablet extended release 24 hour</i>  | NF   |                        |
| <i>minocycline hcl oral capsule</i>   | 2    |                        |
| <i>minocycline hcl oral tablet</i>  | NF   |                        |
| <i>moxifloxacin hcl in nacl intravenous solution</i>  | 2    |                        |
| <i>moxifloxacin hcl oral tablet</i>   | 2    |                        |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>   | NF   |                        |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i>  | 2    |                        |
| <i>neomycin sulfate oral tablet</i>   | 2    |                        |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |                        |
| NUZYRA ORAL TABLET  | NF   |                        |
| <i>ofloxacin oral tablet 300 mg</i>   | NF   |                        |
| <i>ofloxacin oral tablet 400 mg</i>   | 4    |                        |
| <i>oxacillin sodium in dextrose intravenous solution</i>  | NF   |                        |
| <i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>   | NF   |                        |
| <i>oxacillin sodium intravenous solution reconstituted</i>  | NF   |                        |
| <i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>                             | NF   |                        |
| <i>penicillin g potassium injection solution reconstituted 20000000 unit</i>                                      | NF   |                        |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <i>penicillin g sodium injection solution reconstituted</i>   | 2    |              |
| <i>penicillin v potassium oral solution reconstituted</i>   | 2    |              |
| <i>penicillin v potassium oral tablet</i>   | 2    |              |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 4    |              |
| <i>polymyxin b sulfate injection solution reconstituted</i>   | 2    |              |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG   | NF   |              |
| SEYSARA ORAL TABLET   | NF   |              |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |              |
| SIVEXTRO ORAL TABLET  | NF   |              |
| <i>streptomycin sulfate intramuscular solution reconstituted</i>  | 2    |              |
| <i>sulfadiazine oral tablet</i>   | 4    |              |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>  | 2    |              |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>  | 2    |              |
| <i>sulfasalazine oral tablet</i>  | 3    |              |
| <i>sulfasalazine oral tablet delayed release</i>  | 4    |              |
| TARGADOX ORAL TABLET  | NF   |              |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM   | NF   |              |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM   | NF   |              |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED  | 5    |              |
| <i>tetracycline hcl oral capsule</i>  | 2    |              |
| <i>tigecycline intravenous solution reconstituted</i>   | 5    |              |
| TOBI INHALATION NEBULIZATION SOLUTION   | NF   |              |
| TOBI PODHALER INHALATION CAPSULE  | 5    | PA           |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i>   | NF   |              |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>   | 5    | PA           |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>  | 2    |              |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED  | NF   |              |
| UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM  | NF   |              |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM  | NF   |              |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |              |
| VANCOCIN ORAL CAPSULE   | NF   |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>              | 4    |              |
| <i>vancomycin hcl oral capsule</i>  | 4    |              |
| <i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>                            | 4    |              |
| XIFAXAN ORAL TABLET 200 MG  | NF   |              |
| XIFAXAN ORAL TABLET 550 MG  | 5    | PA           |
| ZEMDRI INTRAVENOUS SOLUTION   | NF   |              |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED  | NF   |              |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED  | NF   |              |
| ZITHROMAX ORAL PACKET   | NF   |              |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED   | NF   |              |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG  | NF   |              |
| ZITHROMAX TRI-PAK ORAL TABLET   | NF   |              |
| ZITHROMAX Z-PAK ORAL TABLET   | NF   |              |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML   | NF   |              |
| ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML   | NF   |              |
| ZYVOX ORAL SUSPENSION RECONSTITUTED   | NF   |              |
| ZYVOX ORAL TABLET   | NF   |              |
| <b>Antifungals</b>  |      |              |
| ABELCET INTRAVENOUS SUSPENSION  | 4    | PA           |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED   | NF   |              |
| <i>amphotericin b intravenous solution reconstituted</i>  | 4    | PA           |
| <i>amphotericin b liposome intravenous suspension reconstituted</i>                               | 5    | PA           |
| ANCOBON ORAL CAPSULE  | NF   |              |
| CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |              |
| <i>caspofungin acetate intravenous solution reconstituted</i>                                     | 4    |              |
| CRESEMBA ORAL CAPSULE   | NF   |              |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML   | NF   |              |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG   | NF   |              |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED   | NF   |              |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | 4    |              |
| <i>fluconazole oral suspension reconstituted</i>  | 2    |              |
| <i>fluconazole oral tablet</i>  | 2    |              |
| <i>flucytosine oral capsule 250 mg</i>  | NF   |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <i>flucytosine oral capsule 500 mg</i>                      | 5    |              |
| <i>griseofulvin microsize oral suspension</i>               | NF   |              |
| <i>griseofulvin microsize oral tablet</i>                   | NF   |              |
| <i>griseofulvin ultramicrosize oral tablet</i>              | NF   |              |
| <i>itraconazole oral capsule</i>                            | 4    |              |
| <i>itraconazole oral solution</i>                           | NF   |              |
| <i>ketoconazole oral tablet</i>                             | 2    |              |
| <i>micafungin sodium intravenous solution reconstituted</i> | NF   |              |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG           | NF   |              |
| NOXAFIL ORAL PACKET   | NF   |              |
| NOXAFIL ORAL SUSPENSION                                     | NF   |              |
| NOXAFIL ORAL TABLET DELAYED RELEASE                         | NF   |              |
| <i>nystatin mouth/throat suspension</i>                     | 2    |              |
| <i>nystatin oral tablet</i>                                 | 3    |              |
| <i>posaconazole oral suspension</i>                         | NF   |              |
| <i>posaconazole oral tablet delayed release</i>             | 5    | PA           |
| SPORANOX ORAL CAPSULE                                       | NF   |              |
| SPORANOX ORAL SOLUTION                                      | NF   |              |
| <i>terbinafine hcl oral tablet</i>                          | 2    |              |
| <i>tolsura oral capsule</i>                                 | NF   |              |
| VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED                 | NF   |              |
| VFEND ORAL SUSPENSION RECONSTITUTED                         | NF   |              |
| VFEND ORAL TABLET   | NF   |              |
| VIVJOA ORAL CAPSULE THERAPY PACK                            | NF   |              |
| <i>voriconazole intravenous solution reconstituted</i>      | 5    | PA           |
| <i>voriconazole oral suspension reconstituted</i>           | NF   |              |
| <i>voriconazole oral tablet</i>                             | 4    |              |
| <b>Antimycobacterials</b>                                   |      |              |
| <i>cycloserine oral capsule</i>                             | NF   |              |
| <i>dapsone oral tablet</i>                                  | 2    |              |
| <i>ethambutol hcl oral tablet</i>                           | 3    |              |
| <i>isoniazid oral syrup</i>                                 | NF   |              |
| <i>isoniazid oral tablet 100 mg</i>                         | NF   |              |
| <i>isoniazid oral tablet 300 mg</i>                         | 2    |              |
| MYCOBUTIN ORAL CAPSULE                                      | NF   |              |
| <i>pretomanid oral tablet</i>                               | NF   |              |
| PRIFTIN ORAL TABLET   | 4    |              |
| <i>pyrazinamide oral tablet</i>                             | 4    |              |



| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <i>rifabutin oral capsule</i>                                    | 4    |                        |
| <i>rifampin intravenous solution reconstituted</i>               | 2    |                        |
| <i>rifampin oral capsule</i>                                     | 4    |                        |
| SIRTURO ORAL TABLET  | 5    | PA                     |
| TRECTOR ORAL TABLET  | NF   |                        |
| <b>Antiprotozoals</b>  |      |                        |
| <i>atovaquone oral suspension</i>                                | 4    |                        |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>           | 4    |                        |
| <i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>           | NF   |                        |
| <i>chloroquine phosphate oral tablet</i>                         | 4    |                        |
| COARTEM ORAL TABLET  | 4    |                        |
| DARAPRIM ORAL TABLET   | NF   |                        |
| FLAGYL ORAL CAPSULE  | NF   |                        |
| HUMATIN ORAL CAPSULE   | NF   |                        |
| <i>hydroxychloroquine sulfate oral tablet</i>                    | 2    |                        |
| IMPAVIDO ORAL CAPSULE  | 5    | QL (84 EA per 28 days) |
| KRINTAFEL ORAL TABLET  | NF   |                        |
| LAMPIT ORAL TABLET   | NF   |                        |
| MALARONE ORAL TABLET   | NF   |                        |
| <i>mefloquine hcl oral tablet</i>                                | 4    |                        |
| MEPRON ORAL SUSPENSION   | NF   |                        |
| <i>metronidazole intravenous solution 500 mg/100ml</i>           | 2    |                        |
| <i>metronidazole oral capsule</i>                                | 4    |                        |
| <i>metronidazole oral tablet</i>                                 | 2    |                        |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED                       | NF   |                        |
| <i>nitazoxanide oral tablet</i>                                  | 5    |                        |
| PENTAM INJECTION SOLUTION RECONSTITUTED                          | NF   |                        |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | NF   |                        |
| <i>pentamidine isethionate injection solution reconstituted</i>  | 4    |                        |
| PLAQUENIL ORAL TABLET  | NF   |                        |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>        | 4    |                        |
| <i>pyrimethamine oral tablet</i>                                 | 5    |                        |
| QUALAQUIN ORAL CAPSULE   | NF   |                        |
| <i>quinine sulfate oral capsule</i>                              | 4    | PA                     |
| SOLOSEC ORAL PACKET  | NF   |                        |
| SOVUNA ORAL TABLET   | NF   |                        |
| <i>tinidazole oral tablet 250 mg</i>                             | NF   |                        |
| <i>tinidazole oral tablet 500 mg</i>                             | 4    |                        |

| Drug Name  | Tier | Requirements                 |
|--|------|------------------------------|
| <b>Antivirals</b>  |      |                              |
| <i>abacavir sulfate oral solution</i>  | 4    |                              |
| <i>abacavir sulfate oral tablet</i>  | 4    | QL (60 EA per 30 days)       |
| <i>abacavir sulfate-lamivudine oral tablet</i>                                   | 4    | QL (30 EA per 30 days)       |
| <i>acyclovir oral capsule</i>  | 2    |                              |
| <i>acyclovir oral suspension</i>   | 4    |                              |
| <i>acyclovir oral tablet</i>   | 2    |                              |
| <i>acyclovir sodium intravenous solution</i>                                     | 4    | PA                           |
| <i>adefovir dipivoxil oral tablet</i>  | 4    | QL (30 EA per 30 days)       |
| APTIVUS ORAL CAPSULE   | 5    | QL (120 EA per 30 days)      |
| <i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>                            | 4    | QL (30 EA per 30 days)       |
| <i>atazanavir sulfate oral capsule 200 mg</i>                                    | 4    | QL (60 EA per 30 days)       |
| BARACLUDE ORAL SOLUTION  | NF   |                              |
| BARACLUDE ORAL TABLET  | NF   |                              |
| BIKTARVY ORAL TABLET   | 5    | QL (30 EA per 30 days)       |
| CIMDUO ORAL TABLET   | 5    |                              |
| COMBIVIR ORAL TABLET   | NF   |                              |
| COMPLERA ORAL TABLET   | 5    | QL (30 EA per 30 days)       |
| <i>darunavir oral tablet 600 mg</i>  | 5    | QL (60 EA per 30 days)       |
| <i>darunavir oral tablet 800 mg</i>  | 5    | QL (30 EA per 30 days)       |
| DELSTRIGO ORAL TABLET  | 5    |                              |
| DESCOVY ORAL TABLET  | 5    | QL (30 EA per 30 days)       |
| DOVATO ORAL TABLET   | 5    |                              |
| EDURANT ORAL TABLET  | 5    | QL (30 EA per 30 days)       |
| <i>efavirenz oral tablet</i>   | 4    | QL (30 EA per 30 days)       |
| <i>efavirenz-emtricitab-tenofo df oral tablet</i>                                | 4    | QL (30 EA per 30 days)       |
| <i>efavirenz-lamivudine-tenofovir oral tablet</i>                                | 5    |                              |
| <i>emtricitabine oral capsule</i>  | 4    | QL (30 EA per 30 days)       |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 5    | QL (30 EA per 30 days)       |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>                         | 4    | QL (30 EA per 30 days)       |
| EMTRIVA ORAL CAPSULE   | NF   |                              |
| EMTRIVA ORAL SOLUTION  | 4    |                              |
| <i>entecavir oral tablet</i>   | 4    | QL (30 EA per 30 days)       |
| EPCLUSA ORAL PACKET 150-37.5 MG  | 5    | PA; QL (84 EA per 365 days)  |
| EPCLUSA ORAL PACKET 200-50 MG  | 5    | PA; QL (168 EA per 365 days) |
| EPCLUSA ORAL TABLET 200-50 MG  | 5    | PA; QL (168 EA per 365 days) |
| EPCLUSA ORAL TABLET 400-100 MG   | 5    | PA; QL (84 EA per 365 days)  |
| EPIVIR ORAL SOLUTION   | NF   |                              |

| Drug Name  | Tier | Requirements                 |
|--|------|------------------------------|
| EPIVIR ORAL TABLET   | NF   |                              |
| EPZICOM ORAL TABLET  | NF   |                              |
| <i>etravirine oral tablet 100 mg</i>                             | 5    | QL (120 EA per 30 days)      |
| <i>etravirine oral tablet 200 mg</i>                             | 5    | QL (60 EA per 30 days)       |
| EVOTAZ ORAL TABLET   | 5    | QL (30 EA per 30 days)       |
| <i>famciclovir oral tablet</i>                                   | 2    |                              |
| <i>fosamprenavir calcium oral tablet</i>                         | 5    | QL (120 EA per 30 days)      |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED                       | 5    | QL (60 EA per 30 days)       |
| GENVOYA ORAL TABLET  | 5    | QL (30 EA per 30 days)       |
| HARVONI ORAL PACKET 33.75-150 MG                                 | 5    | PA; QL (168 EA per 365 days) |
| HARVONI ORAL PACKET 45-200 MG                                    | 5    | PA; QL (336 EA per 365 days) |
| HARVONI ORAL TABLET 90-400 MG                                    | 5    | PA; QL (168 EA per 365 days) |
| INTELENCE ORAL TABLET 100 MG, 200 MG                             | NF   |                              |
| INTELENCE ORAL TABLET 25 MG                                      | 4    |                              |
| ISENTRESS HD ORAL TABLET   | 5    |                              |
| ISENTRESS ORAL PACKET  | 4    |                              |
| ISENTRESS ORAL TABLET  | 5    |                              |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG                            | 5    |                              |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG                             | 4    |                              |
| JULUCA ORAL TABLET   | 5    | QL (30 EA per 30 days)       |
| KALETRA ORAL SOLUTION  | NF   |                              |
| KALETRA ORAL TABLET  | NF   |                              |
| <i>lamivudine oral solution</i>                                  | 2    |                              |
| <i>lamivudine oral tablet 100 mg</i>                             | 2    |                              |
| <i>lamivudine oral tablet 150 mg</i>                             | 2    | QL (60 EA per 30 days)       |
| <i>lamivudine oral tablet 300 mg</i>                             | 2    | QL (30 EA per 30 days)       |
| <i>lamivudine-zidovudine oral tablet</i>                         | 4    | QL (60 EA per 30 days)       |
| <i>ledipasvir-sofosbuvir oral tablet</i>                         | NF   |                              |
| LEXIVA ORAL TABLET   | NF   |                              |
| LIVTENCITY ORAL TABLET   | 5    | PA; QL (360 EA per 30 days)  |
| <i>lopinavir-ritonavir oral solution</i>                         | 4    |                              |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                 | 4    | QL (240 EA per 30 days)      |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                 | 4    | QL (120 EA per 30 days)      |
| <i>maraviroc oral tablet</i>                                     | 5    |                              |
| MAVYRET ORAL PACKET  | 5    | PA; QL (560 EA per 365 days) |
| MAVYRET ORAL TABLET  | 5    | PA; QL (336 EA per 365 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | 4    | QL (30 EA per 30 days)       |
| <i>nevirapine oral suspension</i>                                | 4    |                              |

| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| <i>nevirapine oral tablet</i>   | 2    | QL (60 EA per 30 days)  |
| NORVIR ORAL PACKET  | 4    |                         |
| NORVIR ORAL TABLET  | NF   |                         |
| ODEFSEY ORAL TABLET   | 5    | QL (30 EA per 30 days)  |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                       | 2    | QL (60 EA per 30 days)  |
| <i>oseltamivir phosphate oral capsule 45 mg</i>                       | NF   |                         |
| <i>oseltamivir phosphate oral capsule 75 mg</i>                       | 2    | QL (30 EA per 30 days)  |
| <i>oseltamivir phosphate oral suspension reconstituted</i>            | NF   |                         |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK                           | 5    | QL (20 EA per 5 days)   |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK                           | 5    | QL (30 EA per 5 days)   |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                              | 5    |                         |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | 5    |                         |
| PIFELTRO ORAL TABLET  | 5    |                         |
| PREVYMIS ORAL TABLET  | 5    |                         |
| PREZCOBIX ORAL TABLET   | 5    | QL (30 EA per 30 days)  |
| PREZISTA ORAL SUSPENSION  | 5    |                         |
| PREZISTA ORAL TABLET 150 MG   | 5    |                         |
| PREZISTA ORAL TABLET 600 MG, 800 MG                                   | NF   |                         |
| PREZISTA ORAL TABLET 75 MG  | 4    |                         |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4    | QL (60 EA per 180 days) |
| RETROVIR ORAL CAPSULE   | NF   |                         |
| RETROVIR ORAL SYRUP   | NF   |                         |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG                                   | NF   |                         |
| REYATAZ ORAL PACKET   | 5    |                         |
| <i>ribavirin oral capsule</i>   | NF   |                         |
| <i>ribavirin oral tablet 200 mg</i>                                   | 2    |                         |
| <i>rimantadine hcl oral tablet</i>                                    | NF   |                         |
| <i>ritonavir oral tablet</i>  | 3    | QL (360 EA per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR                          | 5    | QL (60 EA per 30 days)  |
| SELZENTRY ORAL SOLUTION   | 5    |                         |
| SELZENTRY ORAL TABLET 150 MG, 300 MG                                  | NF   |                         |
| SELZENTRY ORAL TABLET 25 MG   | 4    |                         |
| SELZENTRY ORAL TABLET 75 MG   | 5    |                         |
| <i>sofosbuvir-velpatasvir oral tablet</i>                             | NF   |                         |
| SOVALDI ORAL PACKET   | NF   |                         |
| SOVALDI ORAL TABLET   | NF   |                         |
| STRIBILD ORAL TABLET  | 5    | QL (30 EA per 30 days)  |

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| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG            | 5    | QL (4 EA per 28 days)   |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG            | 5    | QL (5 EA per 28 days)   |
| SYMFI LO ORAL TABLET                                    | NF   |                         |
| SYMFI ORAL TABLET                                       | NF   |                         |
| SYMTUZA ORAL TABLET                                     | 5    |                         |
| TAMIFLU ORAL CAPSULE                                    | NF   |                         |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML           | NF   |                         |
| <i>tenofovir disoproxil fumarate oral tablet</i>        | 4    | QL (30 EA per 30 days)  |
| TIVICAY ORAL TABLET 10 MG                               | 4    | QL (30 EA per 30 days)  |
| TIVICAY ORAL TABLET 25 MG                               | 5    | QL (30 EA per 30 days)  |
| TIVICAY ORAL TABLET 50 MG                               | 5    | QL (60 EA per 30 days)  |
| TIVICAY PD ORAL TABLET SOLUBLE                          | 5    | QL (180 EA per 30 days) |
| TRIUMEQ ORAL TABLET                                     | 5    | QL (30 EA per 30 days)  |
| <i>trimeq pd oral tablet soluble</i>                    | 4    | QL (180 EA per 30 days) |
| TRUVADA ORAL TABLET                                     | NF   |                         |
| <i>valacyclovir hcl oral tablet 1 gm</i>                | 2    | QL (90 EA per 30 days)  |
| <i>valacyclovir hcl oral tablet 500 mg</i>              | 2    | QL (60 EA per 30 days)  |
| VALCYTE ORAL SOLUTION RECONSTITUTED                     | NF   |                         |
| VALCYTE ORAL TABLET                                     | NF   |                         |
| <i>valganciclovir hcl oral solution reconstituted</i>   | NF   |                         |
| <i>valganciclovir hcl oral tablet</i>                   | 3    |                         |
| VALTREX ORAL TABLET                                     | NF   |                         |
| VEMLIDY ORAL TABLET                                     | 5    |                         |
| VIRACEPT ORAL TABLET 250 MG                             | 5    | QL (270 EA per 30 days) |
| VIRACEPT ORAL TABLET 625 MG                             | 5    | QL (120 EA per 30 days) |
| VIREAD ORAL POWDER                                      | 5    |                         |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG               | 5    | QL (30 EA per 30 days)  |
| VIREAD ORAL TABLET 300 MG                               | NF   |                         |
| VOSEVI ORAL TABLET                                      | NF   |                         |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | NF   |                         |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | NF   |                         |
| ZEPATIER ORAL TABLET                                    | NF   |                         |
| ZIAGEN ORAL SOLUTION                                    | NF   |                         |
| <i>zidovudine oral capsule</i>                          | 4    |                         |
| <i>zidovudine oral syrup</i>                            | 4    |                         |
| <i>zidovudine oral tablet</i>                           | 4    | QL (60 EA per 30 days)  |

| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| <b>Urinary Anti-Infectives</b>                                |      |                             |
| <i>fosfomycin tromethamine oral packet</i>                    | 4    |                             |
| HIPREX ORAL TABLET  | NF   |                             |
| MACROBID ORAL CAPSULE   | NF   |                             |
| MACRODANTIN ORAL CAPSULE                                      | NF   |                             |
| <i>methenamine hippurate oral tablet</i>                      | 4    |                             |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | 2    |                             |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>         | NF   |                             |
| <i>nitrofurantoin monohyd macro oral capsule</i>              | 2    |                             |
| <i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml</i>    | NF   |                             |
| <i>trimethoprim oral tablet</i>                               | 3    |                             |
| <b>Antineoplastic Agents</b>                                  |      |                             |
| <b>Antineoplastic Agents</b>                                  |      |                             |
| <i>abiraterone acetate oral tablet 250 mg</i>                 | 4    | PA                          |
| <i>abiraterone acetate oral tablet 500 mg</i>                 | 5    | PA                          |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE                          | NF   |                             |
| AFINITOR ORAL TABLET  | NF   |                             |
| AKEEGA ORAL TABLET  | 5    | PA                          |
| ALECENSA ORAL CAPSULE   | 5    | PA                          |
| ALUNBRIG ORAL TABLET  | 5    | PA                          |
| ALUNBRIG ORAL TABLET THERAPY PACK                             | NF   |                             |
| AUGTYRO ORAL CAPSULE  | 5    | PA                          |
| AYVAKIT ORAL TABLET   | 5    | PA; QL (30 EA per 30 days)  |
| BALVERSA ORAL TABLET  | 5    | PA                          |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | 5    | PA                          |
| <i>bexarotene oral capsule</i>                                | 5    | PA                          |
| <i>bicalutamide oral tablet</i>                               | 3    |                             |
| BOSULIF ORAL CAPSULE 100 MG                                   | NF   |                             |
| BOSULIF ORAL CAPSULE 50 MG                                    | 5    | PA                          |
| BOSULIF ORAL TABLET   | 5    | PA                          |
| BRAFTOVI ORAL CAPSULE 75 MG                                   | 5    | PA; QL (180 EA per 30 days) |
| BRUKINSA ORAL CAPSULE   | 5    | PA                          |
| CABOMETYX ORAL TABLET   | 5    | PA                          |
| CALQUENCE ORAL CAPSULE  | 5    | PA                          |
| CALQUENCE ORAL TABLET   | 5    | PA                          |
| CAPRELSA ORAL TABLET  | 5    | PA                          |
| CASODEX ORAL TABLET   | NF   |                             |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG              | 5    | PA                          |

| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG   | 5    | PA                          |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT                      | 5    | PA                          |
| COPIKTRA ORAL CAPSULE                                     | 5    | PA                          |
| COTELLIC ORAL TABLET                                      | 5    | PA                          |
| <i>cyclophosphamide oral capsule</i>                      | 2    | PA                          |
| <i>cyclophosphamide oral tablet</i>                       | NF   |                             |
| DAURISMO ORAL TABLET                                      | 5    | PA                          |
| DROXIA ORAL CAPSULE                                       | 4    |                             |
| ERIVEDGE ORAL CAPSULE                                     | 5    | PA                          |
| ERLEADA ORAL TABLET 240 MG                                | 5    | PA; QL (30 EA per 30 days)  |
| ERLEADA ORAL TABLET 60 MG                                 | 5    | PA; QL (120 EA per 30 days) |
| <i>erlotinib hcl oral tablet</i>                          | 5    | PA                          |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> | 5    | PA                          |
| <i>everolimus oral tablet soluble</i>                     | 5    | PA                          |
| FOTIVDA ORAL CAPSULE                                      | 5    | PA                          |
| FRUZAQLA ORAL CAPSULE                                     | 5    | PA                          |
| GAVRETO ORAL CAPSULE                                      | 5    | PA                          |
| <i>gefitinib oral tablet</i>                              | 5    | PA                          |
| GILOTRIF ORAL TABLET                                      | 5    | PA                          |
| GLEEVEC ORAL TABLET                                       | NF   |                             |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG                       | 4    | PA                          |
| GLEOSTINE ORAL CAPSULE 100 MG                             | 5    | PA                          |
| HYDREA ORAL CAPSULE                                       | NF   |                             |
| <i>hydroxyurea oral capsule</i>                           | 4    |                             |
| IBRANCE ORAL CAPSULE                                      | 5    | PA                          |
| IBRANCE ORAL TABLET                                       | 5    | PA                          |
| ICLUSIG ORAL TABLET                                       | 5    | PA                          |
| IDHIFA ORAL TABLET  | 5    | PA                          |
| <i>imatinib mesylate oral tablet</i>                      | 4    | PA                          |
| IMBRUVICA ORAL CAPSULE                                    | 5    | PA                          |
| IMBRUVICA ORAL SUSPENSION                                 | 5    | PA                          |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG              | 5    | PA                          |
| INLYTA ORAL TABLET  | 5    | PA                          |
| INQOVI ORAL TABLET  | 5    | PA                          |
| INREBIC ORAL CAPSULE                                      | 5    | PA                          |
| IRESSA ORAL TABLET  | NF   |                             |
| IWILFIN ORAL TABLET                                       | 5    | PA                          |
| JAKAFI ORAL TABLET  | 5    | PA                          |



| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| JAYPIRCA ORAL TABLET                                      | 5    | PA                         |
| JYLAMVO ORAL SOLUTION                                     | NF   |                            |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK            | 5    | PA; QL (63 EA per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK            | 5    | PA; QL (63 EA per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK            | 5    | PA; QL (63 EA per 28 days) |
| KOSELUGO ORAL CAPSULE                                     | 5    | PA                         |
| KRAZATI ORAL TABLET                                       | 5    | PA                         |
| <i>lapatinib ditosylate oral tablet</i>                   | 5    | PA                         |
| <i>lenalidomide oral capsule</i>                          | 5    | PA                         |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK      | 5    | PA                         |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK       | 5    | PA                         |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK       | 5    | PA                         |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i> | 4    |                            |
| <i>leucovorin calcium oral tablet 5 mg</i>                | 2    |                            |
| LONSURF ORAL TABLET                                       | 5    | PA                         |
| LORBRENA ORAL TABLET                                      | 5    | PA                         |
| LUMAKRAS ORAL TABLET                                      | 5    | PA                         |
| LYNPARZA ORAL TABLET                                      | 5    | PA                         |
| LYSODREN ORAL TABLET                                      | 5    |                            |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK       | 5    | PA                         |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK       | 5    | PA                         |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK       | 5    | PA                         |
| MATULANE ORAL CAPSULE                                     | 5    |                            |
| MEKINIST ORAL SOLUTION RECONSTITUTED                      | 5    | PA                         |
| MEKINIST ORAL TABLET                                      | 5    | PA                         |
| MEKTOVI ORAL TABLET                                       | 5    | PA                         |

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| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| <i>mercaptopurine oral tablet</i>                            | 4    |                             |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i> | 2    |                             |
| <i>methotrexate sodium injection solution 50 mg/2ml</i>      | 2    |                             |
| <i>methotrexate sodium oral tablet</i>                       | 3    |                             |
| NERLYNX ORAL TABLET  | 5    | PA                          |
| NEXAVAR ORAL TABLET  | NF   |                             |
| NILANDRON ORAL TABLET  | NF   |                             |
| <i>nilutamide oral tablet</i>                                | 5    |                             |
| NINLARO ORAL CAPSULE   | 5    | PA                          |
| NUBEQA ORAL TABLET   | 5    | PA                          |
| ODOMZO ORAL CAPSULE  | 5    | PA                          |
| OGSIVEO ORAL TABLET  | 5    | PA                          |
| OJEMDA ORAL SUSPENSION RECONSTITUTED                         | 5    | PA                          |
| OJEMDA ORAL TABLET   | 5    | PA                          |
| OJJAARA ORAL TABLET  | 5    | PA                          |
| ONUREG ORAL TABLET   | 5    | PA                          |
| ORSERDU ORAL TABLET  | 5    | PA                          |
| <i>pazopanib hcl oral tablet</i>                             | 5    | PA                          |
| PEMAZYRE ORAL TABLET   | 5    | PA                          |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK          | 5    | PA                          |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK          | 5    | PA                          |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK          | 5    | PA                          |
| POMALYST ORAL CAPSULE  | 5    | PA                          |
| PURIXAN ORAL SUSPENSION                                      | 5    |                             |
| QINLOCK ORAL TABLET  | 5    | PA                          |
| RETEVMO ORAL CAPSULE   | 5    | PA                          |
| RETEVMO ORAL TABLET  | 5    | PA                          |
| REVLIMID ORAL CAPSULE  | NF   |                             |
| REZLIDHIA ORAL CAPSULE                                       | 5    | PA                          |
| ROZLYTREK ORAL CAPSULE                                       | 5    | PA                          |
| ROZLYTREK ORAL PACKET  | 5    | PA                          |
| RUBRACA ORAL TABLET  | 5    | PA                          |
| RYDAPT ORAL CAPSULE  | 5    | PA                          |
| SCEMBLIX ORAL TABLET 100 MG                                  | 5    | PA; QL (120 EA per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG                                   | 5    | PA; QL (60 EA per 30 days)  |
| SCEMBLIX ORAL TABLET 40 MG                                   | 5    | PA                          |
| SIKLOS ORAL TABLET   | NF   |                             |

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| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| <i>sorafenib tosylate oral tablet</i>            | 5    | PA                          |
| SPRYCEL ORAL TABLET                              | 5    | PA                          |
| STIVARGA ORAL TABLET                             | 5    | PA                          |
| <i>sunitinib malate oral capsule</i>             | 5    | PA                          |
| SUTENT ORAL CAPSULE                              | NF   |                             |
| TABRECTA ORAL TABLET                             | 5    | PA                          |
| TAFINLAR ORAL CAPSULE                            | 5    | PA                          |
| TAFINLAR ORAL TABLET SOLUBLE                     | 5    | PA                          |
| TAGRISSE ORAL TABLET                             | 5    | PA                          |
| TALZENNA ORAL CAPSULE                            | 5    | PA                          |
| TARGRETIN ORAL CAPSULE                           | NF   |                             |
| TASIGNA ORAL CAPSULE                             | 5    | PA                          |
| TAZVERIK ORAL TABLET                             | 5    | PA                          |
| TEPMETKO ORAL TABLET                             | 5    | PA                          |
| TIBSOVO ORAL TABLET                              | 5    | PA                          |
| TORPENZ ORAL TABLET                              | NF   |                             |
| <i>tretinoin oral capsule</i>                    | 5    |                             |
| TREXALL ORAL TABLET                              | NF   |                             |
| TRUQAP ORAL TABLET                               | 5    | PA                          |
| TUKYSA ORAL TABLET                               | 5    | PA                          |
| TURALIO ORAL CAPSULE 125 MG                      | 5    | PA                          |
| TYKERB ORAL TABLET                               | NF   |                             |
| VANFLYTA ORAL TABLET                             | 5    | PA                          |
| VENCLEXTA ORAL TABLET 10 MG                      | 3    | PA; QL (60 EA per 30 days)  |
| VENCLEXTA ORAL TABLET 100 MG                     | 5    | PA; QL (120 EA per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG                      | 5    | PA; QL (30 EA per 30 days)  |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 5    | PA; QL (84 EA per 365 days) |
| VERZENIO ORAL TABLET                             | 5    | PA                          |
| VITRAKVI ORAL CAPSULE                            | 5    | PA                          |
| VITRAKVI ORAL SOLUTION                           | 5    | PA                          |
| VIZIMPRO ORAL TABLET                             | 5    | PA                          |
| VONJO ORAL CAPSULE                               | 5    | PA; QL (120 EA per 30 days) |
| VOTRIENT ORAL TABLET                             | NF   |                             |
| WELIREG ORAL TABLET                              | 5    | PA                          |
| XALKORI ORAL CAPSULE                             | 5    | PA                          |
| XALKORI ORAL CAPSULE SPRINKLE                    | 5    | PA                          |
| XATMEP ORAL SOLUTION                             | NF   |                             |
| XOSPATA ORAL TABLET                              | 5    | PA                          |

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| Drug Name   | Tier | Requirements |
|---|------|--------------|
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG                      | 5    | PA           |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG                       | 5    | PA           |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG                      | 5    | PA           |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG                       | 5    | PA           |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK                            | 5    | PA           |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG                       | 5    | PA           |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK                            | 5    | PA           |
| XTANDI ORAL CAPSULE   | 5    | PA           |
| XTANDI ORAL TABLET  | 5    | PA           |
| YONSA ORAL TABLET   | NF   |              |
| ZEJULA ORAL TABLET  | 5    | PA           |
| ZELBORAF ORAL TABLET  | 5    | PA           |
| ZOLINZA ORAL CAPSULE  | 5    | PA           |
| ZYDELIG ORAL TABLET   | 5    | PA           |
| ZYKADIA ORAL TABLET   | 5    | PA           |
| ZYTIGA ORAL TABLET  | NF   |              |
| <b>Antitoxins, Immune Globulins, Toxoids, And Vaccines</b>                      |      |              |
| <b>Allergenic Extracts</b>  |      |              |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL  | NF   |              |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL  | NF   |              |
| <b>Antitoxins And Immune Globulins</b>  |      |              |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML  | NF   |              |
| GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML  | NF   |              |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED                       | NF   |              |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML   | NF   |              |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML | NF   |              |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML  | 5    | PA           |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML                               | NF   |              |
| PANZYGA INTRAVENOUS SOLUTION  | NF   |              |
| PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML                                       | NF   |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <b>Toxoids</b>  |      |              |
| ADACEL INTRAMUSCULAR SUSPENSION                               | 1    |              |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5       | 1    |              |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE           | 1    |              |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5                     | 4    |              |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension</i> | 4    |              |
| INFANRIX INTRAMUSCULAR SUSPENSION                             | 4    |              |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE             | 4    |              |
| QUADRACEL INTRAMUSCULAR SUSPENSION                            | 4    |              |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE          | 4    |              |
| TDVAX INTRAMUSCULAR SUSPENSION                                | 1    |              |
| TENIVAC INTRAMUSCULAR INJECTABLE                              | 1    |              |
| <b>Vaccines</b>   |      |              |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED                  | 1    |              |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                   | 4    |              |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED                 | 1    |              |
| <i>bcg vaccine injection solution reconstituted</i>           | 1    |              |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE            | 1    |              |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML                      | 1    | PA           |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE              | 1    | PA           |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION                           | 1    |              |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE         | 1    |              |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML                  | 1    |              |
| HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML                | 4    |              |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE           | 1    | PA           |
| HIBERIX INJECTION SOLUTION RECONSTITUTED                      | 4    |              |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED          | 1    |              |
| IPOL INJECTION INJECTABLE                                     | 1    |              |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED                   | 1    |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| IXIARO INTRAMUSCULAR SUSPENSION                                   | 1    |              |
| JYNNEOS SUBCUTANEOUS SUSPENSION                                   | 1    |              |
| MENACTRA INTRAMUSCULAR SOLUTION                                   | 1    |              |
| MENQUADFI INTRAMUSCULAR SOLUTION                                  | 1    |              |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED                       | 1    |              |
| M-M-R II INJECTION SOLUTION RECONSTITUTED                         | 1    |              |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                | 1    |              |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE               | 4    |              |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION                               | 4    |              |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED                   | 1    |              |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED                   | 4    |              |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION                               | 1    | PA           |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED                     | 1    |              |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED                     | 4    |              |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED                   | 1    |              |
| RECOMBIVAX HB INJECTION SUSPENSION                                | 1    | PA           |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE              | 1    | PA           |
| ROTARIX ORAL SUSPENSION   | 4    |              |
| ROTARIX ORAL SUSPENSION RECONSTITUTED                             | 4    |              |
| ROTATEQ ORAL SOLUTION   | 4    |              |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML      | 1    |              |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML | 4    |              |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML  | 1    |              |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE               | 1    |              |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                | 1    |              |
| TYPHIM VI INTRAMUSCULAR SOLUTION                                  | 1    |              |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                | 1    |              |

| Drug Name  | Tier | Requirements             |
|--|------|--------------------------|
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML       | 4    |                          |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML               | 1    |                          |
| VARIVAX SUBCUTANEOUS INJECTABLE  | 1    |                          |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED                                   | 4    |                          |
| YF-VAX SUBCUTANEOUS INJECTABLE   | 1    |                          |
| Autonomic Drugs  |      |                          |
| Anticholinergic Agents   |      |                          |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3    |                          |
| ATROVENT HFA INHALATION AEROSOL SOLUTION                                 | 4    | QL (25.8 GM per 30 days) |
| BEVESPI AEROSPHERE INHALATION AEROSOL                                    | NF   |                          |
| <i>chlordiazepoxide-clidinium oral capsule</i>                           | 4    | PA                       |
| CUVPOSA ORAL SOLUTION  | NF   |                          |
| <i>dicyclomine hcl oral capsule</i>                                      | 2    |                          |
| <i>dicyclomine hcl oral solution</i>                                     | 4    |                          |
| <i>dicyclomine hcl oral tablet</i>                                       | 2    |                          |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED              | NF   |                          |
| GLYCATE ORAL TABLET  | NF   |                          |
| <i>glycopyrrolate oral solution</i>                                      | NF   |                          |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                             | 2    |                          |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                 | NF   |                          |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT  | 3    | QL (30 EA per 30 days)   |
| <i>ipratropium bromide inhalation solution</i>                           | 2    | PA                       |
| <i>ipratropium bromide nasal solution</i>                                | 2    |                          |
| LIBRAX ORAL CAPSULE  | NF   |                          |
| <i>methscopolamine bromide oral tablet</i>                               | 4    |                          |
| ROBINUL ORAL TABLET  | NF   |                          |
| ROBINUL-FORTE ORAL TABLET  | NF   |                          |
| SPIRIVA HANDIHALER INHALATION CAPSULE                                    | 3    | QL (30 EA per 30 days)   |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION                             | 3    | QL (4 GM per 30 days)    |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION                             | NF   |                          |
| <i>tiotropium bromide monohydrate inhalation capsule</i>                 | NF   |                          |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED              | NF   |                          |
| YUPELRI INHALATION SOLUTION  | 5    | PA                       |



| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <b>Parasympathomimetic (Cholinergic) Agents</b>                                       |      |              |
| ADLARITY TRANSDERMAL PATCH WEEKLY   | NF   |              |
| ARICEPT ORAL TABLET   | NF   |              |
| <i>bethanechol chloride oral tablet</i>   | 2    |              |
| <i>cevimeline hcl oral capsule</i>  | 4    |              |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>  | 2    |              |
| <i>donepezil hcl oral tablet 23 mg</i>  | NF   |              |
| <i>donepezil hcl oral tablet dispersible</i>  | 2    |              |
| EVOXAC ORAL CAPSULE   | NF   |              |
| EXELON TRANSDERMAL PATCH 24 HOUR  | NF   |              |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i> | 4    |              |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>         | 3    |              |
| <i>galantamine hydrobromide oral solution</i>   | NF   |              |
| <i>galantamine hydrobromide oral tablet 12 mg</i>                                     | 3    |              |
| <i>galantamine hydrobromide oral tablet 4 mg, 8 mg</i>                                | 2    |              |
| MESTINON ORAL SOLUTION  | NF   |              |
| MESTINON ORAL TABLET  | NF   |              |
| MESTINON ORAL TABLET EXTENDED RELEASE   | NF   |              |
| <i>pilocarpine hcl oral tablet</i>  | 4    |              |
| <i>pyridostigmine bromide er oral tablet extended release</i>                         | 4    |              |
| <i>pyridostigmine bromide oral solution</i>   | NF   |              |
| <i>pyridostigmine bromide oral tablet 30 mg</i>                                       | 4    |              |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                       | 3    |              |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 4.5 mg</i>                              | 3    |              |
| <i>rivastigmine tartrate oral capsule 3 mg, 6 mg</i>                                  | 4    |              |
| <i>rivastigmine transdermal patch 24 hour</i>   | 4    |              |
| SALAGEN ORAL TABLET   | NF   |              |
| <b>Skeletal Muscle Relaxants</b>  |      |              |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR   | NF   |              |
| <i>baclofen oral solution 10 mg/5ml</i>   | NF   |              |
| <i>baclofen oral suspension</i>   | NF   |              |
| <i>baclofen oral tablet</i>   | 2    |              |
| <i>carisoprodol oral tablet 250 mg</i>  | 3    | PA           |
| <i>carisoprodol oral tablet 350 mg</i>  | 2    | PA           |
| <i>chlorzoxazone oral tablet</i>  | NF   |              |
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>                   | NF   |              |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                                    | 2    | PA           |

| Drug Name   | Tier | Requirements             |
|---|------|--------------------------|
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i>   | NF   |                          |
| DANTRIUM ORAL CAPSULE 25 MG   | NF   |                          |
| <i>dantrolene sodium oral capsule</i>   | NF   |                          |
| FEXMID ORAL TABLET  | NF   |                          |
| FLEQSUVY ORAL SUSPENSION  | NF   |                          |
| LYVISPAH ORAL PACKET  | NF   |                          |
| <i>metaxalone oral tablet</i>   | NF   |                          |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>   | 2    |                          |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i>                                     | NF   |                          |
| OZOBAX DS ORAL SOLUTION   | NF   |                          |
| SOMA ORAL TABLET  | NF   |                          |
| <i>tizanidine hcl oral capsule</i>  | 2    |                          |
| <i>tizanidine hcl oral tablet</i>   | 2    |                          |
| ZANAFLEX ORAL CAPSULE   | NF   |                          |
| ZANAFLEX ORAL TABLET  | NF   |                          |
| <b>Smoking Cessation Agents</b>   |      |                          |
| NICOTROL INHALATION INHALER   | NF   |                          |
| NICOTROL NS NASAL SOLUTION  | 4    |                          |
| <i>varenicline tartrate (starter) oral tablet therapy pack</i>  | 4    | QL (504 EA per 365 days) |
| <i>varenicline tartrate oral tablet</i>   | 4    | QL (504 EA per 365 days) |
| <b>Sympatholytic (Adrenergic Blocking) Agents</b>   |      |                          |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i>  | 3    |                          |
| DIBENZYLINE ORAL CAPSULE  | NF   |                          |
| <i>dihydroergotamine mesylate nasal solution</i>  | 5    | QL (8 ML per 28 days)    |
| <i>ergoloid mesylates oral tablet</i>   | NF   |                          |
| FLOMAX ORAL CAPSULE   | NF   |                          |
| MIGRANAL NASAL SOLUTION   | NF   |                          |
| <i>phenoxybenzamine hcl oral capsule</i>  | NF   |                          |
| RAPAFLO ORAL CAPSULE  | NF   |                          |
| <i>silodosin oral capsule</i>   | NF   |                          |
| <i>tamsulosin hcl oral capsule</i>  | 2    |                          |
| TRUDHESA NASAL AEROSOL SOLUTION   | NF   |                          |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                          |
| <b>Sympathomimetic (Adrenergic) Agents</b>  |      |                          |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | NF   |                          |
| ADVAIR HFA INHALATION AEROSOL   | 3    | QL (12 GM per 30 days)   |

| Drug Name   | Tier | Requirements             |
|---|------|--------------------------|
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED   | NF   |                          |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED   | NF   |                          |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED  | NF   |                          |
| AIRSUPRA INHALATION AEROSOL   | NF   |                          |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>  | 2    | QL (17 GM per 30 days)   |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>                              | 2    | QL (13.4 GM per 30 days) |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>                              | NF   |                          |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>                 | 2    | PA                       |
| <i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>  | NF   |                          |
| <i>albuterol sulfate oral syrup</i>   | NF   |                          |
| <i>albuterol sulfate oral tablet</i>  | 4    |                          |
| <i>arformoterol tartrate inhalation nebulization solution</i>   | 4    | PA                       |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR   | NF   |                          |
| BROVANA INHALATION NEBULIZATION SOLUTION  | NF   |                          |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION  | 3    | QL (8 GM per 30 days)    |
| <i>droxidopa oral capsule 100 mg, 300 mg</i>  | 5    |                          |
| <i>droxidopa oral capsule 200 mg</i>  | NF   |                          |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i>  | 3    |                          |
| <i>epinephrine injection solution auto-injector</i>   | 3    |                          |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR   | NF   |                          |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR  | NF   |                          |
| <i>fluticasone-salmeterol inhalation aerosol</i>  | NF   |                          |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | 4    | QL (60 EA per 30 days)   |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>  | 4    | QL (1 EA per 30 days)    |
| <i>formoterol fumarate inhalation nebulization solution</i>   | 4    | PA                       |
| <i>ipratropium-albuterol inhalation solution</i>  | 2    | PA                       |
| <i>levalbuterol hcl inhalation nebulization solution</i>  | NF   |                          |
| <i>levalbuterol tartrate inhalation aerosol</i>   | 4    | QL (30 GM per 30 days)   |
| LUCEMYRA ORAL TABLET  | NF   |                          |
| <i>midodrine hcl oral tablet 10 mg</i>  | 3    |                          |

| Drug Name   | Tier | Requirements             |
|---|------|--------------------------|
| <i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>   | 2    |                          |
| NORTHERA ORAL CAPSULE   | NF   |                          |
| PERFORMIST INHALATION NEBULIZATION SOLUTION   | NF   |                          |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED  | 3    | QL (2 EA per 30 days)    |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT   | 3    | QL (60 EA per 30 days)   |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION  | NF   |                          |
| <i>terbutaline sulfate oral tablet</i>  | NF   |                          |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION  | NF   |                          |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT                                    | 4    | QL (60 EA per 30 days)   |
| XOPENEX HFA INHALATION AEROSOL  | NF   |                          |
| <b>Blood Formation,Coagulation &amp; Thrombosis Agents</b>  |      |                          |
| <b>Hematopoietic Agents</b>   |      |                          |
| ALVAIZ ORAL TABLET  | NF   |                          |
| XOLREMDI ORAL CAPSULE   | NF   |                          |
| <b>Blood Formation,Coagulation &amp; Thrombosis</b>   |      |                          |
| <b>Antihemorrhagic Agents</b>   |      |                          |
| <i>tranexamic acid oral tablet</i>  | 2    |                          |
| <b>Antithrombotic Agents</b>  |      |                          |
| AGRYLIN ORAL CAPSULE  | NF   |                          |
| <i>anagrelide hcl oral capsule</i>  | 4    |                          |
| ARIXTRA SUBCUTANEOUS SOLUTION   | NF   |                          |
| BRILINTA ORAL TABLET  | 3    |                          |
| CABLIVI INJECTION KIT   | NF   |                          |
| <i>cilostazol oral tablet</i>   | 4    |                          |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>  | 2    |                          |
| <i>dabigatran etexilate mesylate oral capsule</i>   | 4    |                          |
| EFFIENT ORAL TABLET   | NF   |                          |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK  | 3    | QL (148 EA per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG  | 3    | QL (60 EA per 30 days)   |
| ELIQUIS ORAL TABLET 5 MG  | 3    | QL (90 EA per 30 days)   |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | 4    |                          |
| <i>enoxaparin sodium injection solution prefilled syringe 150 mg/ml</i>   | NF   |                          |

| Drug Name   | Tier | Requirements             |
|---|------|--------------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML  | NF   |                          |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | NF   |                          |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>     | NF   |                          |
| <i>heparin sodium (porcine) injection solution 5000 unit/ml</i>                                   | 2    |                          |
| JANTOVEN ORAL TABLET  | 2    |                          |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE  | NF   |                          |
| PLAVIX ORAL TABLET 75 MG  | NF   |                          |
| PRADAXA ORAL CAPSULE  | NF   |                          |
| <i>prasugrel hcl oral tablet</i>  | 4    |                          |
| SAVAYSA ORAL TABLET   | NF   |                          |
| <i>warfarin sodium oral tablet</i>  | 2    |                          |
| XARELTO ORAL SUSPENSION RECONSTITUTED   | 3    |                          |
| XARELTO ORAL TABLET 10 MG, 20 MG  | 3    | QL (30 EA per 30 days)   |
| XARELTO ORAL TABLET 15 MG, 2.5 MG   | 3    | QL (60 EA per 30 days)   |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK   | 3    | QL (102 EA per 365 days) |
| <b>Blood Formation, Coagulation, And Thrombosis Agents, Misc.</b>                                 |      |                          |
| OXBRYTA ORAL TABLET   | NF   |                          |
| OXBRYTA ORAL TABLET SOLUBLE   | NF   |                          |
| PYRUKYND ORAL TABLET  | NF   |                          |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK  | NF   |                          |
| TAVALISSE ORAL TABLET   | NF   |                          |
| <b>Hematopoietic Agents</b>   |      |                          |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | NF   |                          |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE                                       | NF   |                          |
| DOPTELET ORAL TABLET  | 5    | PA                       |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML  | NF   |                          |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                          |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                          |
| GRANIX SUBCUTANEOUS SOLUTION  | NF   |                          |

| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | NF   |                             |
| LEUKINE INJECTION SOLUTION RECONSTITUTED   | NF   |                             |
| MULPLETA ORAL TABLET   | NF   |                             |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | QL (2.4 ML per 28 days)     |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML  | 5    |                             |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE  | 5    |                             |
| NIVESTYM INJECTION SOLUTION  | 5    |                             |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE  | 5    |                             |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | NF   |                             |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML                                     | 3    | PA                          |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML  | 5    | PA                          |
| PROMACTA ORAL PACKET   | NF   |                             |
| PROMACTA ORAL TABLET 12.5 MG   | 5    | PA; QL (360 EA per 30 days) |
| PROMACTA ORAL TABLET 25 MG   | 5    | PA; QL (180 EA per 30 days) |
| PROMACTA ORAL TABLET 50 MG   | 5    | PA; QL (90 EA per 30 days)  |
| PROMACTA ORAL TABLET 75 MG   | 5    | PA; QL (60 EA per 30 days)  |
| <i>releuko subcutaneous solution prefilled syringe</i>   | NF   |                             |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3    | PA                          |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML  | 5    | PA                          |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                             |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                             |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                             |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE  | 5    |                             |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                             |
| <b>Hemorrhologic Agents</b>  |      |                             |
| <i>pentoxifylline er oral tablet extended release</i>  | 4    |                             |

| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <b>Blood Formation,Coagulation + Thrombosis Agents</b>                                 |      |                        |
| <b>Antithrombotic Agents</b>   |      |                        |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>                   | 4    |                        |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i> | 5    |                        |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>                          | 4    |                        |
| <b>Blood Formation,Coagulation + Thrombosis</b>  |      |                        |
| <b>Antithrombotic Agents</b>   |      |                        |
| PRADAXA ORAL PACKET  | NF   |                        |
| <b>Cardiovascular Drugs</b>  |      |                        |
| <b>Alpha-Adrenergic Blocking Agents</b>  |      |                        |
| CARDURA ORAL TABLET  | NF   |                        |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                        |
| <i>doxazosin mesylate oral tablet</i>  | 2    |                        |
| <i>prazosin hcl oral capsule 1 mg, 2 mg</i>  | 2    |                        |
| <i>prazosin hcl oral capsule 5 mg</i>  | 4    |                        |
| <i>terazosin hcl oral capsule</i>  | 3    |                        |
| <b>Antilipemic Agents</b>  |      |                        |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                        |
| ATORVALIQ ORAL SUSPENSION  | NF   |                        |
| <i>atorvastatin calcium oral tablet</i>  | 1    | QL (30 EA per 30 days) |
| <i>cholestyramine light oral packet</i>  | 4    |                        |
| <i>cholestyramine oral packet</i>  | 3    |                        |
| <i>colesevelam hcl oral packet</i>   | NF   |                        |
| <i>colesevelam hcl oral tablet</i>   | 4    |                        |
| COLESTID ORAL TABLET   | NF   |                        |
| <i>colestipol hcl oral packet</i>  | NF   |                        |
| <i>colestipol hcl oral tablet</i>  | 4    |                        |
| CRESTOR ORAL TABLET  | NF   |                        |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE   | NF   |                        |
| <i>ezetimibe oral tablet</i>   | 2    | QL (30 EA per 30 days) |
| <i>ezetimibe-simvastatin oral tablet</i>   | 1    | QL (30 EA per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>        | 3    |                        |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>  | NF   |                        |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>   | NF   |                        |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>                            | 2    |                        |



| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| <i>fenofibric acid oral capsule delayed release 135 mg</i>                         | 4    |                             |
| <i>fenofibric acid oral capsule delayed release 45 mg</i>                          | 3    |                             |
| FENOGLIDE ORAL TABLET  | NF   |                             |
| <i>flolipid oral suspension</i>  | NF   |                             |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i>                  | 1    |                             |
| <i>fluvastatin sodium oral capsule</i>   | 1    |                             |
| <i>gemfibrozil oral tablet</i>   | 3    |                             |
| <i>icosapent ethyl oral capsule</i>  | 4    |                             |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                                    | NF   |                             |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR                                     | NF   |                             |
| LIPITOR ORAL TABLET  | NF   |                             |
| LIPOFEN ORAL CAPSULE   | NF   |                             |
| LIVALO ORAL TABLET   | 3    |                             |
| LOPID ORAL TABLET  | NF   |                             |
| <i>lovastatin oral tablet 10 mg</i>  | 1    | QL (30 EA per 30 days)      |
| <i>lovastatin oral tablet 20 mg, 40 mg</i>   | 1    | QL (60 EA per 30 days)      |
| LOVAZA ORAL CAPSULE  | NF   |                             |
| NEXLETOL ORAL TABLET   | 4    | PA                          |
| NEXLIZET ORAL TABLET   | 4    | PA                          |
| <i>niacin (antihyperlipidemic) oral tablet</i>                                     | NF   |                             |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg</i> | 3    |                             |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 750 mg</i>          | 4    |                             |
| NIACOR ORAL TABLET   | NF   |                             |
| <i>omega-3-acid ethyl esters oral capsule</i>                                      | 4    |                             |
| <i>pitavastatin calcium oral tablet</i>  | 1    |                             |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                       | 3    | PA; QL (2 ML per 28 days)   |
| <i>pravastatin sodium oral tablet</i>  | 1    | QL (30 EA per 30 days)      |
| PREVALITE ORAL PACKET  | 4    |                             |
| QUESTRAN LIGHT ORAL POWDER   | NF   |                             |
| QUESTRAN ORAL POWDER   | NF   |                             |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE                          | 3    | PA; QL (3.5 ML per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                    | 3    | PA; QL (3 ML per 28 days)   |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | 3    | PA; QL (3 ML per 28 days)   |
| <i>rosuvastatin calcium oral tablet</i>  | 1    | QL (30 EA per 30 days)      |

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| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>  | 1    | QL (45 EA per 30 days) |
| <i>simvastatin oral tablet 40 mg, 80 mg</i>  | 1    | QL (30 EA per 30 days) |
| TRICOR ORAL TABLET   | NF   |                        |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE  | NF   |                        |
| VASCEPA ORAL CAPSULE   | NF   |                        |
| VYTORIN ORAL TABLET  | NF   |                        |
| WELCHOL ORAL PACKET  | NF   |                        |
| WELCHOL ORAL TABLET  | NF   |                        |
| ZETIA ORAL TABLET  | NF   |                        |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG  | NF   |                        |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG   | NF   |                        |
| <b>Beta-Adrenergic Blocking Agents</b>   |      |                        |
| <i>acebutolol hcl oral capsule</i>   | 4    |                        |
| <i>atenolol oral tablet</i>  | 2    |                        |
| <i>atenolol-chlorthalidone oral tablet</i>   | 4    |                        |
| BETAPACE AF ORAL TABLET  | NF   |                        |
| <i>betaxolol hcl oral tablet</i>   | NF   |                        |
| <i>bisoprolol fumarate oral tablet</i>   | 4    |                        |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i>  | 4    |                        |
| BYSTOLIC ORAL TABLET   | NF   |                        |
| <i>carvedilol oral tablet</i>  | 2    |                        |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i>                     | 4    |                        |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR   | NF   |                        |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR  | NF   |                        |
| <i>labetalol hcl oral tablet</i>   | 4    |                        |
| LOPRESSOR ORAL TABLET  | NF   |                        |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | 2    |                        |
| <i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>               | 3    |                        |
| <i>metoprolol tartrate oral tablet</i>   | 2    |                        |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>                    | 4    |                        |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>                              | NF   |                        |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | 4    |                        |
| <i>nebivolol hcl oral tablet</i>   | 4    |                        |
| <i>pindolol oral tablet</i>  | NF   |                        |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 80 mg</i>                             | 4    |              |
| <i>propranolol hcl er oral capsule extended release 24 hour 160 mg, 60 mg</i>                             | 3    |              |
| <i>propranolol hcl oral solution</i>  | NF   |              |
| <i>propranolol hcl oral tablet</i>  | 3    |              |
| SORINE ORAL TABLET 120 MG, 160 MG   | NF   |              |
| <i>sotalol hcl (af) oral tablet</i>   | 3    |              |
| <i>sotalol hcl oral tablet</i>  | 2    |              |
| SOTYLIZE ORAL SOLUTION  | NF   |              |
| TENORETIC 100 ORAL TABLET   | NF   |              |
| TENORETIC 50 ORAL TABLET  | NF   |              |
| TENORMIN ORAL TABLET  | NF   |              |
| <i>timolol maleate oral tablet</i>  | 4    |              |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |              |
| <b>Calcium-Channel Blocking Agents</b>  |      |              |
| <i>amlodipine besy-benazepril hcl oral capsule</i>  | 1    |              |
| <i>amlodipine besylate oral tablet</i>  | 2    |              |
| <i>amlodipine besylate-valsartan oral tablet</i>  | 1    |              |
| <i>amlodipine-atorvastatin oral tablet</i>  | 1    |              |
| <i>amlodipine-olmesartan oral tablet</i>  | 1    |              |
| <i>amlodipine-valsartan-hctz oral tablet</i>  | 1    |              |
| AZOR ORAL TABLET  | NF   |              |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG             | NF   |              |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR   | NF   |              |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |              |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG   | NF   |              |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR   | 4    |              |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>                        | 4    |              |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 4    |              |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i>   | 4    |              |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 420 mg</i>                               | NF   |              |
| <i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>               | 4    |              |

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| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <i>diltiazem hcl oral tablet</i>  | 4    |              |
| <i>dilt-xr oral capsule extended release 24 hour</i>                      | 4    |              |
| EXFORGE HCT ORAL TABLET   | NF   |              |
| EXFORGE ORAL TABLET   | NF   |              |
| <i>felodipine er oral tablet extended release 24 hour 10 mg</i>           | 3    |              |
| <i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>    | 2    |              |
| <i>isradipine oral capsule 2.5 mg</i>                                     | 4    |              |
| <i>isradipine oral capsule 5 mg</i>                                       | NF   |              |
| KATERZIA ORAL SUSPENSION  | NF   |              |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG                  | NF   |              |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR                            | NF   |              |
| <i>nicardipine hcl oral capsule 20 mg</i>                                 | 4    |              |
| <i>nicardipine hcl oral capsule 30 mg</i>                                 | NF   |              |
| <i>nifedipine er oral tablet extended release 24 hour</i>                 | 3    |              |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i> | 3    |              |
| <i>nifedipine oral capsule</i>  | NF   |              |
| <i>nimodipine oral capsule</i>  | NF   |              |
| <i>nisoldipine er oral tablet extended release 24 hour</i>                | NF   |              |
| NORLIQVA ORAL SOLUTION  | NF   |              |
| NORVASC ORAL TABLET   | NF   |              |
| NYMALIZE ORAL SOLUTION 6 MG/ML  | NF   |              |
| <i>olmesartan-amlodipine-hctz oral tablet</i>                             | 1    |              |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                         | NF   |              |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG           | NF   |              |
| <i>telmisartan-amlodipine oral tablet 40-10 mg</i>                        | NF   |              |
| <i>telmisartan-amlodipine oral tablet 40-5 mg, 80-10 mg, 80-5 mg</i>      | 1    |              |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR                          | 4    |              |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR                              | NF   |              |
| <i>trandolapril-verapamil hcl er oral tablet extended release</i>         | 1    |              |
| TRIBENZOR ORAL TABLET   | NF   |              |
| <i>verapamil hcl er oral capsule extended release 24 hour</i>             | 4    |              |
| <i>verapamil hcl er oral tablet extended release</i>                      | 3    |              |

| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| <i>verapamil hcl oral tablet</i>                                | 2    |                             |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR                   | NF   |                             |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | NF   |                             |
| <b>Cardiac Drugs</b>  |      |                             |
| <i>amiodarone hcl oral tablet</i>                               | 4    |                             |
| ASPRUZYO SPRINKLE ORAL PACKET                                   | NF   |                             |
| CAMZYOS ORAL CAPSULE  | NF   |                             |
| CORLANOR ORAL SOLUTION  | 4    | PA; QL (450 ML per 30 days) |
| CORLANOR ORAL TABLET  | NF   | QL (60 EA per 30 days)      |
| <i>digoxin oral solution</i>                                    | NF   |                             |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                     | 4    | QL (30 EA per 30 days)      |
| <i>digoxin oral tablet 62.5 mcg</i>                             | NF   |                             |
| <i>disopyramide phosphate oral capsule</i>                      | NF   |                             |
| <i>dofetilide oral capsule</i>                                  | 3    |                             |
| <i>flecainide acetate oral tablet</i>                           | 4    |                             |
| <i>ivabradine hcl oral tablet</i>                               | 4    | PA; QL (60 EA per 30 days)  |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG                  | NF   |                             |
| <i>mexiletine hcl oral capsule</i>                              | NF   |                             |
| MULTAQ ORAL TABLET  | 3    |                             |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR                | NF   |                             |
| NORPACE ORAL CAPSULE  | NF   |                             |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG                     | NF   |                             |
| <i>propafenone hcl er oral capsule extended release 12 hour</i> | NF   |                             |
| <i>propafenone hcl oral tablet</i>                              | 4    |                             |
| <i>quinidine gluconate er oral tablet extended release</i>      | NF   |                             |
| <i>quinidine sulfate oral tablet</i>                            | 4    |                             |
| <i>ranolazine er oral tablet extended release 12 hour</i>       | 4    |                             |
| TIKOSYN ORAL CAPSULE  | NF   |                             |
| VYNDAMAX ORAL CAPSULE   | NF   |                             |
| VYNDAQEL ORAL CAPSULE   | 5    | PA                          |
| <b>Hypotensive Agents</b>                                       |      |                             |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>    | NF   |                             |
| <i>clonidine hcl er oral tablet extended release 24 hour</i>    | NF   |                             |
| <i>clonidine hcl oral tablet</i>                                | 2    |                             |
| <i>clonidine transdermal patch weekly</i>                       | 4    |                             |
| <i>guanfacine hcl oral tablet</i>                               | 4    |                             |
| <i>hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>          | 2    |                             |

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| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| <i>hydralazine hcl oral tablet 100 mg</i>         | 3    |                            |
| <i>minoxidil oral tablet</i>                      | 2    |                            |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                            |
| VECAMYL ORAL TABLET                               | NF   |                            |
| <b>Renin-Angiotensin-Aldosterone Sys Inhib</b>    |      |                            |
| ALDACTONE ORAL TABLET                             | NF   |                            |
| <i>aliskiren fumarate oral tablet</i>             | 4    | QL (30 EA per 30 days)     |
| ALTACE ORAL CAPSULE                               | NF   |                            |
| ATACAND HCT ORAL TABLET                           | NF   |                            |
| ATACAND ORAL TABLET                               | NF   |                            |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG      | NF   |                            |
| AVAPRO ORAL TABLET                                | NF   |                            |
| <i>benazepril hcl oral tablet</i>                 | 1    |                            |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | 1    |                            |
| BENICAR HCT ORAL TABLET                           | NF   |                            |
| BENICAR ORAL TABLET                               | NF   |                            |
| <i>candesartan cilexetil oral tablet</i>          | 1    |                            |
| <i>candesartan cilexetil-hctz oral tablet</i>     | 1    |                            |
| <i>captopril oral tablet</i>                      | 1    |                            |
| CAROSPIR ORAL SUSPENSION                          | NF   |                            |
| COZAAR ORAL TABLET                                | NF   |                            |
| DIOVAN HCT ORAL TABLET                            | NF   |                            |
| DIOVAN ORAL TABLET                                | NF   |                            |
| EDARBI ORAL TABLET                                | NF   |                            |
| EDARBYCLOR ORAL TABLET                            | NF   |                            |
| <i>enalapril maleate oral solution</i>            | NF   |                            |
| <i>enalapril maleate oral tablet</i>              | 1    |                            |
| <i>enalapril-hydrochlorothiazide oral tablet</i>  | 1    |                            |
| ENTRESTO ORAL CAPSULE SPRINKLE                    | 3    | QL (240 EA per 30 days)    |
| ENTRESTO ORAL TABLET                              | 3    | QL (60 EA per 30 days)     |
| <i>eplerenone oral tablet</i>                     | 4    |                            |
| <i>fosinopril sodium oral tablet</i>              | 1    |                            |
| <i>fosinopril sodium-hctz oral tablet</i>         | 1    |                            |
| HYZAAR ORAL TABLET                                | NF   |                            |
| INSPRA ORAL TABLET                                | NF   |                            |
| <i>irbesartan oral tablet</i>                     | 1    |                            |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | 1    |                            |
| KERENDIA ORAL TABLET                              | 4    | PA; QL (30 EA per 30 days) |

| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| <i>lisinopril oral tablet</i>   | 1    |                        |
| <i>lisinopril-hydrochlorothiazide oral tablet</i>                                   | 1    |                        |
| <i>losartan potassium oral tablet 100 mg</i>  | 1    | QL (30 EA per 30 days) |
| <i>losartan potassium oral tablet 25 mg, 50 mg</i>                                  | 1    | QL (60 EA per 30 days) |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>                   | 1    | QL (30 EA per 30 days) |
| <i>losartan potassium-hctz oral tablet 50-12.5 mg</i>                               | 1    | QL (60 EA per 30 days) |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG  | NF   |                        |
| MICARDIS HCT ORAL TABLET  | NF   |                        |
| MICARDIS ORAL TABLET  | NF   |                        |
| <i>moexipril hcl oral tablet</i>  | 1    |                        |
| <i>olmesartan medoxomil oral tablet</i>   | 1    |                        |
| <i>olmesartan medoxomil-hctz oral tablet</i>  | 1    |                        |
| <i>perindopril erbumine oral tablet</i>   | 1    |                        |
| QBRELIS ORAL SOLUTION   | NF   |                        |
| <i>quinapril hcl oral tablet</i>  | 1    |                        |
| <i>ramipril oral capsule</i>  | 1    |                        |
| <i>spironolactone oral suspension</i>   | NF   |                        |
| <i>spironolactone oral tablet</i>   | 2    |                        |
| <i>spironolactone-hctz oral tablet</i>  | 3    |                        |
| TEKTURNA ORAL TABLET  | NF   |                        |
| <i>telmisartan oral tablet</i>  | 1    | QL (30 EA per 30 days) |
| <i>telmisartan-hctz oral tablet</i>   | 1    | QL (30 EA per 30 days) |
| <i>trandolapril oral tablet</i>   | 1    |                        |
| <i>valsartan oral solution</i>  | NF   |                        |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>                                   | 1    | QL (60 EA per 30 days) |
| <i>valsartan oral tablet 320 mg</i>   | 1    | QL (30 EA per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i> | 1    | QL (60 EA per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>             | 1    | QL (30 EA per 30 days) |
| VASERETIC ORAL TABLET   | NF   |                        |
| VASOTEC ORAL TABLET   | NF   |                        |
| ZESTORETIC ORAL TABLET  | NF   |                        |
| ZESTRIL ORAL TABLET   | NF   |                        |
| <b>Sodium-Glucose (Sglt) Cotransportor Inhibitor</b>                                |      |                        |
| INPEFA ORAL TABLET 400 MG   | NF   |                        |
| <b>Vasodilating Agents</b>  |      |                        |
| ADCIRCA ORAL TABLET   | NF   |                        |
| ALYQ ORAL TABLET  | NF   |                        |

| Drug Name  | Tier | Requirements                  |
|--|------|-------------------------------|
| BIDIL ORAL TABLET  | NF   |                               |
| CIALIS ORAL TABLET 2.5 MG, 5 MG  | NF   |                               |
| <i>dipyridamole oral tablet</i>  | 3    | PA                            |
| ISORDIL TITRADOSE ORAL TABLET  | NF   |                               |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>            | 4    |                               |
| <i>isosorbide dinitrate oral tablet</i>                                | 4    |                               |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i>  | 3    |                               |
| <i>isosorbide mononitrate oral tablet</i>                              | 2    |                               |
| LIQREV ORAL SUSPENSION   | NF   |                               |
| NITRO-BID TRANSDERMAL OINTMENT   | NF   |                               |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR                                    | NF   |                               |
| <i>nitroglycerin sublingual tablet sublingual</i>                      | 2    |                               |
| <i>nitroglycerin transdermal patch 24 hour</i>                         | 3    |                               |
| <i>nitroglycerin translingual solution</i>                             | NF   |                               |
| NITROLINGUAL TRANSLINGUAL SOLUTION                                     | NF   |                               |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL                                 | NF   |                               |
| REVATIO ORAL TABLET  | NF   |                               |
| <i>sildenafil citrate oral suspension reconstituted</i>                | NF   |                               |
| <i>sildenafil citrate oral tablet 20 mg</i>                            | 3    | PA; QL (360 EA per 30 days)   |
| <i>tadalafil (pah) oral tablet</i>                                     | 5    | PA; QL (60 EA per 30 days)    |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i>                              | 2    | PA; QL (30 EA per 30 days)    |
| TADLIQ ORAL SUSPENSION   | NF   |                               |
| VERQUVO ORAL TABLET  | 4    |                               |
| <b>Central Nervous System Agents</b>                                   |      |                               |
| <b>Analgesics And Antipyretics</b>                                     |      |                               |
| <i>acetaminophen-codeine oral solution</i>                             | 2    | NDS; QL (2700 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet</i>                               | 2    | NDS; QL (180 EA per 30 days)  |
| ALLZITAL ORAL TABLET   | NF   |                               |
| <i>apap-caff-dihydrocodeine oral capsule</i>                           | NF   | NDS                           |
| ARTHROTEC ORAL TABLET DELAYED RELEASE                                  | NF   |                               |
| ASCOMP-CODEINE ORAL CAPSULE  | NF   | NDS                           |
| BELBUCA BUCCAL FILM  | NF   | NDS                           |
| BUPAP ORAL TABLET 50-300 MG  | NF   |                               |
| <i>buprenorphine hcl sublingual tablet sublingual</i>                  | 3    | QL (120 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>          | 2    | QL (60 EA per 30 days)        |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i> | 2    | QL (120 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>           | 2    | QL (90 EA per 30 days)        |



| Drug Name   | Tier | Requirements                     |
|---|------|----------------------------------|
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | 2    | QL (120 EA per 30 days)          |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>   | 2    | QL (90 EA per 30 days)           |
| <i>buprenorphine transdermal patch weekly</i>                               | 4    | NDS; QL (4 EA per 28 days)       |
| <i>butalbital-acetaminophen oral capsule</i>                                | NF   |                                  |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                       | NF   |                                  |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                       | 4    | PA; QL (180 EA per 30 days)      |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>                | NF   | NDS                              |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                | 4    | PA; NDS; QL (180 EA per 30 days) |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>                   | 3    | PA; QL (180 EA per 30 days)      |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>                   | NF   |                                  |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                    | 3    | PA; QL (180 EA per 30 days)      |
| <i>butalbital-asa-caff-codeine oral capsule</i>                             | NF   | NDS                              |
| <i>butalbital-aspirin-caffeine oral capsule</i>                             | 4    | PA; QL (180 EA per 30 days)      |
| <i>butorphanol tartrate nasal solution</i>                                  | NF   | NDS                              |
| BUTRANS TRANSDERMAL PATCH WEEKLY  | NF   | NDS                              |
| CAMBIA ORAL PACKET  | NF   |                                  |
| CELEBREX ORAL CAPSULE   | NF   |                                  |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                         | 2    | QL (60 EA per 30 days)           |
| <i>celecoxib oral capsule 400 mg</i>  | 2    |                                  |
| <i>codeine sulfate oral tablet</i>  | NF   | NDS                              |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                | NF   | NDS                              |
| DAYPRO ORAL TABLET  | NF   |                                  |
| DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML                               | NF   | NDS                              |
| <i>diclofenac epolamine external patch</i>                                  | NF   |                                  |
| <i>diclofenac potassium oral capsule</i>                                    | NF   |                                  |
| <i>diclofenac potassium oral tablet</i>                                     | NF   |                                  |
| <i>diclofenac potassium(migraine) oral packet</i>                           | NF   |                                  |
| <i>diclofenac sodium er oral tablet extended release 24 hour</i>            | NF   |                                  |
| <i>diclofenac sodium oral tablet delayed release 25 mg</i>                  | 4    |                                  |
| <i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>           | 2    |                                  |
| <i>diclofenac-misoprostol oral tablet delayed release</i>                   | 4    |                                  |
| <i>diflunisal oral tablet</i>   | NF   |                                  |
| DILAUDID ORAL LIQUID  | NF   | NDS                              |
| DILAUDID ORAL TABLET  | NF   | NDS                              |
| ELYXYB ORAL SOLUTION  | NF   |                                  |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG             | NF   | NDS                              |

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| Drug Name   | Tier | Requirements                     |
|---|------|----------------------------------|
| ESGIC ORAL TABLET   | NF   |                                  |
| <i>etodolac er oral tablet extended release 24 hour</i>   | NF   |                                  |
| <i>etodolac oral capsule</i>  | NF   |                                  |
| <i>etodolac oral tablet</i>   | 3    |                                  |
| <i>fenoprofen calcium oral capsule 400 mg</i>   | NF   |                                  |
| <i>fenoprofen calcium oral tablet</i>   | NF   |                                  |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>              | 5    | PA; QL (120 EA per 30 days)      |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>  | 4    | PA; QL (120 EA per 30 days)      |
| <i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                                      | NF   |                                  |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>            | 4    | PA; NDS; QL (15 EA per 30 days)  |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>   | 4    | NDS; QL (15 EA per 30 days)      |
| <i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>  | NF   | NDS                              |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG   | NF   |                                  |
| FIORICET ORAL CAPSULE   | NF   |                                  |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG   | NF   | NDS                              |
| FLECTOR EXTERNAL PATCH  | NF   |                                  |
| <i>flurbiprofen oral tablet 100 mg</i>  | NF   |                                  |
| <i>gabapentin (once-daily) oral tablet</i>  | NF   |                                  |
| GRALISE ORAL TABLET   | NF   |                                  |
| <i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>  | NF   | NDS                              |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>                                       | NF   | NDS                              |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>  | NF   | NDS                              |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 4    | NDS; QL (180 EA per 30 days)     |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>  | NF   | NDS                              |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>   | 3    | NDS; QL (150 EA per 30 days)     |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 8 mg</i>                                  | 4    | PA; NDS; QL (120 EA per 30 days) |
| <i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 32 mg</i>                                 | NF   | NDS                              |
| <i>hydromorphone hcl oral liquid</i>  | 2    | NDS; QL (1500 ML per 30 days)    |
| <i>hydromorphone hcl oral tablet 2 mg</i>   | 2    | NDS; QL (240 EA per 30 days)     |
| <i>hydromorphone hcl oral tablet 4 mg</i>   | 2    | PA; NDS; QL (240 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 8 mg</i>   | 3    | PA; NDS; QL (240 EA per 30 days) |

| Drug Name   | Tier | Requirements                    |
|---|------|---------------------------------|
| <i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>  | NF   | NDS                             |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT  | NF   | NDS                             |
| IBU ORAL TABLET 600 MG, 800 MG  | 2    |                                 |
| <i>ibuprofen oral suspension</i>  | 2    |                                 |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>   | 2    |                                 |
| <i>ibuprofen-famotidine oral tablet</i>   | NF   |                                 |
| INDOCIN ORAL SUSPENSION   | NF   |                                 |
| INDOCIN RECTAL SUPPOSITORY  | NF   |                                 |
| <i>indomethacin er oral capsule extended release</i>  | NF   |                                 |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>   | NF   |                                 |
| <i>indomethacin oral suspension</i>   | NF   |                                 |
| <i>indomethacin rectal suppository 50 mg</i>  | NF   |                                 |
| <i>ketoprofen er oral capsule extended release 24 hour</i>  | NF   |                                 |
| <i>ketoprofen oral capsule 25 mg, 50 mg</i>   | NF   |                                 |
| <i>ketorolac tromethamine oral tablet</i>   | NF   |                                 |
| KIPROFEN ORAL CAPSULE   | NF   |                                 |
| <i>levorphanol tartrate oral tablet</i>   | NF   | NDS                             |
| LICART EXTERNAL PATCH 24 HOUR   | NF   |                                 |
| LODINE ORAL TABLET  | NF   |                                 |
| LOFENA ORAL TABLET  | NF   |                                 |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                                 |
| <i>meclofenamate sodium oral capsule</i>  | NF   |                                 |
| <i>mefenamic acid oral capsule</i>  | NF   |                                 |
| <i>meloxicam oral capsule</i>   | NF   |                                 |
| <i>meloxicam oral tablet</i>  | 2    |                                 |
| <i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>  | NF   | NDS                             |
| <i>meperidine hcl oral solution</i>   | NF   | NDS                             |
| <i>meperidine hcl oral tablet 50 mg</i>   | NF   | NDS                             |
| <i>methadone hcl oral solution</i>  | NF   | NDS                             |
| <i>methadone hcl oral tablet</i>  | 4    | PA; NDS                         |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>  | 2    | NDS; QL (150 ML per 30 days)    |
| <i>morphine sulfate er beads oral capsule extended release 24 hour</i>  | NF   | NDS                             |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | NF   | NDS                             |
| <i>morphine sulfate er oral tablet extended release 100 mg, 60 mg</i>   | 3    | PA; NDS; QL (90 EA per 30 days) |

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| Drug Name  | Tier | Requirements                     |
|--|------|----------------------------------|
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>                   | 3    | NDS; QL (90 EA per 30 days)      |
| <i>morphine sulfate er oral tablet extended release 200 mg</i>                         | NF   | NDS                              |
| <i>morphine sulfate oral solution</i>  | 2    | NDS; QL (1000 ML per 30 days)    |
| <i>morphine sulfate oral tablet 15 mg</i>  | 3    | NDS; QL (180 EA per 30 days)     |
| <i>morphine sulfate oral tablet 30 mg</i>  | 4    | NDS; QL (180 EA per 30 days)     |
| MS CONTIN ORAL TABLET EXTENDED RELEASE   | NF   | NDS                              |
| <i>nabumetone oral tablet</i>  | 2    |                                  |
| NALFON ORAL TABLET   | NF   |                                  |
| <i>nalocet oral tablet</i>   | NF   | NDS                              |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG                   | NF   |                                  |
| NAPROSYN ORAL SUSPENSION   | NF   |                                  |
| <i>naproxen dr oral tablet delayed release 500 mg</i>                                  | 2    |                                  |
| <i>naproxen oral suspension</i>  | NF   |                                  |
| <i>naproxen oral tablet</i>  | 2    |                                  |
| <i>naproxen oral tablet delayed release 375 mg</i>                                     | 2    |                                  |
| <i>naproxen sodium er oral tablet extended release 24 hour</i>                         | NF   |                                  |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                      | NF   |                                  |
| <i>naproxen-esomeprazole mg oral tablet delayed release</i>                            | NF   |                                  |
| <i>norgesic forte oral tablet</i>  | NF   |                                  |
| NORGESIC ORAL TABLET   | NF   |                                  |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR  | NF   | NDS                              |
| NUCYNTA ORAL TABLET  | NF   | NDS                              |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>                          | NF   |                                  |
| <i>oxaprozin oral tablet</i>   | NF   |                                  |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>            | NF   | NDS                              |
| <i>oxycodone hcl oral capsule</i>  | 3    | NDS; QL (180 EA per 30 days)     |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                       | 4    | NDS; QL (180 ML per 30 days)     |
| <i>oxycodone hcl oral solution</i>   | 2    | NDS; QL (900 ML per 30 days)     |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>                             | 3    | NDS; QL (180 EA per 30 days)     |
| <i>oxycodone hcl oral tablet 30 mg</i>   | 3    | PA; NDS; QL (180 EA per 30 days) |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>                              | NF   | NDS                              |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>             | NF   | NDS                              |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 4    | NDS; QL (240 EA per 30 days)     |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT                                       | NF   | NDS                              |

| Drug Name  | Tier | Requirements                    |
|--|------|---------------------------------|
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i>                                 | NF   | NDS                             |
| <i>oxymorphone hcl oral tablet</i>   | NF   | NDS                             |
| <i>pentazocine-naloxone hcl oral tablet</i>  | NF   | NDS                             |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                               | NF   | NDS                             |
| <i>piroxicam oral capsule</i>  | NF   |                                 |
| <i>pregabalin er oral tablet extended release 24 hour</i>                                      | NF   |                                 |
| PROLATE ORAL SOLUTION  | NF   | NDS                             |
| PROLATE ORAL TABLET  | NF   | NDS                             |
| QDOLO ORAL SOLUTION  | NF   | NDS                             |
| RELAFEN DS ORAL TABLET   | NF   |                                 |
| ROXICODONE ORAL TABLET 15 MG, 30 MG  | NF   | NDS                             |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT   | NF   | NDS                             |
| SEGLENTIS ORAL TABLET  | NF   | NDS                             |
| SPRIX NASAL SOLUTION   | NF   |                                 |
| SUBOXONE SUBLINGUAL FILM   | NF   |                                 |
| <i>sulindac oral tablet</i>  | NF   |                                 |
| TENCON ORAL TABLET 50-325 MG   | NF   |                                 |
| TOLECTIN 600 ORAL TABLET   | NF   |                                 |
| <i>tolmetin sodium oral capsule</i>  | NF   |                                 |
| <i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i> | NF   | NDS                             |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>                         | NF   | NDS                             |
| <i>tramadol hcl er oral tablet extended release 24 hour</i>                                    | 4    | NDS; QL (30 EA per 30 days)     |
| <i>tramadol hcl oral solution</i>  | NF   | NDS                             |
| <i>tramadol hcl oral tablet 100 mg</i>   | NF   | NDS                             |
| <i>tramadol hcl oral tablet 25 mg</i>  | NF   |                                 |
| <i>tramadol hcl oral tablet 50 mg</i>  | 2    | NDS; QL (240 EA per 30 days)    |
| <i>tramadol-acetaminophen oral tablet</i>  | 2    | NDS; QL (240 EA per 30 days)    |
| TREZIX ORAL CAPSULE 320.5-30-16 MG   | NF   | NDS                             |
| VIMOVO ORAL TABLET DELAYED RELEASE   | NF   |                                 |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT   | 3    | PA; NDS; QL (60 EA per 30 days) |
| ZIPSOR ORAL CAPSULE  | NF   |                                 |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG                                   | 4    | QL (90 EA per 30 days)          |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG                                  | 4    | QL (120 EA per 30 days)         |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG   | 4    | QL (30 EA per 30 days)          |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG                            | 4    | QL (60 EA per 30 days)     |
| <b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>              |      |                            |
| ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG                                   | NF   |                            |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                          | NF   |                            |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE                    | NF   |                            |
| <i>amphetamine sulfate oral tablet</i>                                     | NF   |                            |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>   | 2    | QL (30 EA per 30 days)     |
| <i>amphetamine-dextroamphetamine oral tablet</i>                           | 2    | QL (60 EA per 30 days)     |
| <i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i> | NF   |                            |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                          | NF   |                            |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                      | 4    | PA; QL (30 EA per 30 days) |
| <i>armodafinil oral tablet 50 mg</i>                                       | 4    | PA; QL (60 EA per 30 days) |
| AZSTARYS ORAL CAPSULE  | NF   |                            |
| CONCERTA ORAL TABLET EXTENDED RELEASE                                      | NF   |                            |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE                   | NF   |                            |
| DAYTRANA TRANSDERMAL PATCH   | NF   |                            |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG                      | NF   |                            |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>     | NF   |                            |
| <i>dexmethylphenidate hcl oral tablet</i>                                  | NF   |                            |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>  | NF   |                            |
| <i>dextroamphetamine sulfate oral solution</i>                             | NF   |                            |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i>                         | 3    | QL (180 EA per 30 days)    |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>           | NF   |                            |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i>                          | 3    | QL (150 EA per 30 days)    |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE                               | NF   |                            |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE                          | NF   |                            |
| EVEKEO ORAL TABLET   | NF   |                            |
| FOCALIN ORAL TABLET  | NF   |                            |

| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                            | NF   |                            |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR                             | NF   |                            |
| <i>lisdexamfetamine dimesylate oral capsule</i>                             | NF   |                            |
| <i>lisdexamfetamine dimesylate oral tablet chewable</i>                     | NF   |                            |
| METADATE CD ORAL CAPSULE EXTENDED RELEASE                                   | NF   |                            |
| <i>methamphetamine hcl oral tablet</i>                                      | NF   |                            |
| METHYLIN ORAL SOLUTION  | NF   |                            |
| <i>methylphenidate hcl er (cd) oral capsule extended release</i>            | NF   |                            |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>    | NF   |                            |
| <i>methylphenidate hcl er (osm) oral tablet extended release</i>            | NF   |                            |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>    | NF   |                            |
| <i>methylphenidate hcl er oral tablet extended release</i>                  | NF   |                            |
| <i>methylphenidate hcl er oral tablet extended release 24 hour</i>          | NF   |                            |
| <i>methylphenidate hcl oral solution</i>                                    | NF   |                            |
| <i>methylphenidate hcl oral tablet 10 mg</i>                                | 2    | QL (180 EA per 30 days)    |
| <i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>                          | 2    | QL (90 EA per 30 days)     |
| <i>methylphenidate hcl oral tablet chewable</i>                             | NF   |                            |
| <i>methylphenidate transdermal patch</i>                                    | NF   |                            |
| <i>modafinil oral tablet 100 mg</i>   | 2    | PA; QL (30 EA per 30 days) |
| <i>modafinil oral tablet 200 mg</i>   | 2    | PA; QL (60 EA per 30 days) |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR                               | NF   |                            |
| NUVIGIL ORAL TABLET   | NF   |                            |
| PROCENTRA ORAL SOLUTION   | NF   |                            |
| PROVIGIL ORAL TABLET  | NF   |                            |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE                         | NF   |                            |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER                              | NF   |                            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 63 MG     | NF   |                            |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG | NF   |                            |
| RITALIN ORAL TABLET   | NF   |                            |
| SUNOSI ORAL TABLET  | NF   |                            |
| VYVANSE ORAL CAPSULE  | NF   |                            |
| VYVANSE ORAL TABLET CHEWABLE  | NF   |                            |

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| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| WAKIX ORAL TABLET   | NF   |                         |
| XELSTRYM TRANSDERMAL PATCH  | NF   |                         |
| ZENZEDI ORAL TABLET   | NF   |                         |
| <b>Anticonvulsants</b>  |      |                         |
| APTIOM ORAL TABLET  | 5    |                         |
| BANZEL ORAL SUSPENSION  | NF   |                         |
| BANZEL ORAL TABLET  | NF   |                         |
| BRIVIACT ORAL SOLUTION  | 5    |                         |
| BRIVIACT ORAL TABLET  | 5    | QL (60 EA per 30 days)  |
| <i>carbamazepine er oral capsule extended release 12 hour</i>               | 4    |                         |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>         | 3    |                         |
| <i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i> | 4    |                         |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                             | 4    |                         |
| <i>carbamazepine oral tablet</i>  | 3    |                         |
| <i>carbamazepine oral tablet chewable</i>                                   | 3    |                         |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR                             | NF   |                         |
| CELONTIN ORAL CAPSULE   | NF   |                         |
| <i>clobazam oral suspension</i>   | 4    | QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg</i>   | 2    | QL (60 EA per 30 days)  |
| <i>clobazam oral tablet 20 mg</i>   | 3    | QL (60 EA per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                  | 2    | QL (270 EA per 30 days) |
| <i>clonazepam oral tablet 2 mg</i>  | 2    | QL (300 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.5 mg</i>                  | 3    | QL (270 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 0.25 mg, 1 mg</i>                     | 2    | QL (270 EA per 30 days) |
| <i>clonazepam oral tablet dispersible 2 mg</i>                              | 2    | QL (300 EA per 30 days) |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR                            | NF   |                         |
| DEPAKOTE ORAL TABLET DELAYED RELEASE  | NF   |                         |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE                    | NF   |                         |
| DIACOMIT ORAL CAPSULE   | 5    | PA                      |
| DIACOMIT ORAL PACKET  | 5    | PA                      |
| <i>diazepam rectal gel 10 mg, 20 mg</i>                                     | 4    |                         |
| <i>diazepam rectal gel 2.5 mg</i>   | NF   |                         |
| DILANTIN INFATABS ORAL TABLET CHEWABLE                                      | NF   |                         |
| DILANTIN ORAL CAPSULE   | NF   |                         |
| DILANTIN ORAL SUSPENSION  | NF   |                         |



| Drug Name  | Tier | Requirements            |
|--|------|-------------------------|
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | 2    |                         |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>   | 4    |                         |
| <i>divalproex sodium oral tablet delayed release</i>             | 2    |                         |
| EPIDIOLEX ORAL SOLUTION  | 5    | PA                      |
| EPITOL ORAL TABLET   | NF   |                         |
| EPRONTIA ORAL SOLUTION   | 4    | ST                      |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR                    | NF   |                         |
| <i>ethosuximide oral capsule</i>                                 | 3    |                         |
| <i>ethosuximide oral solution</i>                                | 4    |                         |
| <i>felbamate oral suspension</i>                                 | 4    |                         |
| <i>felbamate oral tablet</i>                                     | 4    |                         |
| FELBATOL ORAL TABLET   | NF   |                         |
| FINTEPLA ORAL SOLUTION   | NF   |                         |
| FYCOMPA ORAL SUSPENSION  | 5    |                         |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG               | 5    |                         |
| FYCOMPA ORAL TABLET 2 MG   | 4    |                         |
| <i>gabapentin oral capsule</i>                                   | 2    |                         |
| <i>gabapentin oral solution 250 mg/5ml</i>                       | 4    |                         |
| <i>gabapentin oral tablet 600 mg</i>                             | 2    | QL (180 EA per 30 days) |
| <i>gabapentin oral tablet 800 mg</i>                             | 2    |                         |
| HORIZANT ORAL TABLET EXTENDED RELEASE                            | NF   |                         |
| KEPPRA ORAL SOLUTION   | NF   |                         |
| KEPPRA ORAL TABLET   | NF   |                         |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR                   | NF   |                         |
| KLONOPIN ORAL TABLET   | NF   |                         |
| <i>lacosamide oral solution 10 mg/ml</i>                         | 4    |                         |
| <i>lacosamide oral tablet 100 mg, 150 mg, 50 mg</i>              | 2    |                         |
| <i>lacosamide oral tablet 200 mg</i>                             | 3    |                         |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                             | NF   |                         |
| LAMICTAL ORAL TABLET   | NF   |                         |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG                        | NF   |                         |
| LAMICTAL STARTER ORAL KIT  | NF   |                         |
| LAMICTAL XR ORAL KIT   | NF   |                         |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR                 | NF   |                         |
| <i>lamotrigine er oral tablet extended release 24 hour</i>       | 4    |                         |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i> | NF   |                            |
| <i>lamotrigine oral tablet</i>   | 2    |                            |
| <i>lamotrigine oral tablet chewable 25 mg</i>  | 2    |                            |
| <i>lamotrigine oral tablet chewable 5 mg</i>   | NF   |                            |
| <i>lamotrigine oral tablet dispersible 100 mg, 25 mg, 50 mg</i>  | NF   |                            |
| <i>lamotrigine oral tablet dispersible 200 mg</i>  | 4    |                            |
| <i>lamotrigine starter kit-blue oral kit</i>   | NF   |                            |
| <i>lamotrigine starter kit-green oral kit</i>  | NF   |                            |
| <i>lamotrigine starter kit-orange oral kit</i>   | NF   |                            |
| <i>levetiracetam er oral tablet extended release 24 hour</i>   | NF   |                            |
| <i>levetiracetam oral solution 100 mg/ml</i>   | 2    |                            |
| <i>levetiracetam oral tablet</i>   | 2    |                            |
| LIBERVANT BUCCAL FILM  | 4    | PA; QL (10 EA per 30 days) |
| LYRICA ORAL CAPSULE  | NF   |                            |
| LYRICA ORAL SOLUTION   | NF   |                            |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>  | 2    |                            |
| <i>methsuximide oral capsule</i>   | 4    |                            |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR   | NF   |                            |
| MYSOLINE ORAL TABLET   | NF   |                            |
| NAYZILAM NASAL SOLUTION  | 4    | PA; QL (10 EA per 30 days) |
| NEURONTIN ORAL CAPSULE   | NF   |                            |
| NEURONTIN ORAL SOLUTION  | NF   |                            |
| NEURONTIN ORAL TABLET  | NF   |                            |
| ONFI ORAL SUSPENSION   | NF   |                            |
| ONFI ORAL TABLET 10 MG, 20 MG  | NF   |                            |
| <i>oxcarbazepine oral suspension</i>   | 4    |                            |
| <i>oxcarbazepine oral tablet</i>   | 3    |                            |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR   | NF   |                            |
| PHENYTEK ORAL CAPSULE  | NF   |                            |
| <i>phenytoin oral suspension 125 mg/5ml</i>  | 4    |                            |
| <i>phenytoin oral tablet chewable</i>  | 3    |                            |
| <i>phenytoin sodium extended oral capsule</i>  | 2    |                            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>                                   | 2    | QL (90 EA per 30 days)     |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>  | 2    | QL (60 EA per 30 days)     |
| <i>pregabalin oral solution</i>  | 4    | QL (900 ML per 30 days)    |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>primidone oral tablet</i>                               | 2    |                            |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE                 | NF   |                            |
| ROWEEPRA ORAL TABLET 500 MG                                | NF   |                            |
| <i>rufinamide oral suspension</i>                          | 5    |                            |
| <i>rufinamide oral tablet 200 mg</i>                       | 4    |                            |
| <i>rufinamide oral tablet 400 mg</i>                       | 5    |                            |
| SABRIL ORAL PACKET   | NF   |                            |
| SABRIL ORAL TABLET   | NF   |                            |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE                 | 4    |                            |
| SUBVENITE ORAL TABLET                                      | NF   |                            |
| SUBVENITE STARTER KIT-BLUE ORAL KIT                        | NF   |                            |
| SUBVENITE STARTER KIT-GREEN ORAL KIT                       | NF   |                            |
| SUBVENITE STARTER KIT-ORANGE ORAL KIT                      | NF   |                            |
| SYMPAZAN ORAL FILM   | 5    | QL (60 EA per 30 days)     |
| TEGRETOL ORAL SUSPENSION                                   | NF   |                            |
| TEGRETOL ORAL TABLET                                       | NF   |                            |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR           | NF   |                            |
| <i>tiagabine hcl oral tablet</i>                           | 4    |                            |
| TOPAMAX ORAL TABLET  | NF   |                            |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE                     | NF   |                            |
| <i>topiramate er oral capsule er 24 hour sprinkle</i>      | 4    |                            |
| <i>topiramate er oral capsule extended release 24 hour</i> | NF   |                            |
| <i>topiramate oral capsule sprinkle</i>                    | NF   |                            |
| <i>topiramate oral tablet</i>                              | 2    |                            |
| TRILEPTAL ORAL SUSPENSION                                  | NF   |                            |
| TRILEPTAL ORAL TABLET                                      | NF   |                            |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR          | NF   |                            |
| <i>valproic acid oral capsule</i>                          | 2    |                            |
| <i>valproic acid oral solution 250 mg/5ml</i>              | 2    |                            |
| VALTOCO 10 MG DOSE NASAL LIQUID                            | 5    | PA; QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK               | 5    | PA; QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK               | 5    | PA; QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID                             | 5    | PA; QL (10 EA per 30 days) |
| <i>vigabatrin oral packet</i>                              | 5    |                            |
| <i>vigabatrin oral tablet</i>                              | 5    |                            |
| VIGADRONE ORAL PACKET                                      | NF   |                            |
| VIGADRONE ORAL TABLET                                      | NF   |                            |

| Drug Name   | Tier | Requirements              |
|---|------|---------------------------|
| VIGAFYDE ORAL SOLUTION  | 5    | ST                        |
| VIGPODER ORAL PACKET  | 5    |                           |
| VIMPAT ORAL SOLUTION  | NF   |                           |
| VIMPAT ORAL TABLET  | NF   |                           |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG                  | 5    | ST                        |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK                               | 5    | ST                        |
| XCOPRI ORAL TABLET  | 5    | ST                        |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG                         | 4    | ST                        |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5    | ST                        |
| ZARONTIN ORAL CAPSULE   | NF   |                           |
| ZARONTIN ORAL SOLUTION  | NF   |                           |
| ZONEGRAN ORAL CAPSULE   | NF   |                           |
| ZONISADE ORAL SUSPENSION  | 4    | ST                        |
| <i>zonisamide oral capsule 100 mg</i>   | 3    |                           |
| <i>zonisamide oral capsule 25 mg, 50 mg</i>                                       | 2    |                           |
| ZTALMY ORAL SUSPENSION  | 5    | PA                        |
| <b>Antimanic Agents</b>   |      |                           |
| <i>lithium carbonate er oral tablet extended release</i>                          | 2    |                           |
| <i>lithium carbonate oral capsule</i>   | 2    |                           |
| <i>lithium carbonate oral tablet</i>  | 2    |                           |
| <i>lithium oral solution</i>  | NF   |                           |
| LITHOBID ORAL TABLET EXTENDED RELEASE   | NF   |                           |
| <b>Antimigraine Agents</b>  |      |                           |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML                             | 3    | PA                        |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML                              | 3    | PA; QL (2 ML per 30 days) |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | NF   |                           |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                     | NF   |                           |
| <i>almotriptan malate oral tablet</i>   | NF   |                           |
| <i>eletriptan hydrobromide oral tablet 20 mg</i>                                  | NF   |                           |
| <i>eletriptan hydrobromide oral tablet 40 mg</i>                                  | 3    | QL (6 EA per 30 days)     |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | 3    | PA; QL (3 ML per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                      | 3    | PA; QL (2 ML per 28 days) |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                               | 3    | PA; QL (2 ML per 28 days)  |
| <i>ergotamine-caffeine oral tablet</i>   | 2    |                            |
| FROVA ORAL TABLET  | NF   |                            |
| <i>frovatriptan succinate oral tablet</i>                                      | NF   |                            |
| IMITREX ORAL TABLET  | NF   |                            |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML             | NF   |                            |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML         | NF   |                            |
| MAXALT ORAL TABLET 10 MG   | NF   |                            |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG                                       | NF   |                            |
| MIGERGOT RECTAL SUPPOSITORY  | NF   |                            |
| <i>naratriptan hcl oral tablet</i>   | 2    | QL (8 EA per 30 days)      |
| NURTEC ORAL TABLET DISPERSIBLE   | 5    | PA; QL (18 EA per 30 days) |
| ONZETRA XSAIL NASAL EXHALER POWDER   | NF   |                            |
| QULIPTA ORAL TABLET  | NF   |                            |
| RELPAX ORAL TABLET   | NF   |                            |
| REYVOW ORAL TABLET   | NF   |                            |
| <i>rizatriptan benzoate oral tablet</i>  | 2    | QL (12 EA per 30 days)     |
| <i>rizatriptan benzoate oral tablet dispersible</i>                            | 2    | QL (12 EA per 30 days)     |
| <i>sumatriptan nasal solution 20 mg/act</i>                                    | 4    | QL (8 EA per 30 days)      |
| <i>sumatriptan nasal solution 5 mg/act</i>                                     | 4    | QL (32 EA per 30 days)     |
| <i>sumatriptan succinate oral tablet</i>                                       | 2    | QL (8 EA per 30 days)      |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> | 4    | QL (8 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                  | NF   |                            |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>    | NF   |                            |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>    | 4    | QL (8 ML per 30 days)      |
| <i>sumatriptan-naproxen sodium oral tablet</i>                                 | NF   |                            |
| TOSYMRA NASAL SOLUTION   | NF   |                            |
| TREXIMET ORAL TABLET 85-500 MG   | NF   |                            |
| UBRELVY ORAL TABLET  | 5    | PA; QL (16 EA per 30 days) |
| ZAVZPRET NASAL SOLUTION  | NF   |                            |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                          | NF   |                            |
| <i>zolmitriptan nasal solution 5 mg</i>  | NF   |                            |
| <i>zolmitriptan oral tablet</i>  | 2    | QL (6 EA per 30 days)      |
| <i>zolmitriptan oral tablet dispersible 2.5 mg</i>                             | NF   |                            |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>zolmitriptan oral tablet dispersible 5 mg</i>   | 3    | QL (6 EA per 30 days)      |
| ZOMIG NASAL SOLUTION 5 MG  | NF   |                            |
| ZOMIG ORAL TABLET  | NF   |                            |
| <b>Antiparkinsonian Agents</b>   |      |                            |
| <i>amantadine hcl oral capsule</i>   | 3    |                            |
| <i>amantadine hcl oral solution</i>  | 2    |                            |
| <i>amantadine hcl oral tablet</i>  | 3    |                            |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE   | NF   |                            |
| <i>apomorphine hcl subcutaneous solution cartridge</i>   | NF   |                            |
| AZILECT ORAL TABLET  | NF   |                            |
| <i>benztropine mesylate oral tablet</i>  | 2    |                            |
| <i>bromocriptine mesylate oral capsule</i>   | 4    |                            |
| <i>bromocriptine mesylate oral tablet</i>  | 4    |                            |
| <i>cabergoline oral tablet</i>   | 2    |                            |
| <i>carbidopa oral tablet</i>   | 4    |                            |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg</i>  | 4    |                            |
| <i>carbidopa-levodopa er oral tablet extended release 50-200 mg</i>  | 3    |                            |
| <i>carbidopa-levodopa oral tablet</i>  | 4    |                            |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg</i>   | 4    |                            |
| <i>carbidopa-levodopa oral tablet dispersible 25-250 mg</i>  | NF   |                            |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 4    |                            |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>   | 2    |                            |
| COMTAN ORAL TABLET   | NF   |                            |
| DHIVY ORAL TABLET 25-100 MG  | NF   |                            |
| DUOPA ENTERAL SUSPENSION   | NF   |                            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR   | 5    | PA; QL (30 EA per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR   | 5    | PA                         |
| <i>entacapone oral tablet</i>  | 4    |                            |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR  | NF   |                            |
| INBRIJA INHALATION CAPSULE   | NF   |                            |
| LODOSYN ORAL TABLET  | NF   |                            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR   | 4    |                            |

| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR                            | NF   |                         |
| ONGENTYS ORAL CAPSULE   | NF   |                         |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG  | NF   |                         |
| PARLODEL ORAL CAPSULE   | NF   |                         |
| PARLODEL ORAL TABLET  | NF   |                         |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg</i>                      | 4    |                         |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | NF   |                         |
| <i>pramipexole dihydrochloride oral tablet</i>  | 2    |                         |
| <i>rasagiline mesylate oral tablet</i>  | 4    |                         |
| <i>ropinirole hcl er oral tablet extended release 24 hour</i>   | 4    |                         |
| <i>ropinirole hcl oral tablet 0.25 mg, 2 mg, 3 mg, 4 mg</i>   | 2    |                         |
| <i>ropinirole hcl oral tablet 0.5 mg, 1 mg, 5 mg</i>  | 3    |                         |
| RYTARY ORAL CAPSULE EXTENDED RELEASE  | NF   |                         |
| <i>selegiline hcl oral capsule</i>  | 2    |                         |
| <i>selegiline hcl oral tablet</i>   | 2    |                         |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG  | NF   |                         |
| STALEVO 100 ORAL TABLET   | NF   |                         |
| STALEVO 125 ORAL TABLET   | NF   |                         |
| STALEVO 150 ORAL TABLET   | NF   |                         |
| STALEVO 200 ORAL TABLET   | NF   |                         |
| STALEVO 50 ORAL TABLET  | NF   |                         |
| STALEVO 75 ORAL TABLET  | NF   |                         |
| TASMAR ORAL TABLET 100 MG   | NF   |                         |
| <i>tolcapone oral tablet</i>  | NF   |                         |
| <i>trihexyphenidyl hcl oral solution</i>  | NF   |                         |
| <i>trihexyphenidyl hcl oral tablet</i>  | 2    |                         |
| ZELAPAR ORAL TABLET DISPERSIBLE   | NF   |                         |
| <b>Anxiolytics, Sedatives, And Hypnotics</b>  |      |                         |
| <i>alprazolam er oral tablet extended release 24 hour</i>   | NF   |                         |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE  | NF   |                         |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>   | 2    | QL (90 EA per 30 days)  |
| <i>alprazolam oral tablet 2 mg</i>  | 2    | QL (150 EA per 30 days) |
| <i>alprazolam oral tablet dispersible</i>   | NF   |                         |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE  | NF   |                         |
| AMBIEN ORAL TABLET  | NF   |                         |
| ATIVAN ORAL TABLET  | NF   |                         |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| BELSOMRA ORAL TABLET   | 3    | QL (30 EA per 30 days)     |
| <i>buspirone hcl oral tablet</i>   | 2    |                            |
| <i>chlordiazepoxide hcl oral capsule</i>   | NF   |                            |
| <i>clorazepate dipotassium oral tablet 15 mg</i>   | 4    | QL (180 EA per 30 days)    |
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>                               | 4    | QL (90 EA per 30 days)     |
| DAYVIGO ORAL TABLET  | NF   |                            |
| DIAZEPAM INTENSOL ORAL CONCENTRATE   | 4    | QL (240 ML per 30 days)    |
| <i>diazepam oral solution 5 mg/5ml</i>   | 4    | QL (1200 ML per 30 days)   |
| <i>diazepam oral tablet</i>  | 2    | QL (120 EA per 30 days)    |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL  | NF   |                            |
| <i>estazolam oral tablet</i>   | NF   |                            |
| <i>eszopiclone oral tablet 1 mg, 2 mg</i>  | 2    | QL (30 EA per 30 days)     |
| <i>eszopiclone oral tablet 3 mg</i>  | 2    | PA; QL (30 EA per 30 days) |
| <i>flurazepam hcl oral capsule</i>   | NF   |                            |
| HALCION ORAL TABLET  | NF   |                            |
| HETLIOZ LQ ORAL SUSPENSION   | NF   |                            |
| HETLIOZ ORAL CAPSULE   | NF   |                            |
| <i>hydroxyzine hcl oral syrup</i>  | NF   |                            |
| <i>hydroxyzine hcl oral tablet</i>   | 2    |                            |
| <i>hydroxyzine pamoate oral capsule</i>  | NF   |                            |
| LORAZEPAM INTENSOL ORAL CONCENTRATE  | 2    | QL (150 ML per 30 days)    |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>  | 2    | QL (90 EA per 30 days)     |
| <i>lorazepam oral tablet 2 mg</i>  | 2    | QL (150 EA per 30 days)    |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE   | NF   |                            |
| <i>meprobamate oral tablet</i>   | NF   |                            |
| <i>oxazepam oral capsule</i>   | NF   |                            |
| <i>phenobarbital oral elixir</i>   | 4    |                            |
| <i>phenobarbital oral tablet 100 mg</i>  | 4    | QL (90 EA per 30 days)     |
| <i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2    | QL (90 EA per 30 days)     |
| QUVIVIQ ORAL TABLET  | NF   |                            |
| <i>ramelteon oral tablet</i>   | NF   |                            |
| RESTORIL ORAL CAPSULE  | NF   |                            |
| ROZEREM ORAL TABLET  | NF   |                            |
| <i>tasimelteon oral capsule</i>  | NF   |                            |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>                                      | 4    | QL (30 EA per 30 days)     |
| <i>temazepam oral capsule 7.5 mg</i>   | 4    | QL (60 EA per 30 days)     |
| <i>triazolam oral tablet</i>   | NF   |                            |
| VISTARIL ORAL CAPSULE 25 MG  | NF   |                            |



| Drug Name   | Tier | Requirements                 |
|---|------|------------------------------|
| XANAX ORAL TABLET   | NF   |                              |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR                 | NF   |                              |
| <i>zaleplon oral capsule</i>                                  | NF   |                              |
| <i>zolpidem tartrate er oral tablet extended release</i>      | NF   |                              |
| <i>zolpidem tartrate oral capsule</i>                         | NF   |                              |
| <i>zolpidem tartrate oral tablet 10 mg</i>                    | 2    | PA; QL (30 EA per 30 days)   |
| <i>zolpidem tartrate oral tablet 5 mg</i>                     | 2    | QL (30 EA per 30 days)       |
| <i>zolpidem tartrate sublingual tablet sublingual</i>         | NF   |                              |
| <b>Central Nervous System Agents, Misc</b>                    |      |                              |
| <i>acamprosate calcium oral tablet delayed release</i>        | 4    |                              |
| <i>atomoxetine hcl oral capsule</i>                           | 4    | QL (30 EA per 30 days)       |
| DAYBUE ORAL SOLUTION  | NF   |                              |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i> | 2    | QL (30 EA per 30 days)       |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR                  | NF   |                              |
| LUMRYZ ORAL PACKET  | NF   |                              |
| <i>memantine hcl er oral capsule extended release 24 hour</i> | NF   |                              |
| <i>memantine hcl oral solution 2 mg/ml</i>                    | NF   |                              |
| <i>memantine hcl oral tablet</i>                              | 2    |                              |
| NAMENDA TITRATION PAK ORAL TABLET                             | NF   |                              |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK                 | 3    |                              |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR                | 3    |                              |
| NOURIANZ ORAL TABLET  | NF   |                              |
| NUEDEXTA ORAL CAPSULE   | 3    | PA; QL (60 EA per 30 days)   |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                 | NF   |                              |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION                      | NF   |                              |
| <i>riluzole oral tablet</i>                                   | 4    |                              |
| <i>sodium oxybate oral solution</i>                           | NF   |                              |
| STRATTERA ORAL CAPSULE  | NF   |                              |
| TEGLUTIK ORAL SUSPENSION                                      | NF   |                              |
| VEOZAH ORAL TABLET  | 4    | PA; QL (30 EA per 30 days)   |
| XYREM ORAL SOLUTION   | 5    | PA; QL (540 ML per 30 days)  |
| XYWAV ORAL SOLUTION   | NF   |                              |
| <b>Fibromyalgia Agents</b>                                    |      |                              |
| SAVELLA ORAL TABLET 100 MG                                    | 4    | ST                           |
| SAVELLA ORAL TABLET 12.5 MG, 25 MG, 50 MG                     | 4    | ST; QL (60 EA per 30 days)   |
| SAVELLA TITRATION PACK ORAL                                   | 4    | ST; QL (110 EA per 365 days) |

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| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| <b>Opiate Antagonists</b>   |      |                            |
| KLOXXADO NASAL LIQUID   | NF   |                            |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>  | 2    |                            |
| <i>naloxone hcl injection solution cartridge</i>  | NF   |                            |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>                       | NF   |                            |
| <i>naloxone hcl nasal liquid</i>  | 2    |                            |
| <i>naltrexone hcl oral tablet</i>   | 2    |                            |
| OPVEE NASAL SOLUTION  | NF   |                            |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED   | NF   |                            |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE  | NF   |                            |
| <b>Opioid Antagonists</b>   |      |                            |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>                      | NF   |                            |
| <b>Psychotherapeutic Agents</b>   |      |                            |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE                                       | NF   |                            |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE  | NF   |                            |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER                              | 5    |                            |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | NF   |                            |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG                               | NF   |                            |
| ABILIFY ORAL TABLET   | NF   |                            |
| <i>amitriptyline hcl oral tablet</i>  | 3    |                            |
| <i>amoxapine oral tablet</i>  | 3    |                            |
| ANAFRANIL ORAL CAPSULE  | NF   |                            |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR   | NF   |                            |
| <i>aripiprazole oral solution</i>   | 4    |                            |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg</i>                         | 2    | QL (30 EA per 30 days)     |
| <i>aripiprazole oral tablet 30 mg</i>   | 2    |                            |
| <i>aripiprazole oral tablet dispersible 10 mg</i>                                       | 5    |                            |
| <i>aripiprazole oral tablet dispersible 15 mg</i>                                       | 4    |                            |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE   | NF   |                            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE  | 5    |                            |
| <i>asenapine maleate sublingual tablet sublingual</i>                                   | 4    |                            |
| AUVELITY ORAL TABLET EXTENDED RELEASE   | 5    | PA; QL (60 EA per 30 days) |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>           | 3    | QL (60 EA per 30 days)     |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>                    | NF   |                            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>             | 2    | QL (90 EA per 30 days)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>             | 2    | QL (30 EA per 30 days)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>             | 4    |                            |
| <i>bupropion hcl oral tablet</i>   | 2    |                            |
| CAPLYTA ORAL CAPSULE   | 5    | PA; QL (30 EA per 30 days) |
| CELEXA ORAL TABLET   | NF   |                            |
| <i>chlordiazepoxide-amitriptyline oral tablet</i>                                    | 4    |                            |
| <i>chlorpromazine hcl oral concentrate</i>   | NF   |                            |
| <i>chlorpromazine hcl oral tablet</i>  | 4    |                            |
| <i>citalopram hydrobromide oral capsule</i>  | NF   |                            |
| <i>citalopram hydrobromide oral solution</i>   | NF   |                            |
| <i>citalopram hydrobromide oral tablet</i>   | 2    |                            |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg</i>                                    | 2    |                            |
| <i>clomipramine hcl oral capsule 75 mg</i>   | 4    |                            |
| <i>clozapine oral tablet</i>   | 2    |                            |
| <i>clozapine oral tablet dispersible</i>   | 4    |                            |
| CLOZARIL ORAL TABLET   | NF   |                            |
| COMPRO RECTAL SUPPOSITORY  | 4    |                            |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES                                      | NF   |                            |
| <i>desipramine hcl oral tablet</i>   | 4    |                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>                 | 4    |                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>                  | 4    | QL (30 EA per 30 days)     |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>       | 4    |                            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i> | 4    | QL (30 EA per 30 days)     |
| <i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                           | 2    |                            |
| <i>doxepin hcl oral capsule 100 mg, 150 mg</i>                                       | 3    |                            |
| <i>doxepin hcl oral concentrate</i>  | 2    |                            |
| <i>doxepin hcl oral tablet</i>   | 4    | QL (30 EA per 30 days)     |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE                              | 4    | ST                         |

| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i> | 2    | QL (60 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i>               | 2    | QL (90 EA per 30 days) |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                 | NF   |                        |
| <i>escitalopram oxalate oral solution</i>  | 4    |                        |
| <i>escitalopram oxalate oral tablet</i>  | 2    |                        |
| FANAPT ORAL TABLET   | 5    | ST                     |
| FANAPT TITRATION PACK ORAL TABLET  | NF   |                        |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                    | 4    | ST                     |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK                           | 4    | ST                     |
| <i>fluoxetine hcl (pmd) oral tablet</i>  | NF   |                        |
| <i>fluoxetine hcl oral capsule</i>   | 2    |                        |
| <i>fluoxetine hcl oral capsule delayed release</i>                               | NF   |                        |
| <i>fluoxetine hcl oral solution</i>  | 4    |                        |
| <i>fluoxetine hcl oral tablet</i>  | NF   |                        |
| <i>fluphenazine decanoate injection solution</i>                                 | 4    |                        |
| <i>fluphenazine hcl injection solution</i>                                       | 4    |                        |
| <i>fluphenazine hcl oral concentrate</i>   | 4    |                        |
| <i>fluphenazine hcl oral elixir</i>  | 4    |                        |
| <i>fluphenazine hcl oral tablet</i>  | 4    |                        |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour</i>              | NF   |                        |
| <i>fluvoxamine maleate oral tablet</i>   | 3    |                        |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED                                      | NF   |                        |
| GEODON ORAL CAPSULE  | NF   |                        |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML                                | NF   |                        |
| <i>haloperidol decanoate intramuscular solution</i>                              | 2    |                        |
| <i>haloperidol lactate injection solution</i>                                    | 4    |                        |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                              | 2    |                        |
| <i>haloperidol oral tablet</i>   | 2    |                        |
| <i>imipramine hcl oral tablet 10 mg</i>  | 3    |                        |
| <i>imipramine hcl oral tablet 25 mg, 50 mg</i>                                   | 2    |                        |
| <i>imipramine pamoate oral capsule</i>   | NF   |                        |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                        | NF   |                        |

| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR<br>3 MG, 6 MG, 9 MG   | NF   |                            |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234<br>MG/1.5ML, 78 MG/0.5ML      | 5    |                            |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 39 MG/0.25ML  | 4    |                            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML,<br>546 MG/1.75ML, 819 MG/2.63ML | NF   |                            |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG  | 5    | QL (30 EA per 30 days)     |
| LATUDA ORAL TABLET 80 MG  | 5    | QL (60 EA per 30 days)     |
| LEXAPRO ORAL TABLET   | NF   |                            |
| <i>loxapine succinate oral capsule</i>  | 4    |                            |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>   | 4    | QL (30 EA per 30 days)     |
| <i>lurasidone hcl oral tablet 80 mg</i>   | 4    | QL (60 EA per 30 days)     |
| LYBALVI ORAL TABLET   | 5    | PA; QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET   | 4    |                            |
| <i>mirtazapine oral tablet</i>  | 2    |                            |
| <i>mirtazapine oral tablet dispersible 15 mg, 45 mg</i>   | 3    |                            |
| <i>mirtazapine oral tablet dispersible 30 mg</i>  | 4    |                            |
| <i>molindone hcl oral tablet</i>  | 4    |                            |
| NARDIL ORAL TABLET  | NF   |                            |
| <i>nefazodone hcl oral tablet</i>   | 4    |                            |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG  | NF   |                            |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>   | 2    |                            |
| <i>nortriptyline hcl oral capsule 75 mg</i>   | 4    |                            |
| <i>nortriptyline hcl oral solution</i>  | 4    |                            |
| NUPLAZID ORAL CAPSULE   | 5    | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG  | 5    | PA; QL (30 EA per 30 days) |
| <i>olanzapine intramuscular solution reconstituted</i>  | 4    |                            |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>  | 2    | QL (30 EA per 30 days)     |
| <i>olanzapine oral tablet 20 mg</i>   | 2    |                            |
| <i>olanzapine oral tablet dispersible</i>   | 2    |                            |
| <i>olanzapine-fluoxetine hcl oral capsule</i>   | 4    |                            |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg,<br/>3 mg, 9 mg</i>  | 4    | QL (30 EA per 30 days)     |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>  | 4    | QL (60 EA per 30 days)     |
| PAMELOR ORAL CAPSULE  | NF   |                            |
| PARNATE ORAL TABLET   | NF   |                            |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i>   | NF   |                            |

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| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| <i>paroxetine hcl oral suspension</i>   | 4    |                            |
| <i>paroxetine hcl oral tablet</i>   | 2    |                            |
| <i>paroxetine mesylate oral capsule</i>   | NF   |                            |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR   | NF   |                            |
| PAXIL ORAL SUSPENSION   | NF   |                            |
| PAXIL ORAL TABLET   | NF   |                            |
| <i>perphenazine oral tablet</i>   | 4    |                            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>                     | 4    |                            |
| <i>perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg</i>                              | NF   |                            |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE   | NF   |                            |
| <i>phenelzine sulfate oral tablet</i>   | 4    |                            |
| <i>pimozide oral tablet</i>   | 4    |                            |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                            |
| <i>prochlorperazine maleate oral tablet</i>   | 2    |                            |
| <i>prochlorperazine rectal suppository</i>  | 4    |                            |
| <i>protriptyline hcl oral tablet</i>  | 4    |                            |
| PROZAC ORAL CAPSULE   | NF   |                            |
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i>                          | NF   |                            |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>                | 2    |                            |
| <i>quetiapine fumarate oral tablet 150 mg</i>   | 3    |                            |
| <i>quetiapine fumarate oral tablet 25 mg</i>  | 2    | QL (90 EA per 30 days)     |
| REMERON ORAL TABLET 15 MG, 30 MG  | NF   |                            |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE  | NF   |                            |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG                                       | 5    | ST; QL (30 EA per 30 days) |
| REXULTI ORAL TABLET 4 MG  | 5    | ST                         |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG                   | 4    | QL (2 EA per 28 days)      |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG                   | 5    |                            |
| RISPERDAL ORAL SOLUTION   | NF   |                            |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG  | NF   |                            |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i> | 4    | QL (2 EA per 28 days)      |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i> | 5    |                            |
| <i>risperidone oral solution</i>  | 2    |                            |

| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>    | 2    | QL (60 EA per 30 days)     |
| <i>risperidone oral tablet 4 mg</i>                                 | 2    |                            |
| <i>risperidone oral tablet dispersible</i>                          | 4    |                            |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL                                | NF   |                            |
| SECUADO TRANSDERMAL PATCH 24 HOUR                                   | 5    | ST                         |
| SEROQUEL ORAL TABLET  | NF   |                            |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR                    | NF   |                            |
| <i>sertraline hcl oral capsule</i>                                  | NF   |                            |
| <i>sertraline hcl oral concentrate</i>                              | 4    |                            |
| <i>sertraline hcl oral tablet</i>                                   | 2    |                            |
| SILENOR ORAL TABLET   | NF   |                            |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG                               | NF   |                            |
| <i>thioridazine hcl oral tablet</i>                                 | 4    |                            |
| <i>thiothixene oral capsule</i>                                     | 4    |                            |
| <i>tranylcypromine sulfate oral tablet</i>                          | 2    |                            |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>              | 2    |                            |
| <i>trazodone hcl oral tablet 300 mg</i>                             | 3    |                            |
| <i>trifluoperazine hcl oral tablet</i>                              | 4    |                            |
| <i>trimipramine maleate oral capsule</i>                            | 4    |                            |
| TRINTELLIX ORAL TABLET  | 4    | QL (30 EA per 30 days)     |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE                     | NF   |                            |
| <i>venlafaxine besylate er oral tablet extended release 24 hour</i> | NF   |                            |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i>     | 3    |                            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour</i>      | NF   |                            |
| <i>venlafaxine hcl oral tablet</i>                                  | 2    |                            |
| VERSACLOZ ORAL SUSPENSION   | 5    |                            |
| VIIBRYD ORAL TABLET   | NF   |                            |
| <i>vilazodone hcl oral tablet</i>                                   | 4    | QL (30 EA per 30 days)     |
| VRAYLAR ORAL CAPSULE  | 5    | ST; QL (30 EA per 30 days) |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR                  | NF   |                            |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR                  | NF   |                            |
| <i>ziprasidone hcl oral capsule</i>                                 | 2    | QL (60 EA per 30 days)     |
| <i>ziprasidone mesylate intramuscular solution reconstituted</i>    | 4    |                            |
| ZOLOFT ORAL CONCENTRATE   | NF   |                            |
| ZOLOFT ORAL TABLET  | NF   |                            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                  | 5    | PA; QL (60 EA per 30 days) |

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| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| ZURZUVAE ORAL CAPSULE 30 MG   | 5    | PA; QL (30 EA per 30 days)  |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED                                      | NF   |                             |
| ZYPREXA ORAL TABLET   | NF   |                             |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG                    | 4    |                             |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE   | NF   |                             |
| <b>Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors</b>                       |      |                             |
| AUSTEDO ORAL TABLET 12 MG, 9 MG   | 5    | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG  | 5    | PA; QL (60 EA per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG                      | 5    | PA; QL (60 EA per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 5    | PA; QL (30 EA per 30 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG                              | 5    | PA; QL (210 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK            | NF   |                             |
| INGREZZA ORAL CAPSULE 40 MG   | 5    | PA; QL (60 EA per 30 days)  |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG  | 5    | PA; QL (30 EA per 30 days)  |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG  | 5    | PA; QL (60 EA per 30 days)  |
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG                                       | 5    | PA; QL (30 EA per 30 days)  |
| INGREZZA ORAL CAPSULE THERAPY PACK  | 5    | PA; QL (56 EA per 365 days) |
| <i>tetrabenazine oral tablet 12.5 mg</i>  | NF   |                             |
| <i>tetrabenazine oral tablet 25 mg</i>  | 5    | PA                          |
| XENAZINE ORAL TABLET  | NF   |                             |
| <b>Contraceptives</b>   |      |                             |
| <b>Contraceptives</b>   |      |                             |
| PHEXXI VAGINAL GEL  | NF   |                             |
| <b>Devices</b>  |      |                             |
| <b>Devices</b>  |      |                             |
| ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML                                      | 3    |                             |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML                                    | 3    |                             |
| <i>cvs gauze sterile pad 2"x2"</i>  | 3    |                             |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM  | 3    |                             |
| <i>global alcohol prep ease pad</i>   | 3    |                             |
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>                           | 3    |                             |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML  | 3    |                             |



| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <b>Diagnostic Agents</b>  |      |              |
| <b><i>Pheochromocytoma</i></b>  |      |              |
| <i>metyrosine oral capsule</i>  | 5    |              |
| <b>Electrolytic, Caloric, And Water Balance</b>   |      |              |
| <b><i>Alkalinizing Agents</i></b>   |      |              |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i> | 4    |              |
| <i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>                     | 3    |              |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE  | NF   |              |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE  | NF   |              |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE   | NF   |              |
| <b><i>Ammonia Detoxicants</i></b>   |      |              |
| BUPHENYL ORAL POWDER 3 GM/TSP   | NF   |              |
| BUPHENYL ORAL TABLET  | NF   |              |
| CARBAGLU ORAL TABLET SOLUBLE  | NF   |              |
| <i>carglumic acid oral tablet soluble</i>   | NF   |              |
| <i>generlac oral solution</i>   | NF   |              |
| KRISTALOSE ORAL PACKET  | NF   |              |
| <i>lactulose oral packet</i>  | NF   |              |
| LITHOSTAT ORAL TABLET   | NF   |              |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK   | NF   |              |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK   | NF   |              |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK   | NF   |              |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK   | NF   |              |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK   | NF   |              |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK  | NF   |              |
| PHEBURANE ORAL PELLETT  | NF   |              |
| RAVICTI ORAL LIQUID   | NF   |              |
| <i>sodium phenylbutyrate oral powder 3 gmltsp</i>   | NF   |              |
| <i>sodium phenylbutyrate oral tablet</i>  | NF   |              |
| <b><i>Caloric Agents</i></b>  |      |              |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION   | NF   |              |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION  | NF   |              |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION   | NF   |              |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION   | NF   |              |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION  | NF   |              |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | NF   |              |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION  | NF   |              |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION    | NF   |              |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION    | NF   |              |
| CLINISOL SF INTRAVENOUS SOLUTION                 | NF   |              |
| <i>dextrose intravenous solution 10 %</i>        | NF   |              |
| DOJOLVI ORAL LIQUID                              | NF   |              |
| INTRALIPID INTRAVENOUS EMULSION                  | NF   |              |
| NUTRILIPID INTRAVENOUS EMULSION                  | NF   |              |
| PLENAMINE INTRAVENOUS SOLUTION                   | NF   |              |
| PREMASOL INTRAVENOUS SOLUTION 10 %               | NF   |              |
| PROSOL INTRAVENOUS SOLUTION                      | NF   |              |
| TRAVASOL INTRAVENOUS SOLUTION                    | NF   |              |
| TROPHAMINE INTRAVENOUS SOLUTION 10 %             | NF   |              |
| <b>Diuretics</b>                                 |      |              |
| <i>amiloride hcl oral tablet</i>                 | NF   |              |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | 2    |              |
| <i>bumetanide injection solution</i>             | 3    |              |
| <i>bumetanide oral tablet</i>                    | 3    |              |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>   | 2    |              |
| DIURIL ORAL SUSPENSION                           | NF   |              |
| DYRENIUM ORAL CAPSULE                            | NF   |              |
| EDECIN ORAL TABLET                               | NF   |              |
| <i>ethacrynic acid oral tablet</i>               | NF   |              |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT              | NF   |              |
| <i>furosemide injection solution</i>             | 2    |              |
| <i>furosemide oral solution 10 mg/ml</i>         | 2    |              |
| <i>furosemide oral solution 8 mg/ml</i>          | NF   |              |
| <i>furosemide oral tablet</i>                    | 2    |              |
| <i>hydrochlorothiazide oral capsule</i>          | 2    |              |
| <i>hydrochlorothiazide oral tablet</i>           | 2    |              |
| <i>indapamide oral tablet</i>                    | 2    |              |
| JYNARQUE ORAL TABLET                             | NF   |              |
| JYNARQUE ORAL TABLET THERAPY PACK                | NF   |              |
| LASIX ORAL TABLET                                | NF   |              |
| <i>metolazone oral tablet</i>                    | 2    |              |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| SAMSCA ORAL TABLET  | NF   |              |
| SOAANZ ORAL TABLET  | NF   |              |
| THALITONE ORAL TABLET   | NF   |              |
| <i>tolvaptan oral tablet</i>  | NF   |              |
| <i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>   | 2    |              |
| <i>torseamide oral tablet 20 mg</i>   | 3    |              |
| <i>triamterene oral capsule</i>   | 2    |              |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>   | 2    |              |
| <i>triamterene-hctz oral tablet</i>   | 2    |              |
| <b>Ion-Removing Agents</b>  |      |              |
| KIONEX ORAL SUSPENSION  | NF   |              |
| LOKELMA ORAL PACKET   | NF   |              |
| <i>sodium polystyrene sulfonate oral powder</i>   | 2    |              |
| SPS ORAL SUSPENSION   | 4    |              |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM   | 5    |              |
| <b>Irrigating Solutions</b>   |      |              |
| <i>sodium chloride irrigation solution 0.9 %</i>  | 2    |              |
| <b>Replacement Preparations</b>   |      |              |
| <i>dextrose intravenous solution 5 %</i>  | 2    |              |
| <i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %</i>   | NF   |              |
| <i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>  | 2    |              |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION   | NF   |              |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION   | NF   |              |
| <i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i> | NF   |              |
| <i>kcl-lactated ringers-d5w intravenous solution</i>  | NF   |              |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE  | 2    |              |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE   | 3    |              |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE   | 3    |              |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE   | 3    |              |
| KLOR-CON ORAL PACKET 20 MEQ   | NF   |              |
| KLOR-CON ORAL TABLET EXTENDED RELEASE   | 2    |              |
| <i>multiple electro type 1 ph 5.5 intravenous solution</i>  | NF   |              |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION  | NF   |              |
| PLASMA-LYTE A INTRAVENOUS SOLUTION  | NF   |              |
| <i>potassium chloride crys er oral tablet extended release</i>  | 2    |              |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>potassium chloride er oral capsule extended release</i>   | 4    |                            |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                        | 2    |                            |
| <i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i> | NF   |                            |
| <i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>                | NF   |                            |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>                              | 3    |                            |
| <i>potassium chloride oral packet</i>  | NF   |                            |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                           | NF   |                            |
| <i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>                                       | NF   |                            |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>  | 2    |                            |
| <i>sodium chloride intravenous solution 3 %, 5 %</i>   | NF   |                            |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE   | NF   |                            |
| <b>Uricosuric Agents</b>   |      |                            |
| <i>colchicine-probenecid oral tablet</i>   | 4    |                            |
| <i>probenecid oral tablet</i>  | 4    |                            |
| <b>Enzymes</b>   |      |                            |
| <b>Enzyme Cofactors/Chaperones</b>   |      |                            |
| GALAFOLD ORAL CAPSULE  | 5    | PA; QL (14 EA per 28 days) |
| <i>sapropterin dihydrochloride oral tablet</i>   | 5    |                            |
| <b>Enzymes</b>   |      |                            |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | NF   |                            |
| REVCovi INTRAMUSCULAR SOLUTION   | NF   |                            |
| SUCRAID ORAL SOLUTION  | NF   |                            |
| <b>Eye, Ear, Nose &amp; Throat Preparations</b>  |      |                            |
| <b>Antiallergic Agents</b>   |      |                            |
| ALOMIDE OPHTHALMIC SOLUTION  | NF   |                            |
| <i>azelastine hcl nasal solution 0.1 %</i>   | 2    |                            |
| <i>azelastine hcl ophthalmic solution</i>  | 2    |                            |
| <i>azelastine-fluticasone nasal suspension</i>   | NF   |                            |
| <i>bepotastine besilate ophthalmic solution</i>  | NF   |                            |
| BEPREVE OPHTHALMIC SOLUTION  | NF   |                            |
| <i>cromolyn sodium ophthalmic solution</i>   | 2    |                            |
| DYMISTA NASAL SUSPENSION   | NF   |                            |
| <i>epinastine hcl ophthalmic solution</i>  | NF   |                            |
| <i>olopatadine hcl nasal solution</i>  | NF   |                            |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| RYALTRIS NASAL SUSPENSION   | NF   |              |
| <b>Antiglaucoma Agents</b>  |      |              |
| <i>acetazolamide er oral capsule extended release 12 hour</i>     | 2    |              |
| <i>acetazolamide oral tablet</i>                                  | 2    |              |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                              | 3    |              |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                             | NF   |              |
| AZOPT OPHTHALMIC SUSPENSION                                       | NF   |              |
| <i>betaxolol hcl ophthalmic solution</i>                          | 4    |              |
| BETIMOL OPHTHALMIC SOLUTION                                       | NF   |              |
| BETOPTIC-S OPHTHALMIC SUSPENSION                                  | NF   |              |
| <i>bimatoprost ophthalmic solution</i>                            | 4    |              |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>     | 4    |              |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>             | 2    |              |
| <i>brimonidine tartrate-timolol ophthalmic solution</i>           | 4    |              |
| <i>brinzolamide ophthalmic suspension</i>                         | NF   |              |
| <i>carteolol hcl ophthalmic solution</i>                          | 2    |              |
| COMBIGAN OPHTHALMIC SOLUTION                                      | NF   |              |
| COSOPT OPHTHALMIC SOLUTION  | NF   |              |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %                             | NF   |              |
| <i>dorzolamide hcl ophthalmic solution</i>                        | 2    |              |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i>            | 2    |              |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i> | NF   |              |
| ISTALOL OPHTHALMIC SOLUTION                                       | NF   |              |
| IYUZEH OPHTHALMIC SOLUTION  | NF   |              |
| <i>latanoprost ophthalmic solution</i>                            | 2    |              |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                  | 2    |              |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                | 3    |              |
| <i>methazolamide oral tablet</i>                                  | NF   |              |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED              | NF   |              |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>          | 4    |              |
| RHOPRESSA OPHTHALMIC SOLUTION                                     | 3    |              |
| ROCKLATAN OPHTHALMIC SOLUTION                                     | 3    |              |
| SIMBRINZA OPHTHALMIC SUSPENSION                                   | 3    |              |
| <i>tafluprost (pf) ophthalmic solution</i>                        | NF   |              |
| <i>timolol maleate (once-daily) ophthalmic solution</i>           | NF   |              |
| <i>timolol maleate ophthalmic gel forming solution</i>            | 4    |              |
| <i>timolol maleate ophthalmic solution</i>                        | 2    |              |
| <i>timolol maleate pf ophthalmic solution</i>                     | NF   |              |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION                                     | NF   |              |
| TRAVATAN Z OPHTHALMIC SOLUTION   | NF   |              |
| <i>travoprost (bak free) ophthalmic solution</i>                         | 4    |              |
| VUITY OPHTHALMIC SOLUTION  | NF   |              |
| VYZULTA OPHTHALMIC SOLUTION  | 4    |              |
| XALATAN OPHTHALMIC SOLUTION  | NF   |              |
| XELPROS OPHTHALMIC EMULSION  | NF   |              |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %                                     | 4    |              |
| <b>Anti-Infectives</b>   |      |              |
| AZASITE OPHTHALMIC SOLUTION  | NF   |              |
| <i>bacitracin ophthalmic ointment</i>                                    | 4    |              |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>      | NF   |              |
| BESIVANCE OPHTHALMIC SUSPENSION  | NF   |              |
| <i>chlorhexidine gluconate mouth/throat solution</i>                     | 2    |              |
| CILOXAN OPHTHALMIC OINTMENT  | NF   |              |
| <i>ciprofloxacin hcl ophthalmic solution</i>                             | 2    |              |
| <i>erythromycin ophthalmic ointment</i>                                  | 2    |              |
| <i>gatifloxacin ophthalmic solution</i>                                  | NF   |              |
| <i>gentamicin sulfate ophthalmic solution</i>                            | NF   |              |
| <i>levofloxacin ophthalmic solution 0.5 %</i>                            | NF   |              |
| <i>moxifloxacin hcl ophthalmic solution</i>                              | NF   |              |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | 3    |              |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | NF   |              |
| NEO-POLYCIN OPHTHALMIC OINTMENT  | NF   |              |
| OCUFLOX OPHTHALMIC SOLUTION  | NF   |              |
| <i>ofloxacin ophthalmic solution</i>                                     | 2    |              |
| <i>ofloxacin otic solution</i>   | 2    |              |
| PERIOGARD MOUTH/THROAT SOLUTION  | NF   |              |
| POLYCIN OPHTHALMIC OINTMENT  | NF   |              |
| <i>polymyxin b-trimethoprim ophthalmic solution</i>                      | 2    |              |
| <i>sulfacetamide sodium ophthalmic ointment</i>                          | NF   |              |
| <i>sulfacetamide sodium ophthalmic solution</i>                          | 3    |              |
| <i>tobramycin ophthalmic solution</i>                                    | 2    |              |
| TOBREX OPHTHALMIC OINTMENT   | NF   |              |
| <i>trifluridine ophthalmic solution</i>                                  | 4    |              |
| VIGAMOX OPHTHALMIC SOLUTION  | NF   |              |
| ZIRGAN OPHTHALMIC GEL  | 4    |              |

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| Drug Name   | Tier | Requirements |
|---|------|--------------|
| <b>Anti-Inflammatory Agents</b>                             |      |              |
| ACULAR LS OPHTHALMIC SOLUTION                               | NF   |              |
| ACULAR OPHTHALMIC SOLUTION                                  | NF   |              |
| ACUVAIL OPHTHALMIC SOLUTION                                 | NF   |              |
| ALREX OPHTHALMIC SUSPENSION                                 | NF   |              |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>    | 3    |              |
| <i>bromfenac sodium (once-daily) ophthalmic solution</i>    | NF   |              |
| <i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i> | NF   |              |
| BROMSITE OPHTHALMIC SOLUTION                                | NF   |              |
| CEQUA OPHTHALMIC SOLUTION                                   | NF   |              |
| CIPRO HC OTIC SUSPENSION                                    | NF   |              |
| <i>ciprofloxacin-dexamethasone otic suspension</i>          | 4    |              |
| <i>cyclosporine ophthalmic emulsion</i>                     | NF   |              |
| DERMOTIC OTIC OIL   | NF   |              |
| <i>dexamethasone sodium phosphate ophthalmic solution</i>   | 3    |              |
| <i>diclofenac sodium ophthalmic solution</i>                | 2    |              |
| <i>difluprednate ophthalmic emulsion</i>                    | 4    |              |
| DUREZOL OPHTHALMIC EMULSION                                 | NF   |              |
| EYSUVIS OPHTHALMIC SUSPENSION                               | NF   |              |
| FLAC OTIC OIL   | NF   |              |
| FLAREX OPHTHALMIC SUSPENSION                                | NF   |              |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>       | NF   |              |
| <i>fluocinolone acetonide otic oil</i>                      | 3    |              |
| <i>fluorometholone ophthalmic suspension</i>                | 4    |              |
| <i>flurbiprofen sodium ophthalmic solution</i>              | 3    |              |
| <i>fluticasone propionate nasal suspension</i>              | 2    |              |
| FML FORTE OPHTHALMIC SUSPENSION                             | NF   |              |
| FML LIQUIFILM OPHTHALMIC SUSPENSION                         | NF   |              |
| <i>hydrocortisone-acetic acid otic solution</i>             | 4    |              |
| ILEVRO OPHTHALMIC SUSPENSION                                | 4    |              |
| INVELTYS OPHTHALMIC SUSPENSION                              | NF   |              |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %</i>     | NF   |              |
| <i>ketorolac tromethamine ophthalmic solution 0.5 %</i>     | 4    |              |
| LOTEMAX OPHTHALMIC GEL                                      | NF   |              |
| LOTEMAX OPHTHALMIC OINTMENT                                 | 4    |              |
| LOTEMAX OPHTHALMIC SUSPENSION                               | NF   |              |
| LOTEMAX SM OPHTHALMIC GEL                                   | NF   |              |
| <i>loteprednol etabonate ophthalmic gel</i>                 | 4    |              |
| <i>loteprednol etabonate ophthalmic suspension 0.2 %</i>    | NF   |              |

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| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i>               | 4    |                        |
| MAXIDEX OPHTHALMIC SUSPENSION  | NF   |                        |
| MAXITROL OPHTHALMIC OINTMENT   | NF   |                        |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 %                                   | NF   |                        |
| <i>mometasone furoate nasal suspension</i>                             | 3    | QL (34 GM per 30 days) |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>                 | 2    |                        |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | 2    |                        |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>         | NF   |                        |
| <i>neomycin-polymyxin-hc otic solution 1 %</i>                         | 4    |                        |
| <i>neomycin-polymyxin-hc otic suspension</i>                           | 4    |                        |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                                     | NF   |                        |
| NEVANAC OPHTHALMIC SUSPENSION  | NF   |                        |
| OMNARIS NASAL SUSPENSION   | NF   |                        |
| PRED FORTE OPHTHALMIC SUSPENSION                                       | NF   |                        |
| PRED MILD OPHTHALMIC SUSPENSION  | NF   |                        |
| <i>prednisolone acetate ophthalmic suspension</i>                      | 3    |                        |
| <i>prednisolone sodium phosphate ophthalmic solution</i>               | 4    |                        |
| PROLENSA OPHTHALMIC SOLUTION   | NF   |                        |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION                                 | NF   |                        |
| QNASL NASAL AEROSOL SOLUTION   | NF   |                        |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %                          | 3    | QL (60 ML per 30 days) |
| RESTASIS OPHTHALMIC EMULSION   | 3    | QL (60 EA per 30 days) |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>                  | NF   |                        |
| TOBRADEX OPHTHALMIC OINTMENT   | NF   |                        |
| <i>tobramycin-dexamethasone ophthalmic suspension</i>                  | 2    |                        |
| VEVYE OPHTHALMIC SOLUTION  | NF   |                        |
| XHANCE NASAL EXHALER SUSPENSION  | NF   |                        |
| XIIDRA OPHTHALMIC SOLUTION   | 4    | QL (60 EA per 30 days) |
| ZYLET OPHTHALMIC SUSPENSION  | 4    |                        |
| <b>Eent Drugs, Miscellaneous</b>                                       |      |                        |
| <i>acetic acid otic solution</i>                                       | 2    |                        |
| <i>apraclonidine hcl ophthalmic solution</i>                           | NF   |                        |
| CYSTADROPS OPHTHALMIC SOLUTION   | NF   |                        |
| CYSTARAN OPHTHALMIC SOLUTION   | NF   |                        |
| IOPIDINE OPHTHALMIC SOLUTION 1 %                                       | NF   |                        |
| MIEBO OPHTHALMIC SOLUTION  | NF   |                        |
| OXERVATE OPHTHALMIC SOLUTION   | NF   |                        |



| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| TYRVAYA NASAL SOLUTION                                   | 4    | QL (8.4 ML per 30 days)    |
| <b>Local Anesthetics</b>                                 |      |                            |
| <i>lidocaine viscous hcl mouth/throat solution</i>       | 2    |                            |
| <b>Mydriatics</b>  |      |                            |
| <i>atropine sulfate ophthalmic solution 1 %</i>          | 3    |                            |
| <b>Eye, Ear, Nose + Throat Preparations</b>              |      |                            |
| <b>Anti-Infectives</b>                                   |      |                            |
| XDEMVY OPHTHALMIC SOLUTION                               | 5    | PA; QL (10 ML per 30 days) |
| <b>Gastrointestinal Drugs</b>                            |      |                            |
| <b>Antidiarrhea Agents</b>                               |      |                            |
| <i>diphenoxylate-atropine oral liquid</i>                | NF   |                            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>   | NF   |                            |
| LOMOTIL ORAL TABLET                                      | NF   |                            |
| <i>loperamide hcl oral capsule</i>                       | 2    |                            |
| MYTESI ORAL TABLET DELAYED RELEASE                       | NF   |                            |
| XERMELO ORAL TABLET                                      | 5    | PA                         |
| <b>Antiemetics</b>                                       |      |                            |
| ANTIVERT ORAL TABLET 50 MG                               | NF   |                            |
| ANTIVERT ORAL TABLET CHEWABLE                            | NF   |                            |
| ANZEMET ORAL TABLET 50 MG                                | NF   |                            |
| <i>aprepitant oral capsule 125 mg</i>                    | 4    | PA; QL (4 EA per 30 days)  |
| <i>aprepitant oral capsule 40 mg, 80 mg</i>              | 4    | PA; QL (8 EA per 30 days)  |
| <i>aprepitant oral capsule 80 &amp; 125 mg</i>           | 4    | PA; QL (12 EA per 30 days) |
| BONJESTA ORAL TABLET EXTENDED RELEASE                    | NF   |                            |
| DICLEGIS ORAL TABLET DELAYED RELEASE                     | NF   |                            |
| <i>doxylamine-pyridoxine oral tablet delayed release</i> | NF   |                            |
| <i>dronabinol oral capsule 10 mg</i>                     | 4    | PA                         |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i>              | 4    | PA; QL (60 EA per 30 days) |
| EMEND ORAL CAPSULE 80 MG                                 | NF   |                            |
| EMEND ORAL SUSPENSION RECONSTITUTED                      | NF   |                            |
| EMEND TRI-PACK ORAL CAPSULE                              | NF   |                            |
| <i>granisetron hcl oral tablet</i>                       | 2    | PA; QL (60 EA per 30 days) |
| MARINOL ORAL CAPSULE 2.5 MG                              | NF   |                            |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>          | 2    |                            |
| <i>ondansetron hcl oral solution</i>                     | 2    | PA                         |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>            | 2    | PA; QL (45 EA per 30 days) |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>    | 2    | PA; QL (45 EA per 30 days) |
| SANCUSO TRANSDERMAL PATCH                                | 5    | ST; QL (4 EA per 28 days)  |
| <i>scopolamine transdermal patch 72 hour</i>             | 4    |                            |

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| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR                         | NF   |                        |
| <i>trimethobenzamide hcl oral capsule</i>                        | NF   |                        |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK                    | NF   |                        |
| <b>Anti-Inflammatory Agents</b>                                  |      |                        |
| <i>alosetron hcl oral tablet 0.5 mg</i>                          | 4    |                        |
| <i>alosetron hcl oral tablet 1 mg</i>                            | 5    |                        |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR                     | NF   |                        |
| <i>balsalazide disodium oral capsule</i>                         | 4    |                        |
| CANASA RECTAL SUPPOSITORY  | NF   |                        |
| COLAZAL ORAL CAPSULE   | NF   |                        |
| DELZICOL ORAL CAPSULE DELAYED RELEASE                            | NF   |                        |
| DIPENTUM ORAL CAPSULE  | NF   |                        |
| LIALDA ORAL TABLET DELAYED RELEASE                               | NF   |                        |
| LOTRONEX ORAL TABLET   | NF   |                        |
| <i>mesalamine er oral capsule extended release</i>               | NF   |                        |
| <i>mesalamine er oral capsule extended release 24 hour</i>       | 4    |                        |
| <i>mesalamine oral capsule delayed release</i>                   | NF   |                        |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>             | 4    |                        |
| <i>mesalamine oral tablet delayed release 800 mg</i>             | NF   |                        |
| <i>mesalamine rectal enema</i>                                   | 4    |                        |
| <i>mesalamine rectal suppository</i>                             | 4    |                        |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG                     | 4    |                        |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG                     | NF   |                        |
| ROWASA RECTAL KIT  | NF   |                        |
| <b>Antiulcer Agents And Acid Suppressants</b>                    |      |                        |
| <i>amoxicill-clarithro-lansopraz oral therapy pack</i>           | NF   |                        |
| <i>bismuth/metronidazltetracyclin oral capsule</i>               | NF   |                        |
| CARAFATE ORAL SUSPENSION   | NF   |                        |
| CARAFATE ORAL TABLET   | NF   |                        |
| <i>cimetidine oral tablet 200 mg</i>                             | 3    |                        |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>             | 4    |                        |
| CYTOTEC ORAL TABLET  | NF   |                        |
| DEXILANT ORAL CAPSULE DELAYED RELEASE                            | NF   |                        |
| <i>dexlansoprazole oral capsule delayed release</i>              | NF   |                        |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> | 3    | QL (60 EA per 30 days) |

| Drug Name  | Tier | Requirements           |
|--|------|------------------------|
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i> | 2    | QL (60 EA per 30 days) |
| <i>esomeprazole magnesium oral packet</i>                        | 4    | QL (30 EA per 30 days) |
| <i>famotidine oral suspension reconstituted</i>                  | NF   |                        |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                       | 2    |                        |
| HELIDAC THERAPY ORAL   | NF   |                        |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED                           | NF   |                        |
| <i>lansoprazole oral capsule delayed release</i>                 | NF   |                        |
| <i>lansoprazole oral tablet delayed release dispersible</i>      | NF   |                        |
| <i>misoprostol oral tablet</i>                                   | 2    |                        |
| NEXIUM ORAL CAPSULE DELAYED RELEASE                              | NF   |                        |
| NEXIUM ORAL PACKET   | NF   |                        |
| <i>nizatidine oral capsule 150 mg</i>                            | 4    |                        |
| <i>nizatidine oral capsule 300 mg</i>                            | NF   |                        |
| <i>omeprazole oral capsule delayed release</i>                   | 2    | QL (60 EA per 30 days) |
| <i>omeprazole-sodium bicarbonate oral capsule</i>                | NF   |                        |
| <i>omeprazole-sodium bicarbonate oral packet</i>                 | NF   |                        |
| <i>pantoprazole sodium oral packet</i>                           | 4    | QL (60 EA per 30 days) |
| <i>pantoprazole sodium oral tablet delayed release</i>           | 2    | QL (60 EA per 30 days) |
| PEPCID ORAL TABLET   | NF   |                        |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG                      | NF   |                        |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE         | NF   |                        |
| PRILOSEC ORAL PACKET   | NF   |                        |
| PROTONIX ORAL PACKET   | NF   |                        |
| PROTONIX ORAL TABLET DELAYED RELEASE                             | NF   |                        |
| PYLERA ORAL CAPSULE  | NF   |                        |
| <i>rabeprazole sodium oral tablet delayed release</i>            | NF   |                        |
| <i>sucralfate oral suspension</i>                                | 4    |                        |
| <i>sucralfate oral tablet</i>                                    | 2    |                        |
| TALICIA ORAL CAPSULE DELAYED RELEASE                             | NF   |                        |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK                              | NF   |                        |
| VOQUEZNA ORAL TABLET   | NF   |                        |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK                            | NF   |                        |
| ZEGERID ORAL CAPSULE   | NF   |                        |
| <b>Cathartics And Laxatives</b>                                  |      |                        |
| CLENPIQ ORAL SOLUTION  | 3    |                        |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED                           | 2    |                        |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED                           | 2    |                        |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED  | 2    |              |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM  | NF   |              |
| MOVIPREP ORAL SOLUTION RECONSTITUTED   | NF   |              |
| <i>na sulfate-k sulfate-mg sulf oral solution</i>  | 4    |              |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>   | 2    |              |
| <i>peg-3350/electrolytes oral solution reconstituted</i>   | 2    |              |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>  | NF   |              |
| PLENVU ORAL SOLUTION RECONSTITUTED   | NF   |              |
| SUFLAVE ORAL SOLUTION RECONSTITUTED  | NF   |              |
| SUPREP BOWEL PREP KIT ORAL SOLUTION  | NF   |              |
| SUTAB ORAL TABLET  | 3    |              |
| <b>Cholelitholytic Agents</b>  |      |              |
| CHENODAL ORAL TABLET   | NF   |              |
| CHOLBAM ORAL CAPSULE   | 5    | PA           |
| IQIRVO ORAL TABLET   | NF   |              |
| LIVDELZI ORAL CAPSULE  | NF   |              |
| RELTONE ORAL CAPSULE   | NF   |              |
| URSO 250 ORAL TABLET   | NF   |              |
| URSO FORTE ORAL TABLET   | NF   |              |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>  | NF   |              |
| <i>ursodiol oral capsule 300 mg</i>  | 3    |              |
| <i>ursodiol oral tablet</i>  | 4    |              |
| <b>Constipation Therapy</b>  |      |              |
| <i>constulose oral solution</i>  | 2    |              |
| <i>enulose oral solution</i>   | 2    |              |
| <i>lactulose oral solution 10 gm/15ml</i>  | 2    |              |
| RELISTOR ORAL TABLET   | 5    | ST           |
| RELISTOR SUBCUTANEOUS SOLUTION   | 5    | ST           |
| <b>Digestants</b>  |      |              |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES   | 3    |              |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT | NF   |              |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES   | NF   |              |
| VIKACE ORAL TABLET   | NF   |              |

| Drug Name  | Tier | Requirements                 |
|--|------|------------------------------|
| 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 | 3    |                              |
| <b>Gi Drugs, Miscellaneous</b>   |      |                              |
| AMITIZA ORAL CAPSULE   | NF   |                              |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE   | NF   |                              |
| BYLVAY ORAL CAPSULE  | NF   |                              |
| ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR   | 5    | PA; QL (1.36 ML per 28 days) |
| GATTEX SUBCUTANEOUS KIT  | NF   |                              |
| IBSRELA ORAL TABLET  | NF   |                              |
| LINZESS ORAL CAPSULE   | 3    | QL (30 EA per 30 days)       |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML   | NF   |                              |
| <i>lubiprostone oral capsule</i>   | 4    | QL (60 EA per 30 days)       |
| MOTEGRITY ORAL TABLET  | NF   |                              |
| MOVANTIK ORAL TABLET   | NF   |                              |
| OCALIVA ORAL TABLET  | NF   |                              |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                              |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE  | 5    | PA                           |
| SYMPROIC ORAL TABLET   | NF   |                              |
| TRULANCE ORAL TABLET   | NF   |                              |
| VIBERZI ORAL TABLET  | 5    | QL (60 EA per 30 days)       |
| VOWST ORAL CAPSULE   | 5    | PA                           |
| <b>Immunomodulatory Agents</b>   |      |                              |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                              |
| <b>Prokinetic Agents</b>   |      |                              |
| GIMOTI NASAL SOLUTION  | NF   |                              |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>   | NF   |                              |
| <i>metoclopramide hcl oral tablet</i>  | 2    |                              |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>   | NF   |                              |
| REGLAN ORAL TABLET   | NF   |                              |
| <b>Gold Compounds</b>  |      |                              |
| <b>Gold Compounds</b>  |      |                              |
| RIDAURA ORAL CAPSULE   | NF   |                              |
| <b>Heavy Metal Antagonists</b>   |      |                              |
| <b>Heavy Metal Antagonists</b>   |      |                              |
| CHEMET ORAL CAPSULE  | NF   |                              |
| CUPRIMINE ORAL CAPSULE 250 MG  | NF   |                              |

| Drug Name                                     | Tier | Requirements |
|---|------|--------------|
| CUVRIOR ORAL TABLET                           | NF   |              |
| <i>deferasirox granules oral packet</i>       | NF   |              |
| <i>deferasirox oral tablet 180 mg, 360 mg</i> | 4    | PA           |
| <i>deferasirox oral tablet 90 mg</i>          | 3    | PA           |
| <i>deferasirox oral tablet soluble</i>        | NF   |              |
| <i>deferiprone oral tablet</i>                | NF   |              |
| DEPEN TITRATABS ORAL TABLET                   | NF   |              |
| EXJADE ORAL TABLET SOLUBLE                    | NF   |              |
| FERRIPROX ORAL SOLUTION                       | NF   |              |
| FERRIPROX ORAL TABLET                         | NF   |              |
| FERRIPROX TWICE-A-DAY ORAL TABLET             | NF   |              |
| JADENU ORAL TABLET                            | NF   |              |
| JADENU SPRINKLE ORAL PACKET                   | NF   |              |
| <i>penicillamine oral capsule</i>             | NF   |              |
| <i>penicillamine oral tablet</i>              | 5    |              |
| SYPRINE ORAL CAPSULE                          | NF   |              |
| <i>trientine hcl oral capsule 250 mg</i>      | NF   |              |
| <i>trientine hcl oral capsule 500 mg</i>      | 5    | PA           |

## Hormones And Synthetic Substitutes

### Adrenals

|  |    |                        |
|--|----|------------------------|
| AGAMREE ORAL SUSPENSION  | NF |                        |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE   | NF |                        |
| ALVESCO INHALATION AEROSOL SOLUTION  | NF |                        |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT             | 3  | QL (30 EA per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT                         | 3  |                        |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT             | NF |                        |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | NF |                        |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT              | NF |                        |
| ASMANEX HFA INHALATION AEROSOL   | NF |                        |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT         | 3  | QL (60 EA per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH                          | 3  |                        |

| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| BREYNA INHALATION AEROSOL   | NF   |                             |
| BREZTRI AEROSPHERE INHALATION AEROSOL   | 3    | QL (23.6 GM per 28 days)    |
| <i>budesonide er oral tablet extended release 24 hour</i>   | 5    |                             |
| <i>budesonide inhalation suspension</i>   | 4    | PA; QL (120 ML per 30 days) |
| <i>budesonide oral capsule delayed release particles</i>  | 4    |                             |
| <i>budesonide-formoterol fumarate inhalation aerosol</i>  | 4    | QL (13.8 GM per 30 days)    |
| CORTEF ORAL TABLET  | NF   |                             |
| <i>deflazacort oral suspension</i>  | NF   |                             |
| <i>deflazacort oral tablet</i>  | NF   |                             |
| <i>dexabliss oral tablet therapy pack</i>   | NF   |                             |
| <i>dexamethasone oral solution</i>  | 2    |                             |
| <i>dexamethasone oral tablet</i>  | 2    |                             |
| <i>dexamethasone oral tablet therapy pack</i>   | NF   |                             |
| DULERA INHALATION AEROSOL   | 4    | QL (13 GM per 30 days)      |
| EMFLAZA ORAL SUSPENSION   | NF   |                             |
| EMFLAZA ORAL TABLET   | NF   |                             |
| <i>fludrocortisone acetate oral tablet</i>  | 3    |                             |
| <i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i> | NF   |                             |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated</i>                                 | NF   |                             |
| <i>fluticasone propionate hfa inhalation aerosol</i>  | NF   |                             |
| HEMADY ORAL TABLET  | NF   |                             |
| <i>hydrocortisone oral tablet 10 mg, 5 mg</i>   | 3    |                             |
| <i>hydrocortisone oral tablet 20 mg</i>   | 4    |                             |
| INTRAROSA VAGINAL INSERT  | NF   |                             |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG  | NF   |                             |
| MEDROL ORAL TABLET THERAPY PACK   | NF   |                             |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>  | 2    | PA                          |
| <i>methylprednisolone oral tablet 8 mg</i>  | 3    | PA                          |
| <i>methylprednisolone oral tablet therapy pack</i>  | 2    |                             |
| ORAPRED ODT ORAL TABLET DISPERSIBLE   | NF   |                             |
| <i>prednisolone oral solution</i>   | 2    |                             |
| <i>prednisolone oral tablet</i>   | NF   |                             |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>                    | NF   |                             |
| <i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>  | 4    |                             |
| <i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg</i>                                       | 4    |                             |

| Drug Name  | Tier | Requirements             |
|--|------|--------------------------|
| <i>prednisolone sodium phosphate oral tablet dispersible 30 mg</i>   | NF   |                          |
| PREDNISONE INTENSOL ORAL CONCENTRATE   | NF   |                          |
| <i>prednisone oral solution</i>  | 4    | PA                       |
| <i>prednisone oral tablet</i>  | 2    | PA                       |
| <i>prednisone oral tablet therapy pack</i>   | NF   |                          |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED   | NF   |                          |
| PULMICORT INHALATION SUSPENSION  | NF   |                          |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED   | NF   |                          |
| RAYOS ORAL TABLET DELAYED RELEASE  | NF   |                          |
| SYMBICORT INHALATION AEROSOL   | 3    | QL (13.8 GM per 30 days) |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK   | NF   |                          |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)  | NF   |                          |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)  | NF   |                          |
| TARPEYO ORAL CAPSULE DELAYED RELEASE   | NF   |                          |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT  | 3    | QL (60 EA per 30 days)   |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR  | NF   |                          |
| <b>Androgens</b>   |      |                          |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)   | NF   |                          |
| AVEED INTRAMUSCULAR SOLUTION   | NF   |                          |
| <i>danazol oral capsule 100 mg</i>   | 4    |                          |
| <i>danazol oral capsule 200 mg, 50 mg</i>  | NF   |                          |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION   | NF   |                          |
| JATENZO ORAL CAPSULE   | NF   |                          |
| <i>methitest oral tablet</i>   | NF   |                          |
| <i>methyltestosterone oral capsule</i>   | NF   |                          |
| TESTIM TRANSDERMAL GEL   | NF   |                          |
| <i>testosterone cypionate intramuscular solution 100 mg/ml</i>   | 3    | PA                       |
| <i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>   | 2    | PA                       |
| <i>testosterone enanthate intramuscular solution</i>   | 4    | PA                       |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i> | 4    | PA                       |
| <i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>   | 3    | PA                       |



| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| <i>testosterone transdermal solution</i>   | 4    | PA                          |
| TLANDO ORAL CAPSULE  | NF   |                             |
| VOGELXO PUMP TRANSDERMAL GEL   | NF   |                             |
| VOGELXO TRANSDERMAL GEL  | NF   |                             |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                             |
| <b>Antidiabetic Agents</b>   |      |                             |
| <i>acarbose oral tablet</i>  | 1    | QL (90 EA per 30 days)      |
| ACTOPLUS MET ORAL TABLET 15-850 MG   | NF   |                             |
| ACTOS ORAL TABLET  | NF   |                             |
| ADMELOG INJECTION SOLUTION   | NF   |                             |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR  | NF   |                             |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | NF   |                             |
| <i>alogliptin benzoate oral tablet</i>   | 1    | QL (30 EA per 30 days)      |
| <i>alogliptin-metformin hcl oral tablet</i>  | 1    | QL (60 EA per 30 days)      |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>  | 1    | QL (30 EA per 30 days)      |
| APIDRA INJECTION SOLUTION  | NF   |                             |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR   | NF   |                             |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 4    | ST                          |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 4    | ST                          |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR  | 4    | PA; QL (3.4 ML per 28 days) |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR   | 4    | PA; QL (2.4 ML per 30 days) |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 4    | PA; QL (1.2 ML per 30 days) |
| CYCLOSET ORAL TABLET   | NF   |                             |
| <i>dapagliflozin pro-metformin er oral tablet extended release 24 hour</i>   | NF   |                             |
| <i>dapagliflozin propanediol oral tablet</i>   | NF   |                             |
| DUETACT ORAL TABLET  | NF   |                             |
| FARXIGA ORAL TABLET  | 3    | QL (30 EA per 30 days)      |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR   | NF   |                             |
| FIASP INJECTION SOLUTION   | NF   |                             |

| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE                         | NF   |                         |
| <i>glimepiride oral tablet 1 mg, 2 mg</i>                             | 1    | QL (120 EA per 30 days) |
| <i>glimepiride oral tablet 4 mg</i>                                   | 1    | QL (60 EA per 30 days)  |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i>        | 1    | QL (60 EA per 30 days)  |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i> | 1    | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 10 mg</i>                                    | 1    | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i>                                   | NF   |                         |
| <i>glipizide oral tablet 5 mg</i>                                     | 1    | QL (240 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>                 | 1    | QL (180 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>       | 1    | QL (120 EA per 30 days) |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG         | NF   |                         |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR                         | NF   |                         |
| <i>glyburide micronized oral tablet 1.5 mg</i>                        | 1    | QL (240 EA per 30 days) |
| <i>glyburide micronized oral tablet 3 mg</i>                          | 1    | QL (120 EA per 30 days) |
| <i>glyburide micronized oral tablet 6 mg</i>                          | 1    | QL (60 EA per 30 days)  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg</i>                          | 1    | QL (240 EA per 30 days) |
| <i>glyburide oral tablet 5 mg</i>                                     | 1    | QL (120 EA per 30 days) |
| <i>glyburide-metformin oral tablet</i>                                | 1    | QL (120 EA per 30 days) |
| GLYXAMBI ORAL TABLET  | 3    | QL (30 EA per 30 days)  |
| HUMALOG INJECTION SOLUTION  | 3    |                         |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR             | 3    |                         |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                    | 3    |                         |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR        | 3    |                         |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR        | 3    |                         |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION                             | 3    |                         |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE                               | 3    |                         |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | 3    |                         |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR            | 3    |                         |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION                                 | 3    |                         |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR                | 3    |                         |
| HUMULIN N SUBCUTANEOUS SUSPENSION                                     | 3    |                         |

| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| HUMULIN R INJECTION SOLUTION  | 3    |                        |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION                            | 3    |                        |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                      | 3    |                        |
| INPEFA ORAL TABLET 200 MG   | NF   |                        |
| <i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector</i>  | NF   |                        |
| <i>insulin aspart flexpen subcutaneous solution pen-injector</i>                | NF   |                        |
| <i>insulin aspart injection solution</i>  | NF   |                        |
| <i>insulin aspart penfill subcutaneous solution cartridge</i>                   | NF   |                        |
| <i>insulin aspart prot &amp; aspart subcutaneous suspension</i>                 | NF   |                        |
| <i>insulin degludec flextouch subcutaneous solution pen-injector</i>            | NF   |                        |
| <i>insulin degludec subcutaneous solution</i>                                   | NF   |                        |
| <i>insulin glargine max solostar subcutaneous solution pen-injector</i>         | NF   |                        |
| <i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i> | NF   |                        |
| <i>insulin glargine-yfgn subcutaneous solution</i>                              | NF   |                        |
| <i>insulin glargine-yfgn subcutaneous solution pen-injector</i>                 | NF   |                        |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>          | 3    |                        |
| <i>insulin lispro injection solution</i>  | 3    |                        |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>         | 3    |                        |
| <i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>    | 3    |                        |
| INVOKAMET ORAL TABLET   | NF   |                        |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                               | NF   |                        |
| INVOKANA ORAL TABLET  | NF   |                        |
| JANUMET ORAL TABLET   | 3    | QL (60 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG          | 3    | QL (30 EA per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG                      | 3    | QL (60 EA per 30 days) |
| JANUVIA ORAL TABLET   | 3    | QL (30 EA per 30 days) |
| JARDIANCE ORAL TABLET   | 3    | QL (30 EA per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG                                  | NF   |                        |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR                              | NF   |                        |
| KAZANO ORAL TABLET  | NF   |                        |

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| Drug Name   | Tier | Requirements              |
|---|------|---------------------------|
| KORLYM ORAL TABLET  | NF   |                           |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | 3    |                           |
| LANTUS SUBCUTANEOUS SOLUTION  | 3    |                           |
| <i>liraglutide subcutaneous solution pen-injector</i>               | NF   |                           |
| LYUMJEV INJECTION SOLUTION  | NF   |                           |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | NF   |                           |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                | NF   |                           |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour</i>  | NF   |                           |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour</i>  | NF   |                           |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | 1    | QL (120 EA per 30 days)   |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | 1    | QL (60 EA per 30 days)    |
| <i>metformin hcl oral solution</i>                                  | NF   |                           |
| <i>metformin hcl oral tablet 1000 mg</i>                            | 1    | QL (60 EA per 30 days)    |
| <i>metformin hcl oral tablet 500 mg</i>                             | 1    | QL (150 EA per 30 days)   |
| <i>metformin hcl oral tablet 625 mg</i>                             | NF   |                           |
| <i>metformin hcl oral tablet 850 mg</i>                             | 1    | QL (90 EA per 30 days)    |
| <i>mifepristone oral tablet 300 mg</i>                              | 5    | PA                        |
| <i>miglitol oral tablet</i>   | 1    | QL (90 EA per 30 days)    |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | 3    | PA; QL (2 ML per 28 days) |
| <i>nateglinide oral tablet 120 mg</i>                               | 1    | QL (90 EA per 30 days)    |
| <i>nateglinide oral tablet 60 mg</i>                                | 1    | QL (180 EA per 30 days)   |
| NESINA ORAL TABLET  | NF   |                           |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR          | 3    |                           |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION                               | 3    |                           |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR              | 3    |                           |
| NOVOLIN N SUBCUTANEOUS SUSPENSION                                   | 3    |                           |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR                   | 3    |                           |
| NOVOLIN R INJECTION SOLUTION  | 3    |                           |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | 3    |                           |
| NOVOLOG INJECTION SOLUTION  | 3    |                           |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR      | 3    |                           |

| Drug Name   | Tier | Requirements               |
|---|------|----------------------------|
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION                                 | 3    |                            |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE                           | 3    |                            |
| OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG                | NF   |                            |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 3    | PA; QL (3 ML per 28 days)  |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML           | 3    | PA; QL (3 ML per 28 days)  |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR                    | 3    | PA; QL (3 ML per 28 days)  |
| <i>pioglitazone hcl oral tablet</i>                                       | 1    | QL (30 EA per 30 days)     |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg</i>                   | NF   |                            |
| <i>pioglitazone hcl-glimepiride oral tablet 30-4 mg</i>                   | 1    | QL (30 EA per 30 days)     |
| <i>pioglitazone hcl-metformin hcl oral tablet</i>                         | 1    | QL (90 EA per 30 days)     |
| QTERN ORAL TABLET   | NF   |                            |
| <i>repaglinide oral tablet 0.5 mg</i>                                     | 1    | QL (360 EA per 30 days)    |
| <i>repaglinide oral tablet 1 mg</i>                                       | 1    | QL (480 EA per 30 days)    |
| <i>repaglinide oral tablet 2 mg</i>                                       | 1    | QL (240 EA per 30 days)    |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR                      | NF   |                            |
| RYBELSUS ORAL TABLET  | 3    | PA; QL (30 EA per 30 days) |
| <i>saxagliptin hcl oral tablet</i>  | NF   |                            |
| <i>saxagliptin-metformin er oral tablet extended release 24 hour</i>      | NF   |                            |
| SEGLUROMET ORAL TABLET  | NF   |                            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION                                      | NF   |                            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | NF   |                            |
| <i>sitagliptin base-metformin hcl oral tablet</i>                         | NF   |                            |
| <i>sitagliptin oral tablet</i>  | NF   |                            |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                | NF   |                            |
| STEGLATRO ORAL TABLET   | NF   |                            |
| STEGLUJAN ORAL TABLET   | NF   |                            |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR                          | NF   |                            |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR                           | NF   |                            |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG                 | 3    | QL (60 EA per 30 days)     |
| SYNJARDY ORAL TABLET 5-500 MG   | 3    | QL (120 EA per 30 days)    |

| Drug Name   | Tier | Requirements              |
|---|------|---------------------------|
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG                     | 3    | QL (30 EA per 30 days)    |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG                    | 3    | QL (60 EA per 30 days)    |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                      | 3    |                           |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 3    |                           |
| TRADJENTA ORAL TABLET   | NF   |                           |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 3    |                           |
| TRESIBA SUBCUTANEOUS SOLUTION   | 3    |                           |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR  | 3    |                           |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 3    | PA; QL (2 ML per 28 days) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 3    | PA; QL (9 ML per 30 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                           |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG | 3    | QL (30 EA per 30 days)    |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                                    | 3    | QL (60 EA per 30 days)    |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR   | NF   |                           |
| ZITUVIO ORAL TABLET   | NF   |                           |
| <b>Antihypoglycemic Agents</b>  |      |                           |
| BAQSIMI ONE PACK NASAL POWDER   | 3    |                           |
| <i>diazoxide oral suspension</i>  | 5    |                           |
| <i>glucagon emergency injection kit</i>   | NF   |                           |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                    | 3    |                           |
| GVOKE KIT SUBCUTANEOUS SOLUTION   | 3    |                           |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML                                | 3    |                           |
| PROGLYCEM ORAL SUSPENSION   | NF   |                           |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | NF   |                           |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | NF   |                           |
| <b>Contraceptives</b>   |      |                           |
| ALTAVERA ORAL TABLET  | NF   |                           |
| <i>alyacen 1/35 oral tablet</i>   | NF   |                           |

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| Drug Name   | Tier | Requirements |
|---|------|--------------|
| AMETHIA ORAL TABLET   | NF   |              |
| ANNOVERA VAGINAL RING   | NF   |              |
| APRI ORAL TABLET  | 3    |              |
| ARANELLE ORAL TABLET  | NF   |              |
| ASHLYNA ORAL TABLET   | NF   |              |
| AUBRA EQ ORAL TABLET  | NF   |              |
| AVIANE ORAL TABLET  | NF   |              |
| AZURETTE ORAL TABLET  | NF   |              |
| BALCOLTRA ORAL TABLET   | NF   |              |
| BALZIVA ORAL TABLET   | NF   |              |
| BEYAZ ORAL TABLET   | NF   |              |
| BLISOVI 24 FE ORAL TABLET   | NF   |              |
| BLISOVI FE 1.5/30 ORAL TABLET                                     | NF   |              |
| <i>briellyn oral tablet</i>                                       | NF   |              |
| CAMILA ORAL TABLET  | NF   |              |
| CAMRESE LO ORAL TABLET  | NF   |              |
| CRYSSELLE-28 ORAL TABLET  | NF   |              |
| CYRED EQ ORAL TABLET  | NF   |              |
| DEBLITANE ORAL TABLET   | NF   |              |
| <i>desogestrel-ethinyl estradiol oral tablet</i>                  | NF   |              |
| DOLISHALE ORAL TABLET   | NF   |              |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i> | NF   |              |
| <i>drospirenone-ethinyl estradiol oral tablet</i>                 | NF   |              |
| ELURYNG VAGINAL RING  | 4    |              |
| ENILLORING VAGINAL RING   | NF   |              |
| ENPRESSE-28 ORAL TABLET   | NF   |              |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG                                | NF   |              |
| ERRIN ORAL TABLET   | NF   |              |
| ESTARYLLA ORAL TABLET   | NF   |              |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>      | 4    |              |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>      | NF   |              |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i>                | NF   |              |
| FALMINA ORAL TABLET   | NF   |              |
| FINZALA ORAL TABLET CHEWABLE                                      | NF   |              |
| GEMMILY ORAL CAPSULE  | NF   |              |
| HAILEY 24 FE ORAL TABLET  | NF   |              |
| HALOETTE VAGINAL RING   | 2    |              |
| HEATHER ORAL TABLET   | NF   |              |
| ICLEVIA ORAL TABLET   | NF   |              |

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| Drug Name  | Tier | Requirements |
|--|------|--------------|
| INCASSIA ORAL TABLET   | 2    |              |
| INTROVALE ORAL TABLET  | NF   |              |
| ISIBLOOM ORAL TABLET   | NF   |              |
| JASMIEL ORAL TABLET  | NF   |              |
| JOYEAUX ORAL TABLET  | NF   |              |
| JULEBER ORAL TABLET  | NF   |              |
| JUNEL 1.5/30 ORAL TABLET   | NF   |              |
| JUNEL 1/20 ORAL TABLET   | NF   |              |
| JUNEL FE 1.5/30 ORAL TABLET  | 4    |              |
| JUNEL FE 1/20 ORAL TABLET  | 4    |              |
| JUNEL FE 24 ORAL TABLET  | 4    |              |
| KAITLIB FE ORAL TABLET CHEWABLE  | NF   |              |
| KARIVA ORAL TABLET   | NF   |              |
| KELNOR 1/35 ORAL TABLET  | NF   |              |
| KELNOR 1/50 ORAL TABLET  | NF   |              |
| KURVELO ORAL TABLET  | NF   |              |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE                                 | NF   |              |
| LARIN 1.5/30 ORAL TABLET   | NF   |              |
| LARIN 1/20 ORAL TABLET   | NF   |              |
| LARIN FE 1.5/30 ORAL TABLET  | NF   |              |
| LARIN FE 1/20 ORAL TABLET  | NF   |              |
| LAYOLIS FE ORAL TABLET CHEWABLE  | NF   |              |
| LEENA ORAL TABLET  | NF   |              |
| LESSINA ORAL TABLET  | 2    |              |
| LEVONEST ORAL TABLET   | NF   |              |
| <i>levonorgest-eth est &amp; eth est oral tablet</i>                     | NF   |              |
| <i>levonorgest-eth estrad 91-day oral tablet</i>                         | 4    |              |
| <i>levonorgestrel-ethinyl estrad oral tablet</i>                         | NF   |              |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> | NF   |              |
| LEVORA 0.15/30 (28) ORAL TABLET  | NF   |              |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY            | 3    |              |
| LO LOESTRIN FE ORAL TABLET   | NF   |              |
| LOESTRIN 1.5/30 (21) ORAL TABLET   | NF   |              |
| LOESTRIN 1/20 (21) ORAL TABLET   | NF   |              |
| LOESTRIN FE 1.5/30 ORAL TABLET   | NF   |              |
| LOESTRIN FE 1/20 ORAL TABLET   | NF   |              |
| LORYNA ORAL TABLET   | NF   |              |



| Drug Name   | Tier | Requirements |
|---|------|--------------|
| LOW-OGESTREL ORAL TABLET                                      | NF   |              |
| LUTERA ORAL TABLET  | NF   |              |
| LYLEQ ORAL TABLET   | NF   |              |
| LYZA ORAL TABLET  | NF   |              |
| <i>marlissa oral tablet</i>                                   | 2    |              |
| MERZEE ORAL CAPSULE   | NF   |              |
| MIBELAS 24 FE ORAL TABLET CHEWABLE                            | NF   |              |
| MICROGESTIN 1.5/30 ORAL TABLET                                | NF   |              |
| MICROGESTIN 1/20 ORAL TABLET                                  | NF   |              |
| MICROGESTIN 24 FE ORAL TABLET                                 | NF   |              |
| MICROGESTIN FE 1.5/30 ORAL TABLET                             | NF   |              |
| MICROGESTIN FE 1/20 ORAL TABLET                               | NF   |              |
| MILI ORAL TABLET  | 2    |              |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY    | NF   |              |
| NATAZIA ORAL TABLET   | NF   |              |
| NECON 0.5/35 (28) ORAL TABLET                                 | NF   |              |
| NEXPLANON SUBCUTANEOUS IMPLANT                                | 3    |              |
| NEXTSTELLIS ORAL TABLET                                       | NF   |              |
| NIKKI ORAL TABLET   | NF   |              |
| NORA-BE ORAL TABLET   | NF   |              |
| <i>norelgestromin-eth estradiol transdermal patch weekly</i>  | NF   |              |
| <i>norethin ace-eth estrad-fe oral capsule</i>                | NF   |              |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>     | 4    |              |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>        | NF   |              |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i> | 2    |              |
| <i>norethindrone oral tablet</i>                              | 2    |              |
| <i>norethindron-ethinyl estrad-fe oral tablet</i>             | NF   |              |
| <i>norethin-eth estradiol-fe oral tablet chewable</i>         | NF   |              |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>  | NF   |              |
| <i>norgestim-eth estrad triphasic oral tablet</i>             | NF   |              |
| NORTREL 0.5/35 (28) ORAL TABLET                               | NF   |              |
| NORTREL 1/35 (21) ORAL TABLET                                 | NF   |              |
| NORTREL 1/35 (28) ORAL TABLET                                 | NF   |              |
| NORTREL 7/7/7 ORAL TABLET                                     | 4    |              |
| NUVARING VAGINAL RING   | NF   |              |
| NYLIA 1/35 ORAL TABLET  | NF   |              |
| NYLIA 7/7/7 ORAL TABLET                                       | NF   |              |
| NYMYO ORAL TABLET   | NF   |              |

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| Drug Name                              | Tier | Requirements |
|--|------|--------------|
| OCELLA ORAL TABLET                     | NF   |              |
| PIMTREA ORAL TABLET                    | NF   |              |
| PORTIA-28 ORAL TABLET                  | 2    |              |
| QUARTETTE ORAL TABLET                  | NF   |              |
| RECLIPSEN ORAL TABLET                  | NF   |              |
| RIVELSA ORAL TABLET                    | NF   |              |
| SAFYRAL ORAL TABLET                    | NF   |              |
| SETLAKIN ORAL TABLET                   | 4    |              |
| SHAROBEL ORAL TABLET                   | NF   |              |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE | NF   |              |
| SPRINTEC 28 ORAL TABLET                | NF   |              |
| SRONYX ORAL TABLET                     | NF   |              |
| SYEDA ORAL TABLET                      | NF   |              |
| TARINA 24 FE ORAL TABLET               | NF   |              |
| TARINA FE 1/20 EQ ORAL TABLET          | NF   |              |
| TILIA FE ORAL TABLET                   | NF   |              |
| TRI-ESTARYLLA ORAL TABLET              | NF   |              |
| TRI-LEGEST FE ORAL TABLET              | NF   |              |
| TRI-LO-ESTARYLLA ORAL TABLET           | NF   |              |
| TRI-LO-SPRINTEC ORAL TABLET            | NF   |              |
| TRI-MILI ORAL TABLET                   | NF   |              |
| TRI-NYMYO ORAL TABLET                  | NF   |              |
| TRI-SPRINTEC ORAL TABLET               | NF   |              |
| TRIVORA (28) ORAL TABLET               | NF   |              |
| TRI-VYLIBRA LO ORAL TABLET             | NF   |              |
| TRI-VYLIBRA ORAL TABLET                | NF   |              |
| TURQOZ ORAL TABLET                     | NF   |              |
| TYDEMY ORAL TABLET                     | NF   |              |
| VELIVET ORAL TABLET                    | NF   |              |
| VESTURA ORAL TABLET                    | NF   |              |
| VIENVA ORAL TABLET                     | NF   |              |
| VYFEMLA ORAL TABLET                    | NF   |              |
| VYLIBRA ORAL TABLET                    | NF   |              |
| WYMZYA FE ORAL TABLET CHEWABLE         | NF   |              |
| XULANE TRANSDERMAL PATCH WEEKLY        | NF   |              |
| YASMIN 28 ORAL TABLET                  | NF   |              |
| YAZ ORAL TABLET                        | NF   |              |
| ZAFEMY TRANSDERMAL PATCH WEEKLY        | 3    |              |
| ZOVIA 1/35 (28) ORAL TABLET            | NF   |              |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| <b>Estrogens And Antiestrogens</b>   |      |              |
| ACTIVELLA ORAL TABLET 1-0.5 MG   | NF   |              |
| <i>anastrozole oral tablet</i>   | 3    |              |
| ANGELIQ ORAL TABLET  | NF   |              |
| ARIMIDEX ORAL TABLET   | NF   |              |
| AROMASIN ORAL TABLET   | NF   |              |
| BIJUVA ORAL CAPSULE 1-100 MG   | NF   |              |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY   | 4    | PA           |
| CLIMARA TRANSDERMAL PATCH WEEKLY   | NF   |              |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY  | NF   |              |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML   | NF   |              |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL   | NF   |              |
| DIVIGEL TRANSDERMAL GEL  | NF   |              |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY   | 4    | PA           |
| DUAVEE ORAL TABLET   | NF   |              |
| ELESTRIN TRANSDERMAL GEL   | NF   |              |
| ESTRACE ORAL TABLET  | NF   |              |
| ESTRACE VAGINAL CREAM  | NF   |              |
| <i>estradiol oral tablet</i>   | 2    |              |
| <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>             | NF   |              |
| <i>estradiol transdermal patch twice weekly</i>  | 4    | PA           |
| <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</i> | 2    | PA           |
| <i>estradiol transdermal patch weekly 0.1 mg/24hr</i>  | NF   |              |
| <i>estradiol vaginal cream</i>   | 2    |              |
| <i>estradiol vaginal tablet</i>  | 4    |              |
| <i>estradiol valerate intramuscular oil</i>  | NF   |              |
| <i>estradiol-norethindrone acet oral tablet</i>  | NF   |              |
| ESTRING VAGINAL RING 7.5 MCG/24HR  | NF   |              |
| EVAMIST TRANSDERMAL SOLUTION   | NF   |              |
| EVISTA ORAL TABLET   | NF   |              |
| <i>exemestane oral tablet</i>  | 4    |              |
| FARESTON ORAL TABLET   | NF   |              |
| FEMARA ORAL TABLET   | NF   |              |
| FEMRING VAGINAL RING   | NF   |              |
| FYAVOLV ORAL TABLET  | NF   |              |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT  | NF   |              |
| IMVEXXY STARTER PACK VAGINAL INSERT  | NF   |              |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| JINTELI ORAL TABLET  | 3    | PA                         |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK              | 5    | PA; QL (91 EA per 28 days) |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK              | 5    | PA; QL (91 EA per 28 days) |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK              | 5    | PA; QL (91 EA per 28 days) |
| <i>letrozole oral tablet</i>                                       | 3    |                            |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY                             | NF   |                            |
| MENEST ORAL TABLET   | 4    |                            |
| MENOSTAR TRANSDERMAL PATCH WEEKLY                                  | NF   |                            |
| MIMVEY ORAL TABLET   | NF   |                            |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY                           | NF   |                            |
| <i>norethindrone-eth estradiol oral tablet</i>                     | NF   |                            |
| OSPHENA ORAL TABLET  | NF   |                            |
| PREMARIN ORAL TABLET   | 3    | PA                         |
| PREMARIN VAGINAL CREAM   | 3    |                            |
| PREMPHASE ORAL TABLET  | 3    |                            |
| PREMPRO ORAL TABLET  | 3    |                            |
| <i>raloxifene hcl oral tablet</i>                                  | 2    |                            |
| SOLTAMOX ORAL SOLUTION   | 5    |                            |
| <i>tamoxifen citrate oral tablet</i>                               | 2    |                            |
| <i>toremifene citrate oral tablet</i>                              | 5    |                            |
| VAGIFEM VAGINAL TABLET 10 MCG                                      | NF   |                            |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY                         | NF   |                            |
| YUVAFEM VAGINAL TABLET   | 4    |                            |
| <b>Estrogens, Antiestrogens &amp; Estrogen Agonist-Antagonists</b> |      |                            |
| <i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>           | NF   |                            |
| <b>Estrogens, Antiestrogens + Estrogen Agonist-Antagonists</b>     |      |                            |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                     | NF   |                            |
| <b>Gonadotropins And Antigonadotropins</b>                         |      |                            |
| ELIGARD SUBCUTANEOUS KIT   | NF   |                            |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED         | NF   |                            |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG                 | 4    |                            |
| <i>leuprolide acetate (3 month) intramuscular injectable</i>       | NF   |                            |
| <i>leuprolide acetate injection kit</i>                            | 4    |                            |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT                           | 5    |                            |

| Drug Name   | Tier | Requirements                 |
|---|------|------------------------------|
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT                                    | 5    |                              |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT                                    | 5    |                              |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT                                    | 5    |                              |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT<br>7.5 MG                      | NF   |                              |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT<br>11.25 MG                    | NF   |                              |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT                                | NF   |                              |
| MYFEMBREE ORAL TABLET   | NF   |                              |
| ORGOVYX ORAL TABLET   | 5    | PA                           |
| ORIAHNN ORAL CAPSULE THERAPY PACK   | NF   |                              |
| ORLISSA ORAL TABLET   | NF   |                              |
| SYNAREL NASAL SOLUTION  | NF   |                              |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 11.25 MG         | 4    | PA                           |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 22.5 MG, 3.75 MG | NF   |                              |
| <b>Leptins</b>  |      |                              |
| MYALEPT SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                              | NF   |                              |
| <b>Parathyroid And Antiparathyroid Agents</b>                               |      |                              |
| <i>calcitonin (salmon) nasal solution</i>                                   | 4    |                              |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>                              | 3    |                              |
| <i>cinacalcet hcl oral tablet 90 mg</i>                                     | 5    |                              |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR<br>600 MCG/2.4ML                  | 5    | PA; QL (2.4 ML per 28 days)  |
| SENSIPAR ORAL TABLET  | NF   |                              |
| <i>teriparatide subcutaneous solution pen-injector 620<br/>mcg/2.48ml</i>   | 5    | PA; QL (2.48 ML per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                                   | 5    | PA                           |
| <b>Pituitary</b>  |      |                              |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR                                       | NF   |                              |
| ACTHAR INJECTION GEL  | 5    | PA                           |
| CORTROPHIN INJECTION GEL  | 5    | PA                           |
| DDAVP ORAL TABLET   | NF   |                              |
| <i>desmopressin ace spray refrig nasal solution</i>                         | 4    |                              |
| <i>desmopressin acetate oral tablet</i>                                     | 2    |                              |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR                                   | NF   |                              |
| SKYTROFA SUBCUTANEOUS CARTRIDGE   | NF   |                              |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-<br>INJECTOR                              | NF   |                              |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <b>Progestins</b>  |      |                            |
| CRINONE VAGINAL GEL  | NF   |                            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML                                  | NF   |                            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                          | NF   |                            |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE                  | 3    |                            |
| <i>medroxyprogesterone acetate intramuscular suspension</i>                      | 3    |                            |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>    | 4    |                            |
| <i>medroxyprogesterone acetate oral tablet</i>                                   | 2    |                            |
| <i>megestrol acetate oral suspension 40 mg/ml</i>                                | 3    |                            |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                              | NF   |                            |
| <i>megestrol acetate oral tablet</i>   | 2    |                            |
| <i>norethindrone acetate oral tablet</i>   | 2    |                            |
| <i>progesterone oral capsule</i>   | 4    |                            |
| PROMETRIUM ORAL CAPSULE  | NF   |                            |
| PROVERA ORAL TABLET  | NF   |                            |
| <b>Somatostatin Agonists And Antagonists</b>                                     |      |                            |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE  | NF   |                            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 500 mcg/ml</i> | NF   |                            |
| <i>octreotide acetate injection solution 200 mcg/ml, 50 mcg/ml</i>               | 4    |                            |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML                 | NF   |                            |
| SIGNIFOR SUBCUTANEOUS SOLUTION   | 5    | PA; QL (60 ML per 30 days) |
| <b>Somatotropin Agonists And Antagonists</b>                                     |      |                            |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED                                   | NF   |                            |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE                              | NF   |                            |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE  | 5    | PA                         |
| HUMATROPE INJECTION CARTRIDGE  | NF   |                            |
| INCRELEX SUBCUTANEOUS SOLUTION   | 5    | PA                         |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR                           | NF   |                            |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | 5    | PA                         |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | 5    | PA                         |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR  | 5    | PA           |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML  | NF   |              |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML   | 5    | PA           |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED  | NF   |              |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG  | NF   |              |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED   | 5    |              |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED   | NF   |              |
| <b>Thyroid And Antithyroid Agents</b>  |      |              |
| CYTOMEL ORAL TABLET  | NF   |              |
| ERMEZA ORAL SOLUTION   | NF   |              |
| EUTHYROX ORAL TABLET 100 MCG, 125 MCG, 175 MCG, 50 MCG, 75 MCG, 88 MCG   | 2    |              |
| EUTHYROX ORAL TABLET 112 MCG, 137 MCG, 150 MCG, 200 MCG, 25 MCG  | NF   |              |
| <i>levothyroxine sodium oral capsule 100 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 4    |              |
| <i>levothyroxine sodium oral capsule 112 mcg, 13 mcg, 137 mcg</i>  | NF   |              |
| <i>levothyroxine sodium oral tablet</i>  | 2    |              |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 75 MCG, 88 MCG                     | 2    |              |
| LEVOXYL ORAL TABLET 137 MCG, 50 MCG  | NF   |              |
| <i>liothyronine sodium oral tablet</i>   | 4    |              |
| <i>methimazole oral tablet</i>   | 2    |              |
| <i>propylthiouracil oral tablet</i>  | 4    |              |
| REZDIFFRA ORAL TABLET  | NF   |              |
| SYNTHROID ORAL TABLET  | 4    |              |
| THYQUIDITY ORAL SOLUTION   | NF   |              |
| TIROSINT ORAL CAPSULE  | NF   |              |
| TIROSINT-SOL ORAL SOLUTION   | NF   |              |
| UNITHROID ORAL TABLET 100 MCG, 125 MCG, 137 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                                      | 2    |              |
| UNITHROID ORAL TABLET 112 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG  | NF   |              |

| Drug Name   | Tier | Requirements            |
|---|------|-------------------------|
| <b>Immunomodulatory Agents</b>  |      |                         |
| <b><i>Disease-Modifying Antirheumatic Drugs</i></b>                     |      |                         |
| <i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit</i>   | NF   |                         |
| OTEZLA ORAL TABLET 20 MG  | 5    | PA                      |
| OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG                      | 5    | PA                      |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 5    | PA                      |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | NF   |                         |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | NF   |                         |
| <b>Miscellaneous Therapeutic Agents</b>                                 |      |                         |
| <b><i>5-Alpha-Reductase Inhibitors</i></b>                              |      |                         |
| <i>dutasteride oral capsule</i>   | 3    |                         |
| <i>dutasteride-tamsulosin hcl oral capsule</i>                          | NF   |                         |
| ENTADFI ORAL CAPSULE  | NF   |                         |
| <i>finasteride oral tablet 5 mg</i>                                     | 2    |                         |
| PROSCAR ORAL TABLET   | NF   |                         |
| <b><i>Alcohol Deterrents</i></b>  |      |                         |
| <i>disulfiram oral tablet</i>   | 4    |                         |
| <b><i>Antidotes</i></b>   |      |                         |
| <i>acetylcysteine inhalation solution</i>                               | NF   |                         |
| <b><i>Antigout Agents</i></b>   |      |                         |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                           | 2    |                         |
| <i>allopurinol oral tablet 200 mg</i>                                   | NF   |                         |
| <i>colchicine oral capsule</i>  | NF   |                         |
| <i>colchicine oral tablet</i>   | 2    |                         |
| COLCRYS ORAL TABLET   | NF   |                         |
| <i>febuxostat oral tablet</i>   | NF   |                         |
| GLOPERBA ORAL SOLUTION  | NF   |                         |
| MITIGARE ORAL CAPSULE   | NF   |                         |
| ULORIC ORAL TABLET  | NF   |                         |
| <b><i>Antisense Oligonucleotides</i></b>                                |      |                         |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | NF   |                         |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | NF   |                         |
| <b><i>Bone Resorption Inhibitors</i></b>                                |      |                         |
| ACTONEL ORAL TABLET 150 MG, 35 MG                                       | NF   |                         |
| <i>alendronate sodium oral solution</i>                                 | 2    | QL (300 ML per 28 days) |



| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>alendronate sodium oral tablet 10 mg</i>                                  | 2    | QL (30 EA per 30 days)     |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>                           | 2    | QL (4 EA per 28 days)      |
| AELVIA ORAL TABLET DELAYED RELEASE   | NF   |                            |
| BINOSTO ORAL TABLET EFFERVESCENT   | NF   |                            |
| FOSAMAX ORAL TABLET 70 MG  | NF   |                            |
| FOSAMAX PLUS D ORAL TABLET   | NF   |                            |
| <i>ibandronate sodium oral tablet</i>  | 3    | QL (1 EA per 30 days)      |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                               | 4    | PA; QL (2 ML per 365 days) |
| <i>risedronate sodium oral tablet 150 mg</i>                                 | 4    | QL (1 EA per 30 days)      |
| <i>risedronate sodium oral tablet 30 mg</i>                                  | 4    | QL (120 EA per 365 days)   |
| <i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> | 4    | QL (4 EA per 28 days)      |
| <i>risedronate sodium oral tablet 5 mg</i>                                   | 4    | QL (30 EA per 30 days)     |
| <i>risedronate sodium oral tablet delayed release</i>                        | 4    | QL (4 EA per 28 days)      |
| XGEVA SUBCUTANEOUS SOLUTION  | 5    | PA                         |
| <b>Carbonic Anhydrase Inhibitors</b>   |      |                            |
| KEVEYIS ORAL TABLET  | NF   |                            |
| ORMALVI ORAL TABLET  | 5    | PA                         |
| <b>Cariostatic Agents</b>  |      |                            |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                              | NF   |                            |
| <b>Complement Inhibitors</b>   |      |                            |
| BERINERT INTRAVENOUS KIT   | NF   |                            |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED                                 | NF   |                            |
| <i>icatibant acetate subcutaneous solution prefilled syringe</i>             | NF   |                            |
| ORLADEYO ORAL CAPSULE  | NF   |                            |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED                                  | NF   |                            |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | NF   |                            |
| <b>Disease-Modifying Antirheumatic Drugs</b>                                 |      |                            |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                              | NF   |                            |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                      | NF   |                            |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                           | 5    | PA                         |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | 5    | PA                         |
| <i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>                | NF   |                            |

| Drug Name   | Tier | Requirements              |
|---|------|---------------------------|
| <i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i> | NF   |                           |
| <i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>             | NF   |                           |
| <i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>     | NF   |                           |
| <i>adalimumab-adaz subcutaneous solution auto-injector</i>                | NF   |                           |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe</i>            | NF   |                           |
| <i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>             | 5    | PA                        |
| <i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>     | 5    | PA                        |
| <i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</i>      | 5    | PA                        |
| <i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>      | 5    | PA                        |
| <i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>             | NF   |                           |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>     | NF   |                           |
| <i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>             | NF   |                           |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | NF   |                           |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | NF   |                           |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | NF   |                           |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | NF   |                           |
| ARAVA ORAL TABLET   | NF   |                           |
| CIBINQO ORAL TABLET   | NF   |                           |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                     | 5    | PA                        |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG  | 5    | PA                        |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                     | 5    | PA                        |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT                            | NF   |                           |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT                    | NF   |                           |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT                   | NF   |                           |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT               | NF   |                           |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE                               | 5    | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                                  | 5    | PA; QL (8 ML per 28 days) |

| Drug Name  | Tier | Requirements                 |
|--|------|------------------------------|
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML   | 5    | PA; QL (4.08 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML  | 5    | PA; QL (8 ML per 28 days)    |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | 5    | PA; QL (8 ML per 28 days)    |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                              |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                              |
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT   | NF   |                              |
| HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT   | NF   |                              |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT   | 5    | PA                           |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 5    | PA                           |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML  | 5    | PA; QL (6 EA per 365 days)   |
| HUMIRA-PED $\geq$ 40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT  | 5    | PA; QL (8 EA per 365 days)   |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT   | 5    | PA; QL (6 EA per 365 days)   |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                              |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | NF   |                              |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                              |
| HYRIMOZ-PED $<$ 40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                               | NF   |                              |
| HYRIMOZ-PED $\geq$ 40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                              | NF   |                              |
| HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | NF   |                              |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT  | NF   |                              |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT  | NF   |                              |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT  | NF   |                              |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT  | NF   |                              |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | 5    | PA                           |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | PA           |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | PA           |
| <i>leflunomide oral tablet</i>  | 4    |              |
| OLUMIANT ORAL TABLET  | 5    | PA           |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | 5    | PA           |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | PA           |
| OTEZLA ORAL TABLET 30 MG  | 5    | PA           |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG   | 5    | PA           |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML                               | NF   |              |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 4    | PA           |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR   | 5    | PA           |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT   | NF   |              |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | 5    | PA           |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | PA           |
| XELJANZ ORAL SOLUTION   | 5    | PA           |
| XELJANZ ORAL TABLET   | 5    | PA           |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR   | 5    | PA           |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT  | NF   |              |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT  | NF   |              |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT   | NF   |              |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR  | NF   |              |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT  | NF   |              |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT  | NF   |              |
| <b>Immunomodulatory Agents</b>  |      |              |
| ACTIMMUNE SUBCUTANEOUS SOLUTION   | 5    |              |

| Drug Name   | Tier | Requirements                 |
|---|------|------------------------------|
| AUBAGIO ORAL TABLET   | NF   |                              |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                                      | 5    | QL (4 EA per 28 days)        |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                            | 5    | QL (1 EA per 28 days)        |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE  | NF   |                              |
| BETASERON SUBCUTANEOUS KIT  | 5    | QL (15 EA per 30 days)       |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | NF   |                              |
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i>                    | 5    | QL (14 EA per 365 days)      |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i>                    | 5    | QL (60 EA per 30 days)       |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i> | 5    | QL (120 EA per 365 days)     |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | NF   |                              |
| <i>fingolimod hcl oral capsule</i>  | 5    | QL (30 EA per 30 days)       |
| GILENYA ORAL CAPSULE  | 5    | QL (30 EA per 30 days)       |
| <i>glatiramer acetate subcutaneous solution prefilled syringe</i>               | NF   |                              |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML                        | 5    | QL (30 ML per 30 days)       |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                        | 5    | QL (12 ML per 28 days)       |
| JOENJA ORAL TABLET  | NF   |                              |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                    | NF   |                              |
| MAYZENT ORAL TABLET   | NF   |                              |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK                                   | NF   |                              |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                                     | NF   |                              |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | NF   |                              |
| PONVORY ORAL TABLET   | NF   |                              |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK                                   | NF   |                              |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | 5    | ST; QL (6 ML per 28 days)    |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | 5    | ST; QL (8.4 ML per 365 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                   | 5    | ST; QL (6 ML per 28 days)    |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | 5    | ST; QL (8.4 ML per 365 days) |
| TASCENSO ODT ORAL TABLET DISPERSIBLE  | NF   |                              |

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| Drug Name  | Tier | Requirements             |
|--|------|--------------------------|
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG                            | 5    | QL (14 EA per 365 days)  |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG                            | 5    | QL (60 EA per 30 days)   |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK                      | 5    | QL (120 EA per 365 days) |
| <i>teriflunomide oral tablet</i>   | 5    | QL (30 EA per 30 days)   |
| THALOMID ORAL CAPSULE  | 5    | PA                       |
| VELSIPITY ORAL TABLET  | NF   |                          |
| VUMERITY ORAL CAPSULE DELAYED RELEASE                                    | NF   |                          |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK                     | NF   |                          |
| ZEPOSIA ORAL CAPSULE   | NF   |                          |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | NF   |                          |
| <b>Immunosuppressive Agents</b>  |      |                          |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                        | NF   |                          |
| AZASAN ORAL TABLET   | NF   |                          |
| <i>azathioprine oral tablet</i>  | 4    | PA                       |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | NF   |                          |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | NF   |                          |
| CELLCEPT ORAL CAPSULE  | NF   |                          |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED                                   | NF   |                          |
| CELLCEPT ORAL TABLET   | NF   |                          |
| <i>cyclosporine modified oral capsule</i>                                | 4    | PA                       |
| <i>cyclosporine modified oral solution</i>                               | 4    | PA                       |
| <i>cyclosporine oral capsule</i>   | 4    | PA                       |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG           | 4    | PA                       |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG                    | 5    | PA                       |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>             | 5    | PA                       |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG                                       | NF   |                          |
| GENGRAF ORAL SOLUTION  | NF   |                          |
| IMURAN ORAL TABLET   | NF   |                          |
| LUPKYNIS ORAL CAPSULE  | NF   |                          |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                             | NF   |                          |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                              | NF   |                          |

| Drug Name  | Tier | Requirements                |
|--|------|-----------------------------|
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                | NF   |                             |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                | NF   |                             |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                | NF   |                             |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                | NF   |                             |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                | NF   |                             |
| <i>mycophenolate mofetil oral capsule</i>                  | 2    | PA                          |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | 5    | PA                          |
| <i>mycophenolate mofetil oral tablet</i>                   | 4    | PA                          |
| <i>mycophenolate sodium oral tablet delayed release</i>    | 4    | PA                          |
| MYFORTIC ORAL TABLET DELAYED RELEASE                       | NF   |                             |
| MYHIBBIN ORAL SUSPENSION                                   | NF   |                             |
| NEORAL ORAL CAPSULE  | NF   |                             |
| NEORAL ORAL SOLUTION                                       | NF   |                             |
| PROGRAF ORAL CAPSULE                                       | NF   |                             |
| PROGRAF ORAL PACKET  | 4    | PA                          |
| RAPAMUNE ORAL SOLUTION                                     | NF   |                             |
| RAPAMUNE ORAL TABLET 1 MG, 2 MG                            | NF   |                             |
| SANDIMMUNE ORAL CAPSULE                                    | NF   |                             |
| <i>sirolimus oral solution</i>                             | 5    | PA                          |
| <i>sirolimus oral tablet</i>                               | 4    | PA                          |
| <i>tacrolimus oral capsule</i>                             | 4    | PA                          |
| ZORTRESS ORAL TABLET                                       | NF   |                             |
| <b>Kallikrein-Kinin System Inhibitors</b>                  |      |                             |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED                 | 5    | PA                          |
| FABHALTA ORAL CAPSULE                                      | NF   |                             |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE            | 5    | PA; QL (27 ML per 30 days)  |
| TAKHZYRO SUBCUTANEOUS SOLUTION                             | NF   |                             |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | NF   |                             |
| TAVNEOS ORAL CAPSULE                                       | 5    | PA; QL (180 EA per 30 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | NF   |                             |
| <b>Other Miscellaneous Therapeutic Agents</b>              |      |                             |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR                | 5    | PA; QL (60 EA per 30 days)  |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED               | NF   |                             |
| <i>betaine oral powder</i>                                 | NF   |                             |
| CARNITOR ORAL SOLUTION                                     | NF   |                             |
| CARNITOR ORAL TABLET                                       | NF   |                             |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| CERDELGA ORAL CAPSULE  | NF   |                            |
| CYSTADANE ORAL POWDER  | NF   |                            |
| CYSTAGON ORAL CAPSULE  | NF   |                            |
| <i>dalfampridine er oral tablet extended release 12 hour</i> | 2    | PA; QL (60 EA per 30 days) |
| DEMSEER ORAL CAPSULE   | NF   |                            |
| DUVYZAT ORAL SUSPENSION                                      | NF   |                            |
| ELMIRON ORAL CAPSULE   | 5    |                            |
| ENDARI ORAL PACKET   | 5    | PA                         |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | NF   |                            |
| EVRYSDI ORAL SOLUTION RECONSTITUTED                          | NF   |                            |
| FILSPARI ORAL TABLET   | NF   |                            |
| FIRDAPSE ORAL TABLET   | NF   |                            |
| ISTURISA ORAL TABLET 1 MG, 5 MG                              | NF   |                            |
| JAVYGTOR ORAL PACKET   | NF   |                            |
| JAVYGTOR ORAL TABLET   | NF   |                            |
| KUVAN ORAL PACKET  | NF   |                            |
| KUVAN ORAL TABLET  | NF   |                            |
| <i>levocarnitine oral solution</i>                           | NF   |                            |
| <i>levocarnitine oral tablet</i>                             | NF   |                            |
| <i>l-glutamine oral packet</i>                               | 5    | PA                         |
| LODOCO ORAL TABLET   | NF   |                            |
| <i>miglustat oral capsule</i>                                | NF   |                            |
| <i>nitisinone oral capsule</i>                               | NF   |                            |
| NITYR ORAL TABLET  | NF   |                            |
| ORFADIN ORAL CAPSULE   | NF   |                            |
| ORFADIN ORAL SUSPENSION                                      | NF   |                            |
| PROCYSBI ORAL PACKET   | NF   |                            |
| RECORLEV ORAL TABLET   | NF   |                            |
| REZUROCK ORAL TABLET   | 5    | PA; QL (30 EA per 30 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION                               | NF   |                            |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | NF   |                            |
| <i>sapropterin dihydrochloride oral packet</i>               | NF   |                            |
| SKYCLARYS ORAL CAPSULE                                       | NF   |                            |
| SOHONOS ORAL CAPSULE   | NF   |                            |
| THIOLA EC ORAL TABLET DELAYED RELEASE                        | NF   |                            |
| THIOLA ORAL TABLET   | NF   |                            |
| <i>tiopronin oral tablet</i>                                 | NF   |                            |



| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| <i>tiopronin oral tablet delayed release</i>                                  | NF   |                        |
| TYBOST ORAL TABLET  | 3    | QL (30 EA per 30 days) |
| VIJOICE ORAL PACKET   | NF   |                        |
| VIJOICE ORAL TABLET THERAPY PACK  | NF   |                        |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED                                   | NF   |                        |
| YARGESA ORAL CAPSULE  | NF   |                        |
| ZAVESCA ORAL CAPSULE  | NF   |                        |
| <b>Protective Agents</b>  |      |                        |
| MESNEX ORAL TABLET  | 5    |                        |
| <b>Respiratory Tract Agents</b>   |      |                        |
| <b>Antifibrotic Agents</b>  |      |                        |
| ESBRIET ORAL CAPSULE  | 5    | PA                     |
| ESBRIET ORAL TABLET   | 5    | PA                     |
| OFEV ORAL CAPSULE   | 5    | PA                     |
| <i>pirfenidone oral capsule</i>   | 5    | PA                     |
| <i>pirfenidone oral tablet</i>  | 5    | PA                     |
| <b>Anti-Inflammatory Agents</b>   |      |                        |
| <i>cromolyn sodium inhalation nebulization solution</i>                       | 3    | PA                     |
| <i>cromolyn sodium oral concentrate</i>                                       | 4    |                        |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML | 5    | PA                     |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR                               | 5    | PA                     |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML                   | 4    | PA                     |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML                      | 5    | PA                     |
| GASTROCROM ORAL CONCENTRATE   | NF   |                        |
| <i>montelukast sodium oral packet</i>   | NF   |                        |
| <i>montelukast sodium oral tablet</i>   | 2    | QL (30 EA per 30 days) |
| <i>montelukast sodium oral tablet chewable</i>                                | 2    | QL (30 EA per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                    | 5    | PA                     |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | 5    | PA                     |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED                                    | 5    | PA                     |
| SINGULAIR ORAL PACKET   | NF   |                        |
| SINGULAIR ORAL TABLET   | NF   |                        |
| SINGULAIR ORAL TABLET CHEWABLE  | NF   |                        |
| <i>zafirlukast oral tablet 10 mg</i>  | 3    | QL (60 EA per 30 days) |

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| Drug Name   | Tier | Requirements                |
|---|------|-----------------------------|
| <i>zafirlukast oral tablet 20 mg</i>                                  | 4    | QL (60 EA per 30 days)      |
| <i>zileuton er oral tablet extended release 12 hour</i>               | NF   |                             |
| ZYFLO ORAL TABLET   | NF   |                             |
| <b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b> |      |                             |
| KALYDECO ORAL PACKET  | 5    | PA                          |
| KALYDECO ORAL TABLET  | 5    | PA                          |
| ORKAMBI ORAL PACKET   | 5    | PA; QL (56 EA per 28 days)  |
| ORKAMBI ORAL TABLET   | 5    | PA; QL (120 EA per 30 days) |
| SYMDEKO ORAL TABLET THERAPY PACK                                      | NF   |                             |
| TRIKAFTA ORAL TABLET THERAPY PACK                                     | NF   |                             |
| TRIKAFTA ORAL THERAPY PACK  | NF   |                             |
| <b>Dual Phosphodiesterase Inhibitors</b>                              |      |                             |
| OHTUVAYRE INHALATION SUSPENSION                                       | NF   |                             |
| <b>Mucolytic Agents</b>   |      |                             |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                            | NF   |                             |
| <b>Phosphodiesterase Type 4 Inhibitors</b>                            |      |                             |
| DALIRESP ORAL TABLET  | NF   |                             |
| <i>roflumilast oral tablet</i>  | 4    |                             |
| <b>Respiratory Tract Agents, Miscellaneous</b>                        |      |                             |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG                 | NF   |                             |
| BRONCHITOL INHALATION CAPSULE   | 5    |                             |
| GLASSIA INTRAVENOUS SOLUTION  | NF   |                             |
| PROLASTIN-C INTRAVENOUS SOLUTION                                      | NF   |                             |
| WINREVAIR SUBCUTANEOUS KIT  | NF   |                             |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR                            | 5    | PA                          |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                        | 5    | PA                          |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                            | 5    | PA                          |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG                    | NF   |                             |
| <b>Vasodilating Agents</b>  |      |                             |
| ADEMPAS ORAL TABLET   | 5    | PA                          |
| <i>ambrisentan oral tablet</i>  | 5    | PA                          |
| <i>bosentan oral tablet</i>   | 5    | PA                          |
| LETAIRIS ORAL TABLET  | NF   |                             |
| OPSUMIT ORAL TABLET   | 5    | PA                          |
| OPSYNVI ORAL TABLET   | NF   |                             |

| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK        | NF   |                            |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK        | NF   |                            |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK        | NF   |                            |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                             | NF   |                            |
| TRACLEER ORAL TABLET   | 5    | PA                         |
| TRACLEER ORAL TABLET SOLUBLE                                       | 5    | PA                         |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER                       | NF   |                            |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG        | NF   |                            |
| UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG                     | 5    | PA                         |
| UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 600 MCG | 5    | PA; QL (60 EA per 30 days) |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK                         | 5    | PA                         |
| <b>Skin And Mucous Membrane Agents</b>                             |      |                            |
| <b>Anti-Infectives</b>   |      |                            |
| CABTREO EXTERNAL GEL   | NF   |                            |
| <i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>      | NF   |                            |
| <i>clindamycin phosphate external gel 1 % (twice daily)</i>        | 2    |                            |
| <i>naftifine hcl external gel 2 %</i>                              | 4    |                            |
| <b>Anti-Inflammatory Agents</b>                                    |      |                            |
| <i>hydrocortisone external lotion 2 %</i>                          | NF   |                            |
| KOURZEQ MOUTH/THROAT PASTE   | NF   |                            |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR                                | NF   |                            |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | NF   |                            |
| ZORYVE EXTERNAL CREAM 0.15 %                                       | NF   |                            |
| <b>Antipruritics And Local Anesthetics</b>                         |      |                            |
| LIDOCAN EXTERNAL PATCH   | 4    | PA; QL (90 EA per 30 days) |
| TRIDACAINE II EXTERNAL PATCH                                       | 4    | PA; QL (90 EA per 30 days) |
| <b>Cell Stimulants And Proliferants</b>                            |      |                            |
| ALTRENO EXTERNAL LOTION  | NF   |                            |
| ATRALIN EXTERNAL GEL   | NF   |                            |
| RETIN-A EXTERNAL CREAM   | NF   |                            |
| RETIN-A EXTERNAL GEL   | NF   |                            |
| RETIN-A MICRO EXTERNAL GEL   | NF   |                            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %                     | NF   |                            |
| <i>tretinoin external cream</i>                                    | 3    | PA                         |

| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| <i>tretinoin external gel</i>   | 4    | PA                     |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>               | NF   |                        |
| <i>tretinoin microsphere pump external gel 0.08 %</i>                 | NF   |                        |
| TWYNEO EXTERNAL CREAM   | NF   |                        |
| <b>Skin And Mucous Membrane Agents, Misc</b>                          |      |                        |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR                           | NF   |                        |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | NF   |                        |
| FILSUVEZ EXTERNAL GEL   | NF   |                        |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>                         | 5    |                        |
| LITFULO ORAL CAPSULE  | NF   |                        |
| <i>nitroglycerin rectal ointment</i>                                  | 4    |                        |
| <i>podofilox external gel</i>   | NF   |                        |
| ZORYVE EXTERNAL FOAM  | NF   |                        |
| <b>Skin And Mucous Membrane Preparations</b>                          |      |                        |
| <b>Anti-Infectives</b>  |      |                        |
| ACANYA EXTERNAL GEL   | NF   |                        |
| <i>acyclovir external cream</i>                                       | 4    | QL (5 GM per 30 days)  |
| <i>acyclovir external ointment</i>                                    | 2    | QL (30 GM per 30 days) |
| ALTABAX EXTERNAL OINTMENT   | NF   |                        |
| BENZAMYCIN EXTERNAL GEL   | NF   |                        |
| <i>benzoyl peroxide-erythromycin external gel</i>                     | 3    |                        |
| <i>ciclopirox external gel</i>  | 2    |                        |
| <i>ciclopirox external shampoo</i>                                    | 2    |                        |
| <i>ciclopirox external solution</i>                                   | 2    |                        |
| <i>ciclopirox olamine external cream</i>                              | 2    |                        |
| <i>ciclopirox olamine external suspension</i>                         | 3    |                        |
| CLEOCIN VAGINAL CREAM   | NF   |                        |
| CLEOCIN VAGINAL SUPPOSITORY   | NF   |                        |
| CLEOCIN-T EXTERNAL LOTION   | NF   |                        |
| CLINDACIN ETZ EXTERNAL SWAB   | NF   |                        |
| CLINDACIN EXTERNAL FOAM   | NF   |                        |
| CLINDAGEL EXTERNAL GEL  | NF   |                        |
| <i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %</i> | NF   |                        |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i>              | 3    |                        |
| <i>clindamycin phosphate external foam</i>                            | 4    |                        |
| <i>clindamycin phosphate external gel 1 %</i>                         | 2    |                        |
| <i>clindamycin phosphate external lotion</i>                          | 2    | QL (75 ML per 30 days) |

| Drug Name   | Tier | Requirements           |
|---|------|------------------------|
| <i>clindamycin phosphate external solution</i>    | 2    |                        |
| <i>clindamycin phosphate external swab</i>        | 2    |                        |
| <i>clindamycin phosphate vaginal cream</i>        | 4    |                        |
| CLINDESSE VAGINAL CREAM                           | NF   |                        |
| <i>clotrimazole external cream</i>                | 2    |                        |
| <i>clotrimazole external solution</i>             | 2    |                        |
| <i>clotrimazole mouth/throat troche</i>           | 2    |                        |
| <i>clotrimazole-betamethasone external cream</i>  | 2    |                        |
| <i>clotrimazole-betamethasone external lotion</i> | 4    |                        |
| CROTAN EXTERNAL LOTION                            | NF   |                        |
| DENAVIR EXTERNAL CREAM                            | NF   |                        |
| <i>econazole nitrate external cream</i>           | 2    |                        |
| EPSOLAY EXTERNAL CREAM                            | NF   |                        |
| ERTACZO EXTERNAL CREAM                            | NF   |                        |
| <i>ery external pad</i>                           | 4    |                        |
| ERYGEL EXTERNAL GEL                               | NF   |                        |
| <i>erythromycin external gel</i>                  | 2    |                        |
| <i>erythromycin external solution</i>             | NF   |                        |
| <i>gentamicin sulfate external cream</i>          | 2    |                        |
| <i>gentamicin sulfate external ointment</i>       | 2    |                        |
| GYNAZOLE-1 VAGINAL CREAM                          | NF   |                        |
| <i>ivermectin external cream</i>                  | 4    | QL (45 GM per 30 days) |
| JUBLIA EXTERNAL SOLUTION                          | NF   |                        |
| <i>ketoconazole external cream</i>                | 2    | QL (90 GM per 30 days) |
| <i>ketoconazole external foam</i>                 | 4    |                        |
| <i>ketoconazole external shampoo 2 %</i>          | 2    |                        |
| KETODAN EXTERNAL FOAM                             | NF   |                        |
| KLARON EXTERNAL LOTION                            | NF   |                        |
| LOPROX EXTERNAL SHAMPOO                           | NF   |                        |
| <i>luliconazole external cream</i>                | NF   |                        |
| LUZU EXTERNAL CREAM                               | NF   |                        |
| <i>mafenide acetate external packet</i>           | NF   |                        |
| <i>malathion external lotion</i>                  | NF   |                        |
| METROCREAM EXTERNAL CREAM                         | NF   |                        |
| METROGEL EXTERNAL GEL                             | NF   |                        |
| METROLOTION EXTERNAL LOTION                       | NF   |                        |
| <i>metronidazole external cream</i>               | 2    |                        |
| <i>metronidazole external gel</i>                 | 4    |                        |
| <i>metronidazole external lotion</i>              | 4    |                        |

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| Drug Name  | Tier | Requirements            |
|--|------|-------------------------|
| <i>metronidazole vaginal gel</i>                   | 3    |                         |
| <i>miconazole 3 vaginal suppository</i>            | NF   |                         |
| <i>mupirocin calcium external cream</i>            | 3    |                         |
| <i>mupirocin external ointment</i>                 | 2    | QL (110 GM per 30 days) |
| <i>naftifine hcl external cream</i>                | 4    |                         |
| NAFTIN EXTERNAL GEL                                | NF   |                         |
| NATROBA EXTERNAL SUSPENSION                        | NF   |                         |
| NEUAC EXTERNAL GEL                                 | NF   |                         |
| NORITATE EXTERNAL CREAM                            | NF   |                         |
| NYAMYC EXTERNAL POWDER                             | 2    | QL (120 GM per 30 days) |
| <i>nystatin external cream</i>                     | 2    |                         |
| <i>nystatin external ointment</i>                  | 2    |                         |
| <i>nystatin external powder</i>                    | 2    | QL (120 GM per 30 days) |
| NYSTOP EXTERNAL POWDER                             | 2    | QL (120 GM per 30 days) |
| ONEXTON EXTERNAL GEL                               | NF   |                         |
| OVIDE EXTERNAL LOTION                              | NF   |                         |
| <i>oxiconazole nitrate external cream</i>          | NF   |                         |
| OXISTAT EXTERNAL LOTION                            | NF   |                         |
| <i>penciclovir external cream</i>                  | 4    | QL (5 GM per 30 days)   |
| <i>permethrin external cream</i>                   | 2    |                         |
| <i>selenium sulfide external lotion</i>            | 2    |                         |
| SILVADENE EXTERNAL CREAM                           | NF   |                         |
| <i>silver sulfadiazine external cream</i>          | 2    |                         |
| SOOLANTRA EXTERNAL CREAM                           | NF   |                         |
| <i>spinosad external suspension</i>                | 4    |                         |
| SSD EXTERNAL CREAM                                 | 2    |                         |
| <i>sulfacetamide sodium (acne) external lotion</i> | 4    |                         |
| SULFAMYLON EXTERNAL CREAM                          | NF   |                         |
| <i>tavaborole external solution</i>                | 4    | PA                      |
| <i>terconazole vaginal cream 0.4 %</i>             | 2    |                         |
| <i>terconazole vaginal cream 0.8 %</i>             | 3    |                         |
| <i>terconazole vaginal suppository</i>             | 4    |                         |
| VANAZOLE VAGINAL GEL                               | NF   |                         |
| XACIATO VAGINAL GEL                                | NF   |                         |
| XERESE EXTERNAL CREAM                              | NF   |                         |
| ZOVIRAX EXTERNAL CREAM                             | NF   |                         |
| ZOVIRAX EXTERNAL OINTMENT                          | NF   |                         |
| <b>Anti-Inflammatory Agents</b>                    |      |                         |
| ALA SCALP EXTERNAL LOTION                          | NF   |                         |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| <i>ala-cort external cream 1 %</i>                       | NF   |              |
| <i>alclometasone dipropionate external cream</i>         | 2    |              |
| <i>alclometasone dipropionate external ointment</i>      | 2    |              |
| <i>amcinonide external cream</i>                         | NF   |              |
| <i>amcinonide external ointment</i>                      | NF   |              |
| ANUSOL-HC EXTERNAL CREAM                                 | NF   |              |
| APEXICON E EXTERNAL CREAM                                | NF   |              |
| <i>betamethasone dipropionate aug external cream</i>     | 2    |              |
| <i>betamethasone dipropionate aug external gel</i>       | 4    |              |
| <i>betamethasone dipropionate aug external lotion</i>    | 2    |              |
| <i>betamethasone dipropionate aug external ointment</i>  | 2    |              |
| <i>betamethasone dipropionate external cream</i>         | 2    |              |
| <i>betamethasone dipropionate external lotion</i>        | 3    |              |
| <i>betamethasone dipropionate external ointment</i>      | 3    |              |
| <i>betamethasone valerate external cream</i>             | 2    |              |
| <i>betamethasone valerate external foam</i>              | NF   |              |
| <i>betamethasone valerate external lotion</i>            | 3    |              |
| <i>betamethasone valerate external ointment</i>          | 2    |              |
| BRYHALI EXTERNAL LOTION                                  | NF   |              |
| <i>budesonide rectal foam 2 mg</i>                       | NF   |              |
| <i>calcipotriene-betameth diprop external ointment</i>   | NF   |              |
| <i>calcipotriene-betameth diprop external suspension</i> | NF   |              |
| <i>clobetasol propionate e external cream</i>            | 4    |              |
| <i>clobetasol propionate emulsion external foam</i>      | 4    |              |
| <i>clobetasol propionate external cream</i>              | 2    |              |
| <i>clobetasol propionate external foam</i>               | 3    |              |
| <i>clobetasol propionate external gel</i>                | 2    |              |
| <i>clobetasol propionate external liquid</i>             | 3    |              |
| <i>clobetasol propionate external lotion</i>             | 4    |              |
| <i>clobetasol propionate external ointment</i>           | 2    |              |
| <i>clobetasol propionate external shampoo</i>            | 2    |              |
| <i>clobetasol propionate external solution</i>           | 3    |              |
| CLOBEX EXTERNAL LOTION                                   | NF   |              |
| CLOBEX EXTERNAL SHAMPOO                                  | NF   |              |
| CLOBEX SPRAY EXTERNAL LIQUID                             | NF   |              |
| <i>clocortolone pivalate external cream</i>              | NF   |              |
| CLODRAN EXTERNAL SHAMPOO                                 | NF   |              |
| CORDRAN EXTERNAL CREAM 0.05 %                            | NF   |              |
| CORDRAN EXTERNAL LOTION                                  | NF   |              |

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| Drug Name  | Tier | Requirements |
|--|------|--------------|
| CORDRAN EXTERNAL TAPE                              | NF   |              |
| DERMA-SMOOTH/FS SCALP EXTERNAL OIL                 | NF   |              |
| <i>desonide external cream</i>                     | 2    |              |
| <i>desonide external gel</i>                       | 4    |              |
| <i>desonide external lotion</i>                    | 4    |              |
| <i>desonide external ointment</i>                  | 2    |              |
| DESOWEN EXTERNAL CREAM                             | NF   |              |
| <i>desoximetasone external cream</i>               | 4    |              |
| <i>desoximetasone external gel</i>                 | 4    |              |
| <i>desoximetasone external liquid</i>              | NF   |              |
| <i>desoximetasone external ointment</i>            | 4    |              |
| <i>diclofenac sodium external gel 3 %</i>          | NF   |              |
| <i>diclofenac sodium external solution 1.5 %</i>   | 2    |              |
| <i>diclofenac sodium external solution 2 %</i>     | NF   |              |
| <i>diflorasone diacetate external cream</i>        | 4    |              |
| <i>diflorasone diacetate external ointment</i>     | NF   |              |
| DIPROLENE EXTERNAL OINTMENT                        | NF   |              |
| DUOBRII EXTERNAL LOTION                            | NF   |              |
| ENSTILAR EXTERNAL FOAM                             | NF   |              |
| EUCRISA EXTERNAL OINTMENT                          | 4    | PA           |
| <i>fluocinolone acetonide external cream</i>       | 4    |              |
| <i>fluocinolone acetonide external ointment</i>    | 3    |              |
| <i>fluocinolone acetonide external solution</i>    | 2    |              |
| <i>fluocinolone acetonide scalp external oil</i>   | 2    |              |
| <i>fluocinonide emulsified base external cream</i> | 3    |              |
| <i>fluocinonide external cream</i>                 | 3    |              |
| <i>fluocinonide external gel</i>                   | 2    |              |
| <i>fluocinonide external ointment</i>              | 2    |              |
| <i>fluocinonide external solution</i>              | 2    |              |
| <i>flurandrenolide external cream</i>              | NF   |              |
| <i>flurandrenolide external lotion</i>             | NF   |              |
| <i>fluticasone propionate external cream</i>       | 2    |              |
| <i>fluticasone propionate external lotion</i>      | NF   |              |
| <i>fluticasone propionate external ointment</i>    | NF   |              |
| <i>halcinonide external cream</i>                  | NF   |              |
| <i>halobetasol propionate external cream</i>       | 2    |              |
| <i>halobetasol propionate external foam</i>        | NF   |              |
| <i>halobetasol propionate external ointment</i>    | 3    |              |
| HALOG EXTERNAL CREAM                               | NF   |              |



| Drug Name   | Tier | Requirements |
|---|------|--------------|
| HALOG EXTERNAL OINTMENT                               | NF   |              |
| HALOG EXTERNAL SOLUTION                               | NF   |              |
| <i>hydrocortisone (perianal) external cream 2.5 %</i> | 2    |              |
| <i>hydrocortisone butyrate external cream</i>         | NF   |              |
| <i>hydrocortisone butyrate external lotion</i>        | NF   |              |
| <i>hydrocortisone butyrate external ointment</i>      | NF   |              |
| <i>hydrocortisone butyrate external solution</i>      | NF   |              |
| <i>hydrocortisone external cream 1 %</i>              | 2    |              |
| <i>hydrocortisone external lotion 2.5 %</i>           | 2    |              |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>    | 2    |              |
| <i>hydrocortisone rectal enema</i>                    | 4    |              |
| <i>hydrocortisone valerate external cream</i>         | 2    |              |
| <i>hydrocortisone valerate external ointment</i>      | 4    |              |
| KENALOG EXTERNAL AEROSOL SOLUTION                     | NF   |              |
| LEXETTE EXTERNAL FOAM                                 | NF   |              |
| LOCOID EXTERNAL LOTION                                | NF   |              |
| LOCOID LIPOCREAM EXTERNAL CREAM                       | NF   |              |
| <i>mometasone furoate external cream</i>              | 2    |              |
| <i>mometasone furoate external ointment</i>           | 2    |              |
| <i>mometasone furoate external solution</i>           | 2    |              |
| NEO-SYNALAR EXTERNAL CREAM                            | NF   |              |
| <i>nystatin-triamcinolone external cream</i>          | 2    |              |
| <i>nystatin-triamcinolone external ointment</i>       | 2    |              |
| PANDEL EXTERNAL CREAM                                 | NF   |              |
| PENNSAID EXTERNAL SOLUTION                            | NF   |              |
| PROCTO-MED HC EXTERNAL CREAM                          | 2    |              |
| PROCTOSOL HC EXTERNAL CREAM                           | 2    |              |
| PROCTOZONE-HC EXTERNAL CREAM                          | 2    |              |
| SYNALAR EXTERNAL CREAM                                | NF   |              |
| SYNALAR EXTERNAL OINTMENT                             | NF   |              |
| TACLONEX EXTERNAL SUSPENSION                          | NF   |              |
| TEXACORT EXTERNAL SOLUTION                            | NF   |              |
| TOPICORT EXTERNAL CREAM                               | NF   |              |
| TOPICORT EXTERNAL GEL                                 | NF   |              |
| TOPICORT EXTERNAL OINTMENT 0.05 %                     | NF   |              |
| TOPICORT SPRAY EXTERNAL LIQUID                        | NF   |              |
| TOVET EXTERNAL FOAM                                   | 4    |              |
| <i>triamcinolone acetonide external cream</i>         | 2    |              |
| <i>triamcinolone acetonide external lotion</i>        | 2    |              |

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| Drug Name  | Tier | Requirements               |
|--|------|----------------------------|
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | 2    |                            |
| <i>triamcinolone acetonide external ointment 0.05 %</i>                | NF   |                            |
| <i>triamcinolone acetonide mouth/throat paste</i>                      | 2    |                            |
| TRIDERM EXTERNAL CREAM 0.5 %   | NF   |                            |
| UCERIS RECTAL FOAM   | NF   |                            |
| ULTRAVATE EXTERNAL LOTION  | NF   |                            |
| VANOS EXTERNAL CREAM   | NF   |                            |
| VERDESO EXTERNAL FOAM  | NF   |                            |
| <b>Antipruritics And Local Anesthetics</b>                             |      |                            |
| <i>doxepin hcl external cream</i>                                      | 4    |                            |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>               | NF   |                            |
| <i>lidocaine external ointment 5 %</i>                                 | 2    | QL (150 GM per 30 days)    |
| <i>lidocaine external patch 5 %</i>                                    | 4    | PA; QL (90 EA per 30 days) |
| <i>lidocaine hcl external solution</i>                                 | 2    |                            |
| <i>lidocaine-prilocaine external cream</i>                             | 2    | QL (30 GM per 30 days)     |
| LIDODERM EXTERNAL PATCH  | NF   |                            |
| PLIAGLIS EXTERNAL CREAM  | NF   |                            |
| PROCTOFOAM HC EXTERNAL FOAM  | NF   |                            |
| PRUDOXIN EXTERNAL CREAM  | NF   |                            |
| ZONALON EXTERNAL CREAM   | NF   |                            |
| ZTLIDO EXTERNAL PATCH  | NF   |                            |
| <b>Depigmenting And Pigmenting Agents</b>                              |      |                            |
| <i>methoxsalen rapid oral capsule</i>                                  | NF   |                            |
| <b>Emollients, Demulcents, And Protectants</b>                         |      |                            |
| <i>ammonium lactate external cream</i>                                 | 2    |                            |
| <i>ammonium lactate external lotion</i>                                | 2    |                            |
| <b>Skin And Mucous Membrane Agents, Misc</b>                           |      |                            |
| ABSORICA LD ORAL CAPSULE   | NF   |                            |
| ABSORICA ORAL CAPSULE  | NF   |                            |
| ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG                               | NF   |                            |
| <i>acitretin oral capsule</i>  | 4    |                            |
| ACZONE EXTERNAL GEL  | NF   |                            |
| <i>adapalene external cream</i>  | NF   |                            |
| <i>adapalene external gel 0.3 %</i>                                    | NF   |                            |
| <i>adapalene external pad</i>  | NF   |                            |
| <i>adapalene-benzoyl peroxide external gel</i>                         | NF   |                            |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                          | 5    | PA                         |

| Drug Name  | Tier | Requirements            |
|--|------|-------------------------|
| AKLIEF EXTERNAL CREAM  | NF   |                         |
| AMNESTEEM ORAL CAPSULE   | NF   |                         |
| ARAZLO EXTERNAL LOTION   | NF   |                         |
| <i>azelaic acid external gel</i>                                 | 4    |                         |
| AZELEX EXTERNAL CREAM  | NF   |                         |
| <i>bexarotene external gel</i>                                   | 5    | PA                      |
| <i>brimonidine tartrate external gel</i>                         | NF   |                         |
| <i>calcipotriene external cream</i>                              | 4    | QL (120 GM per 30 days) |
| <i>calcipotriene external foam</i>                               | NF   |                         |
| <i>calcipotriene external ointment</i>                           | 4    |                         |
| <i>calcipotriene external solution</i>                           | 3    |                         |
| <i>calcitriol external ointment</i>                              | NF   |                         |
| CARAC EXTERNAL CREAM   | NF   |                         |
| CLARAVIS ORAL CAPSULE  | NF   |                         |
| <i>clindamycin-tretinoin external gel</i>                        | NF   |                         |
| CONDYLOX EXTERNAL GEL  | NF   |                         |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | 5    | PA                      |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5    | PA                      |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML     | 5    | PA                      |
| <i>dapsone external gel</i>                                      | 4    |                         |
| DIFFERIN EXTERNAL CREAM  | NF   |                         |
| DIFFERIN EXTERNAL GEL 0.3 %                                      | NF   |                         |
| DIFFERIN EXTERNAL LOTION   | NF   |                         |
| <i>doxycycline oral capsule delayed release</i>                  | NF   |                         |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                      | 5    | PA                      |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML      | 5    | PA                      |
| EFUDEX EXTERNAL CREAM  | NF   |                         |
| ELIDEL EXTERNAL CREAM  | NF   |                         |
| EPIDUO EXTERNAL GEL  | NF   |                         |
| EPIDUO FORTE EXTERNAL GEL  | NF   |                         |
| FABIOR EXTERNAL FOAM   | NF   |                         |
| FINACEA EXTERNAL FOAM  | 4    |                         |
| FINACEA EXTERNAL GEL   | NF   |                         |
| <i>fluorouracil external cream 5 %</i>                           | 2    |                         |
| <i>fluorouracil external solution</i>                            | NF   |                         |

| Drug Name   | Tier | Requirements |
|---|------|--------------|
| HYFTOR EXTERNAL GEL   | NF   |              |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | 5    | PA           |
| <i>imiquimod external cream 5 %</i>                         | 2    |              |
| <i>imiquimod pump external cream</i>                        | NF   |              |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 4    |              |
| KLISYRI EXTERNAL OINTMENT                                   | 5    |              |
| MIRVASO EXTERNAL GEL  | NF   |              |
| OPZELURA EXTERNAL CREAM                                     | NF   |              |
| ORACEA ORAL CAPSULE DELAYED RELEASE                         | NF   |              |
| PANRETIN EXTERNAL GEL                                       | 5    |              |
| <i>pimecrolimus external cream</i>                          | 4    |              |
| <i>podofilox external solution</i>                          | 4    |              |
| RECTIV RECTAL OINTMENT                                      | NF   |              |
| REGRANEX EXTERNAL GEL                                       | 5    |              |
| SANTYL EXTERNAL OINTMENT                                    | 4    |              |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE               | NF   |              |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR             | 5    | PA           |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | 5    | PA           |
| SORILUX EXTERNAL FOAM                                       | NF   |              |
| SOTYKTU ORAL TABLET   | NF   |              |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML                   | 5    | PA           |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | 5    | PA           |
| <i>tacrolimus external ointment</i>                         | 4    |              |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | 5    | PA           |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML      | 5    | PA           |
| TARGRETIN EXTERNAL GEL                                      | NF   |              |
| <i>tazarotene external cream 0.1 %</i>                      | 4    |              |
| <i>tazarotene external foam</i>                             | NF   |              |
| <i>tazarotene external gel</i>                              | NF   |              |
| TAZORAC EXTERNAL CREAM                                      | NF   |              |
| TAZORAC EXTERNAL GEL  | NF   |              |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | 5    | PA           |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML   | 5    | PA           |
| VALCHLOR EXTERNAL GEL                                       | 5    | PA           |

| Drug Name                   | Tier | Requirements |
|-----------------------------|------|--------------|
| VECTICAL EXTERNAL OINTMENT  | NF   |              |
| VELTIN EXTERNAL GEL         | NF   |              |
| VEREGEN EXTERNAL OINTMENT   | NF   |              |
| VTAMA EXTERNAL CREAM        | NF   |              |
| WINLEVI EXTERNAL CREAM      | NF   |              |
| ZENATANE ORAL CAPSULE       | NF   |              |
| ZIANA EXTERNAL GEL          | NF   |              |
| ZORYVE EXTERNAL CREAM 0.3 % | NF   |              |
| ZYCLARA PUMP EXTERNAL CREAM | NF   |              |

## Smooth Muscle Relaxants

### Genitourinary Smooth Muscle Relaxants

|   |    |  |
|---|----|--|
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | 4  |  |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                         | NF |  |
| DETROL ORAL TABLET  | NF |  |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour</i>    | 3  |  |
| <i>flavoxate hcl oral tablet</i>  | NF |  |
| GEMTESA ORAL TABLET   | 4  |  |
| <i>mirabegron er oral tablet extended release 24 hour</i>               | NF |  |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                              | 3  |  |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                          | 3  |  |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i>      | 2  |  |
| <i>oxybutynin chloride oral solution</i>                                | NF |  |
| <i>oxybutynin chloride oral tablet 5 mg</i>                             | 2  |  |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY                                  | NF |  |
| <i>solifenacin succinate oral tablet</i>                                | 3  |  |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i>    | 4  |  |
| <i>tolterodine tartrate oral tablet</i>                                 | 4  |  |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR                             | NF |  |
| <i>trospium chloride er oral capsule extended release 24 hour</i>       | NF |  |
| <i>trospium chloride oral tablet</i>                                    | NF |  |
| VESICARE LS ORAL SUSPENSION   | NF |  |
| VESICARE ORAL TABLET  | NF |  |

### Respiratory Smooth Muscle Relaxants

|   |    |  |
|---|----|--|
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR               | NF |  |
| <i>theophylline er oral tablet extended release 12 hour</i> | NF |  |

| Drug Name  | Tier | Requirements |
|--|------|--------------|
| <i>theophylline er oral tablet extended release 24 hour 400 mg</i> | 3    |              |
| <i>theophylline er oral tablet extended release 24 hour 600 mg</i> | 4    |              |
| <i>theophylline oral solution</i>                                  | NF   |              |
| <b>Vitamins</b>  |      |              |
| <b>Multivitamin Preparations</b>                                   |      |              |
| <i>prenatal oral tablet 27-1 mg</i>                                | 2    |              |
| <b>Vitamin D</b>   |      |              |
| <i>calcitriol oral capsule</i>                                     | 2    |              |
| <i>calcitriol oral solution</i>                                    | NF   |              |
| <i>doxercalciferol oral capsule</i>                                | NF   |              |
| <i>paricalcitol oral capsule 1 mcg</i>                             | 4    |              |
| <i>paricalcitol oral capsule 2 mcg, 4 mcg</i>                      | NF   |              |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE                             | 5    |              |
| ROCALTROL ORAL CAPSULE   | NF   |              |
| ROCALTROL ORAL SOLUTION  | NF   |              |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG                                  | NF   |              |

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