



# Tufts Medicare Preferred HMO 2021 Formulary (List of Covered Drugs)

Tufts Medicare Preferred HMO Plans

**PLEASE READ: This document contains information about the drugs we cover in this plan**

21576 Version 21

This formulary was updated on 12/01/2021. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Customer Relations at **1-800-701-9000** or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **[www.thpmp.org](http://www.thpmp.org)**.

# Tufts Medicare Preferred HMO 2021 Formulary (List of Covered Drugs)

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 Tufts Health Plan Medicare Preferred. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of December 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2022, and from time to time during the year.

## What is the Tufts Medicare Preferred HMO Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO 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. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5.

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 Tufts Medicare Preferred HMO Formulary?*” on page 5.

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 2021. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 19. 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 17. 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 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

Tufts Medicare Preferred HMO 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 cost less than brand name drugs.

### **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:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelton*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO 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 19. You can also get more information about the restrictions applied to specific covered drugs by visiting our web site. We have posted online a document that explains 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 Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?*” on page 5 for information about how to request an exception.

## What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Tufts Medicare Preferred HMO Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO 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.

Generally, Tufts Medicare Preferred HMO will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to

72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

## **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, 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. After your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Customer Relations department.

## **For more information**

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

## Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 19 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred HMO has any special requirements for coverage of your drug.

### **B vs D: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver Rx, Basic Rx, and Basic No Rx members.

### **QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, “*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*” on page 5 for information about how to request an exception.

### **HI: Home Infusion Drug**

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members. For more information, please contact us at **1-800-701-9000** or, for TTY users, 711. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30.

### **LA: Limited Access Drug**

This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or contact us at **1-800-701-9000** or, for TTY users, 711. Representatives are available 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30.

## **PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

## **STPA: Step Therapy Prior Authorization Applies**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred HMO for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred HMO Formulary?*" on page 5 for information about how to request an exception.

## **Transplant:**

This drug is covered under Part B when used for a Medicare covered organ transplant. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members.

## **Coverage Gap:**

For Tufts Medicare Preferred HMO Prime Rx Plus members, we provide additional coverage for Tier 1 and Tier 2 drugs in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

## **Part B Drug:**

No copayment is required and the cost of the medication does not apply to your Part D benefit. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Saver, HMO Basic Rx, and HMO Basic No Rx members.

## **NEDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

## **SP: Available Through a Designated Special Pharmacy Provider**

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

SP-CVS specialty: **1-800-237-2767**

|                   |  |                                    |                                    |
|-------------------|--|------------------------------------|------------------------------------|
|                   | <b>HMO Saver Rx</b><br>Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties |                                    |                                    |
| <b>Deductible</b> | <b>\$250</b> (for your Tier 3, Tier 4, and Tier 5 drugs)   |                                    |                                    |
| <b>Copays</b>     | Preferred Retail 30-day supply   | Preferred Retail 60-day supply     | Preferred Retail 90-day supply     |
| <b>Tier 1</b>     | \$0  | \$0                                | \$0                                |
| <b>Tier 2</b>     | \$4  | \$8                                | \$12                               |
| <b>Tier 3</b>     | \$47   | \$94                               | \$141                              |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 28%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | \$0  | N/A                                | N/A                                |
| <b>Copays</b>     | Non-Preferred Retail 30-day supply   | Non-Preferred Retail 60-day supply | Non-Preferred Retail 90-day supply |
| <b>Tier 1</b>     | \$14   | \$28                               | \$42                               |
| <b>Tier 2</b>     | \$19   | \$38                               | \$57                               |
| <b>Tier 3</b>     | \$47   | \$94                               | \$141                              |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 28%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | \$0  | N/A                                | N/A                                |
| <b>Copays</b>     | Mail Order 30-day supply   | Mail Order 60-day supply           | Mail Order 90-day supply           |
| <b>Tier 1</b>     | \$0  | \$0                                | \$0                                |
| <b>Tier 2</b>     | \$4  | \$8                                | \$8                                |
| <b>Tier 3</b>     | \$47   | \$94                               | \$94                               |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 28%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | N/A  | N/A                                | N/A                                |

|  |  |
|--|--|
| <p><b>Coverage Gap Stage</b></p> <p>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:</p>            | <ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul> |
| <p><b>Catastrophic Coverage Stage</b></p> <p>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:</p> | <p>5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.</p>         |

|                   |  |                                    |                                    |
|-------------------|--|------------------------------------|------------------------------------|
|                   | <b>HMO Basic Rx</b><br>Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties |                                    |                                    |
| <b>Deductible</b> | <b>\$225</b> (for your Tier 3, Tier 4, and Tier 5 drugs)   |                                    |                                    |
| <b>Copays</b>     | Preferred Retail 30-day supply   | Preferred Retail 60-day supply     | Preferred Retail 90-day supply     |
| <b>Tier 1</b>     | \$0  | \$0                                | \$0                                |
| <b>Tier 2</b>     | \$4  | \$8                                | \$12                               |
| <b>Tier 3</b>     | \$47   | \$94                               | \$141                              |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 29%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | \$0  | N/A                                | N/A                                |
| <b>Copays</b>     | Non-Preferred Retail 30-day supply   | Non-Preferred Retail 60-day supply | Non-Preferred Retail 90-day supply |
| <b>Tier 1</b>     | \$14   | \$28                               | \$42                               |
| <b>Tier 2</b>     | \$19   | \$38                               | \$57                               |
| <b>Tier 3</b>     | \$47   | \$94                               | \$141                              |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 29%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | \$0  | N/A                                | N/A                                |
| <b>Copays</b>     | Mail Order 30-day supply   | Mail Order 60-day supply           | Mail Order 90-day supply           |
| <b>Tier 1</b>     | \$0  | \$0                                | \$0                                |
| <b>Tier 2</b>     | \$4  | \$8                                | \$8                                |
| <b>Tier 3</b>     | \$47   | \$94                               | \$94                               |
| <b>Tier 4</b>     | \$100  | \$200                              | \$300                              |
| <b>Tier 5</b>     | 29%  | N/A                                | N/A                                |
| <b>Tier 6</b>     | N/A  | N/A                                | N/A                                |

|  |  |
|--|--|
| <p><b>Coverage Gap Stage</b></p> <p>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:</p>            | <ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul> |
| <p><b>Catastrophic Coverage Stage</b></p> <p>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:</p> | <p>5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.</p>         |

|                   |  |                          |                          |
|-------------------|--|--------------------------|--------------------------|
|                   | <b>HMO Value Rx</b><br>Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties |                          |                          |
| <b>Deductible</b> | <b>\$200</b> (for your Tier 3, Tier 4, and Tier 5 drugs)   |                          |                          |
| <b>Copays</b>     | Retail 30-day supply   | Retail 60-day supply     | Retail 90-day supply     |
| <b>Tier 1</b>     | \$4  | \$8                      | \$12                     |
| <b>Tier 2</b>     | \$8  | \$16                     | \$24                     |
| <b>Tier 3</b>     | \$45   | \$90                     | \$135                    |
| <b>Tier 4</b>     | \$100  | \$200                    | \$300                    |
| <b>Tier 5</b>     | 29%  | N/A                      | N/A                      |
| <b>Tier 6</b>     | \$0  | N/A                      | N/A                      |
| <b>Copays</b>     | Mail Order 30-day supply   | Mail Order 60-day supply | Mail Order 90-day supply |
| <b>Tier 1</b>     | \$4  | \$8                      | \$8                      |
| <b>Tier 2</b>     | \$8  | \$16                     | \$16                     |
| <b>Tier 3</b>     | \$45   | \$90                     | \$90                     |
| <b>Tier 4</b>     | \$100  | \$200                    | \$300                    |
| <b>Tier 5</b>     | 29%  | N/A                      | N/A                      |
| <b>Tier 6</b>     | N/A  | N/A                      | N/A                      |

|   |  |
|---|--|
| <b>Coverage Gap Stage</b><br>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:            | <ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul> |
| <b>Catastrophic Coverage Stage</b><br>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of: | 5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.                |

|                   |  |                          |                          |
|-------------------|--|--------------------------|--------------------------|
|                   | <b>HMO Prime Rx</b><br>Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester Counties |                          |                          |
| <b>Deductible</b> | <b>\$0</b>   |                          |                          |
| <b>Copays</b>     | Retail 30-day supply   | Retail 60-day supply     | Retail 90-day supply     |
| <b>Tier 1</b>     | \$4  | \$8                      | \$12                     |
| <b>Tier 2</b>     | \$8  | \$16                     | \$24                     |
| <b>Tier 3</b>     | \$45   | \$90                     | \$135                    |
| <b>Tier 4</b>     | \$100  | \$200                    | \$300                    |
| <b>Tier 5</b>     | 33%  | N/A                      | N/A                      |
| <b>Tier 6</b>     | \$0  | N/A                      | N/A                      |
| <b>Copays</b>     | Mail Order 30-day supply   | Mail Order 60-day supply | Mail Order 90-day supply |
| <b>Tier 1</b>     | \$4  | \$8                      | \$8                      |
| <b>Tier 2</b>     | \$8  | \$16                     | \$16                     |
| <b>Tier 3</b>     | \$45   | \$90                     | \$90                     |
| <b>Tier 4</b>     | \$100  | \$200                    | \$300                    |
| <b>Tier 5</b>     | 33%  | N/A                      | N/A                      |
| <b>Tier 6</b>     | N/A  | N/A                      | N/A                      |

|  |  |
|--|--|
| <p><b>Coverage Gap Stage</b></p> <p>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:</p>            | <ul style="list-style-type: none"> <li>• 25% of costs for Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul> |
| <p><b>Catastrophic Coverage Stage</b></p> <p>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:</p> | <p>5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.</p>         |

| <b>HMO Prime Rx Plus</b>   |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, and Suffolk Counties |                          |                          |                          |
| <b>Deductible</b>  | <b>\$0</b>               |                          |                          |
| <b>Copays</b>  | Retail 30-day supply     | Retail 60-day supply     | Retail 90-day supply     |
| <b>Tier 1</b>  | \$2                      | \$4                      | \$6                      |
| <b>Tier 2</b>  | \$4                      | \$8                      | \$12                     |
| <b>Tier 3</b>  | \$30                     | \$60                     | \$90                     |
| <b>Tier 4</b>  | \$80                     | \$160                    | \$240                    |
| <b>Tier 5</b>  | 33%                      | N/A                      | N/A                      |
| <b>Tier 6</b>  | \$0                      | N/A                      | N/A                      |
| <b>Copays</b>  | Mail Order 30-day supply | Mail Order 60-day supply | Mail Order 90-day supply |
| <b>Tier 1</b>  | \$2                      | \$4                      | \$4                      |
| <b>Tier 2</b>  | \$4                      | \$8                      | \$8                      |
| <b>Tier 3</b>  | \$30                     | \$60                     | \$60                     |
| <b>Tier 4</b>  | \$80                     | \$160                    | \$240                    |
| <b>Tier 5</b>  | 33%                      | N/A                      | N/A                      |
| <b>Tier 6</b>  | N/A                      | N/A                      | N/A                      |

|  |  |
|--|--|
| <p><b>Coverage Gap Stage</b></p> <p>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:</p>            | <ul style="list-style-type: none"> <li>• Tier 1 copayments for preferred generic drugs on Tier 1</li> <li>• Tier 2 copayments for generic drugs on Tier 2</li> <li>• 25% of costs for all other Part D generic drugs</li> <li>• 25% of costs for Part D brand drugs</li> </ul> |
| <p><b>Catastrophic Coverage Stage</b></p> <p>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:</p> | <p>5% per prescription, or \$3.70 per prescription for Part D generic drugs, \$9.20 per prescription for Part D brand drugs.</p>   |



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 1-800-701-9000 (TTY: 711).

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

**Tufts Health Plan, Attention:**

Civil Rights Coordinator, Legal Dept.  
705 Mount Auburn St., Watertown, MA 02472  
Phone: 1-888-880-8699 ext. 48000, (TTY: 711)  
Fax: 1-617-972-9048  
Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com)

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

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

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

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

[thpmp.org](http://thpmp.org) | 1-800-701-9000 (TTY: 711)

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-701-9000 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-701-9000 (رقم هاتف الصم والبكم: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-701-9000 (TTY: 711)。

**Farsi:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیریید. 1-800-701-9000 (TTY: 711) فراهم می باشد.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-701-9000 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-701-9000 (TTY: 711).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-701-9000 (TTY: 711).

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-701-9000 (TTY: 711).

**Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-701-9000 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-701-9000 (TTY: 711).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-701-9000 (TTY: 711) まで、お電話にてご連絡ください。

**Khmer (Cambodian):** ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-701-9000 (TTY: 711)

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-701-9000 (TTY: 711) 번으로 전화해 주십시오.

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-701-9000 (TTY: 711).

**Navajo:** Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwoḍeę, t'áá jiikeh, éí ná hóló, koji' hódílnih 1-800-701-9000 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-701-9000 (TTY: 711).

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-701-9000 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-701-9000 (TTY: 711).

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-701-9000 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-701-9000 (TTY: 711).

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <b>ANTI-INFECTIVES AND INFECTIOUS DISEASE</b>               |                  |                              |
| <b>ANTIFUNGALS, SYSTEMIC AND ORAL TOPICAL</b>               |                  |                              |
| <i>clotrimazole mouth/throat troche</i>                     | Tier-2           |                              |
| CRESEMBA ORAL CAPSULE                                       | Tier-5           | NEDS                         |
| <i>fluconazole oral suspension reconstituted</i>            | Tier-2           |                              |
| <i>fluconazole oral tablet</i>                              | Tier-2           |                              |
| <i>flucytosine oral capsule</i>                             | Tier-5           | NEDS                         |
| <i>griseofulvin microsize oral suspension</i>               | Tier-2           |                              |
| <i>griseofulvin microsize oral tablet</i>                   | Tier-2           |                              |
| <i>griseofulvin ultramicrosize oral tablet</i>              | Tier-2           |                              |
| <i>itraconazole oral capsule</i>                            | Tier-2           |                              |
| <i>itraconazole oral solution</i>                           | Tier-3           |                              |
| <i>ketoconazole oral tablet</i>                             | Tier-2           |                              |
| <i>micafungin sodium intravenous solution reconstituted</i> | Tier-3           |                              |
| NOXAFIL ORAL SUSPENSION                                     | Tier-5           | NEDS                         |
| <i>nystatin oral tablet</i>                                 | Tier-2           |                              |
| <i>posaconazole oral tablet delayed release</i>             | Tier-5           | NEDS                         |
| <i>terbinafine hcl oral tablet</i>                          | Tier-1           | QL (42 EA per 42 days)       |
| <i>voriconazole oral suspension reconstituted</i>           | Tier-5           | NEDS                         |
| <i>voriconazole oral tablet 200 mg</i>                      | Tier-5           | QL (28 EA per 14 days); NEDS |
| <i>voriconazole oral tablet 50 mg</i>                       | Tier-4           | QL (56 EA per 14 days)       |
| <b>ANTI-INFECTIVES, MISCELLANEOUS</b>                       |                  |                              |
| AEMCOLO ORAL TABLET DELAYED RELEASE                         | Tier-4           | QL (12 EA per 3 days)        |
| <i>albendazole oral tablet</i>                              | Tier-5           | NEDS                         |
| ARIKAYCE INHALATION SUSPENSION                              | Tier-5           | NEDS                         |
| FIRVANQ ORAL SOLUTION RECONSTITUTED                         | Tier-4           |                              |
| <i>fosfomycin tromethamine oral packet</i>                  | Tier-3           |                              |
| <i>ivermectin oral tablet</i>                               | Tier-2           |                              |
| <i>linezolid oral suspension reconstituted</i>              | Tier-5           | NEDS                         |
| <i>linezolid oral tablet</i>                                | Tier-4           |                              |
| <i>methenamine hippurate oral tablet</i>                    | Tier-2           |                              |
| <i>metronidazole oral capsule</i>                           | Tier-2           |                              |
| <i>metronidazole oral tablet</i>                            | Tier-2           |                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| MONUROL ORAL PACKET  | Tier-4           |                            |
| <i>neomycin sulfate oral tablet</i>                              | Tier-1           |                            |
| <i>nitazoxanide oral tablet</i>                                  | Tier-3           |                            |
| <i>nitrofurantoin macrocrystal oral capsule</i>                  | Tier-2           |                            |
| <i>nitrofurantoin monohydrate macrocrystal oral capsule</i>      | Tier-2           |                            |
| <i>praziquantel oral tablet</i>                                  | Tier-3           |                            |
| SIVEXTRO ORAL TABLET   | Tier-5           | NEDS                       |
| STROMECTOL ORAL TABLET   | Tier-3           |                            |
| <i>trimethoprim oral tablet</i>                                  | Tier-1           |                            |
| <i>vancomycin hcl oral capsule</i>                               | Tier-3           |                            |
| <i>vancomycin hcl oral solution reconstituted</i>                | Tier-4           |                            |
| XENLETA ORAL TABLET  | Tier-5           | NEDS                       |
| XIFAXAN ORAL TABLET 200 MG                                       | Tier-5           | NEDS                       |
| XIFAXAN ORAL TABLET 550 MG                                       | Tier-5           | PA; NEDS                   |
| <b>ANTIMALARIALS AND ANTIPROTOZOALS</b>                          |                  |                            |
| <i>atovaquone oral suspension</i>                                | Tier-5           | NEDS                       |
| <i>atovaquone-proguanil hcl oral tablet</i>                      | Tier-4           |                            |
| BENZNIDAZOLE ORAL TABLET   | Tier-4           |                            |
| <i>chloroquine phosphate oral tablet</i>                         | Tier-2           |                            |
| COARTEM ORAL TABLET  | Tier-3           | QL (24 EA per 3 days)      |
| <i>dapsone oral tablet</i>                                       | Tier-4           |                            |
| DARAPRIM ORAL TABLET   | Tier-3           |                            |
| <i>hydroxychloroquine sulfate oral tablet</i>                    | Tier-2           |                            |
| IMPAVIDO ORAL CAPSULE  | Tier-5           | NEDS                       |
| KRINTAFEL ORAL TABLET  | Tier-3           |                            |
| LAMPIT ORAL TABLET   | Tier-4           |                            |
| <i>mefloquine hcl oral tablet</i>                                | Tier-2           |                            |
| <i>paromomycin sulfate oral capsule</i>                          | Tier-2           |                            |
| PENTAM INJECTION SOLUTION RECONSTITUTED                          | Tier-3           |                            |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | Tier-3           | B vs D                     |
| <i>pentamidine isethionate injection solution reconstituted</i>  | Tier-3           |                            |
| <i>primaquine phosphate oral tablet</i>                          | Tier-2           |                            |
| <i>pyrimethamine oral tablet</i>                                 | Tier-3           |                            |
| <i>quinine sulfate oral capsule</i>                              | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tinidazole oral tablet</i>                     | Tier-2           |                            |
| <b>ANTIVIRALS</b>                                 |                  |                            |
| <i>abacavir sulfate oral solution</i>             | Tier-3           |                            |
| <i>abacavir sulfate oral tablet</i>               | Tier-2           |                            |
| <i>abacavir sulfate-lamivudine oral tablet</i>    | Tier-3           |                            |
| <i>abacavir-lamivudine-zidovudine oral tablet</i> | Tier-5           | NEDS                       |
| <i>acyclovir oral capsule</i>                     | Tier-1           |                            |
| <i>acyclovir oral suspension</i>                  | Tier-3           |                            |
| <i>acyclovir oral tablet</i>                      | Tier-2           |                            |
| <i>adefovir dipivoxil oral tablet</i>             | Tier-5           | NEDS                       |
| <i>amantadine hcl oral capsule</i>                | Tier-2           |                            |
| <i>amantadine hcl oral solution</i>               | Tier-2           |                            |
| <i>amantadine hcl oral syrup</i>                  | Tier-2           |                            |
| <i>amantadine hcl oral tablet</i>                 | Tier-2           |                            |
| APTIVUS ORAL CAPSULE                              | Tier-5           | NEDS                       |
| <i>atazanavir sulfate oral capsule</i>            | Tier-4           |                            |
| ATRIPLA ORAL TABLET                               | Tier-5           | NEDS                       |
| BIKTARVY ORAL TABLET                              | Tier-5           | NEDS                       |
| CIMDUO ORAL TABLET                                | Tier-5           | NEDS                       |
| COMPLERA ORAL TABLET                              | Tier-5           | NEDS                       |
| DELSTRIGO ORAL TABLET                             | Tier-3           |                            |
| DESCOVY ORAL TABLET                               | Tier-5           | NEDS                       |
| DOVATO ORAL TABLET                                | Tier-5           | NEDS                       |
| EDURANT ORAL TABLET                               | Tier-5           | NEDS                       |
| <i>efavirenz oral capsule</i>                     | Tier-3           |                            |
| <i>efavirenz oral tablet</i>                      | Tier-5           | NEDS                       |
| <i>efavirenz-emtricitab-tenofovir oral tablet</i> | Tier-5           | NEDS                       |
| <i>efavirenz-lamivudine-tenofovir oral tablet</i> | Tier-5           | NEDS                       |
| <i>emtricitabine oral capsule</i>                 | Tier-3           |                            |
| <i>emtricitabine-tenofovir df oral tablet</i>     | Tier-5           | NEDS                       |
| EMTRIVA ORAL CAPSULE                              | Tier-3           |                            |
| EMTRIVA ORAL SOLUTION                             | Tier-3           |                            |
| <i>entecavir oral tablet</i>                      | Tier-3           |                            |
| EPCLUSA ORAL TABLET                               | Tier-5           | PA; SP-CVS specialty; NEDS |
| EPIVIR ORAL SOLUTION                              | Tier-3           |                            |
| <i>etravirine oral tablet 100 mg</i>              | Tier-3           |                            |
| <i>etravirine oral tablet 200 mg</i>              | Tier-5           | NEDS                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| EVOTAZ ORAL TABLET  | Tier-5           | NEDS                          |
| <i>famciclovir oral tablet</i>                            | Tier-4           |                               |
| <i>fosamprenavir calcium oral tablet</i>                  | Tier-5           | NEDS                          |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED                | Tier-5           | SP-CVS specialty; NEDS        |
| GENVOYA ORAL TABLET                                       | Tier-5           | NEDS                          |
| HARVONI ORAL PACKET                                       | Tier-5           | PA; SP-CVS specialty; NEDS    |
| HARVONI ORAL TABLET                                       | Tier-5           | PA; SP-CVS specialty; NEDS    |
| INTELENCE ORAL TABLET 100 MG, 25 MG                       | Tier-3           |                               |
| INTELENCE ORAL TABLET 200 MG                              | Tier-5           | NEDS                          |
| INTRON A INJECTION SOLUTION                               | Tier-3           | SP-CVS specialty              |
| INTRON A INJECTION SOLUTION RECONSTITUTED                 | Tier-3           | SP-CVS specialty              |
| INVIRASE ORAL TABLET                                      | Tier-5           | NEDS                          |
| ISENTRESS HD ORAL TABLET                                  | Tier-5           | QL (60 EA per 30 days); NEDS  |
| ISENTRESS ORAL PACKET                                     | Tier-3           |                               |
| ISENTRESS ORAL TABLET                                     | Tier-5           | QL (120 EA per 30 days); NEDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG                     | Tier-5           | QL (180 EA per 30 days); NEDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG                      | Tier-3           | QL (720 EA per 30 days)       |
| JULUCA ORAL TABLET  | Tier-5           | NEDS                          |
| KALETRA ORAL TABLET 100-25 MG                             | Tier-3           |                               |
| KALETRA ORAL TABLET 200-50 MG                             | Tier-5           | NEDS                          |
| <i>lamivudine oral solution</i>                           | Tier-2           |                               |
| <i>lamivudine oral tablet</i>                             | Tier-2           |                               |
| <i>lamivudine-zidovudine oral tablet</i>                  | Tier-2           |                               |
| LEXIVA ORAL SUSPENSION                                    | Tier-3           |                               |
| <i>lopinavir-ritonavir oral solution</i>                  | Tier-3           |                               |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>          | Tier-3           |                               |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>          | Tier-4           |                               |
| MAVYRET ORAL TABLET                                       | Tier-5           | PA; SP-CVS specialty; NEDS    |
| <i>nevirapine er oral tablet extended release 24 hour</i> | Tier-2           |                               |
| <i>nevirapine oral suspension</i>                         | Tier-2           |                               |
| <i>nevirapine oral tablet</i>                             | Tier-2           |                               |
| NORVIR ORAL PACKET  | Tier-3           |                               |
| NORVIR ORAL SOLUTION                                      | Tier-3           |                               |
| ODEFSEY ORAL TABLET                                       | Tier-5           | NEDS                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                    |
|--|------------------|---|
| <i>oseltamivir phosphate oral capsule</i>                    | Tier-1           |   |
| <i>oseltamivir phosphate oral suspension reconstituted</i>   | Tier-1           |   |
| PEGASYS SUBCUTANEOUS SOLUTION                                | Tier-5           | SP-CVS specialty; QL (4 ML per 28 days); NEDS |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | Tier-5           | SP-CVS specialty; QL (4 ML per 28 days); NEDS |
| PIFELTRO ORAL TABLET   | Tier-5           | NEDS  |
| PREVYMIS ORAL TABLET   | Tier-5           | PA; NEDS                                      |
| PREZCOBIX ORAL TABLET  | Tier-5           | NEDS  |
| PREZISTA ORAL SUSPENSION                                     | Tier-5           | NEDS  |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG                  | Tier-5           | NEDS  |
| PREZISTA ORAL TABLET 75 MG                                   | Tier-4           |   |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | Tier-3           | QL (60 EA per 180 days)                       |
| REYATAZ ORAL PACKET  | Tier-5           | NEDS  |
| <i>ribavirin oral capsule</i>                                | Tier-2           | SP-CVS specialty                              |
| <i>ribavirin oral tablet</i>                                 | Tier-2           | SP-CVS specialty                              |
| <i>rimantadine hcl oral tablet</i>                           | Tier-2           |   |
| <i>ritonavir oral tablet</i>                                 | Tier-3           |   |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR                 | Tier-5           | NEDS  |
| SELZENTRY ORAL SOLUTION                                      | Tier-3           | QL (1800 ML per 30 days)                      |
| SELZENTRY ORAL TABLET 150 MG                                 | Tier-5           | QL (60 EA per 30 days); NEDS                  |
| SELZENTRY ORAL TABLET 25 MG                                  | Tier-3           | QL (120 EA per 30 days)                       |
| SELZENTRY ORAL TABLET 300 MG                                 | Tier-5           | QL (120 EA per 30 days); NEDS                 |
| SELZENTRY ORAL TABLET 75 MG                                  | Tier-3           | QL (60 EA per 30 days)                        |
| STRIBILD ORAL TABLET   | Tier-5           | NEDS  |
| SYMFI LO ORAL TABLET   | Tier-5           | NEDS  |
| SYMFI ORAL TABLET  | Tier-5           | NEDS  |
| SYMTUZA ORAL TABLET  | Tier-5           | NEDS  |
| TEMIXYS ORAL TABLET  | Tier-5           | NEDS  |
| <i>tenofovir disoproxil fumarate oral tablet</i>             | Tier-3           |   |
| TIVICAY ORAL TABLET 10 MG                                    | Tier-3           |   |
| TIVICAY ORAL TABLET 25 MG, 50 MG                             | Tier-5           | NEDS  |
| TIVICAY PD ORAL TABLET SOLUBLE                               | Tier-4           |   |
| TRIUMEQ ORAL TABLET  | Tier-5           | NEDS  |
| TRUVADA ORAL TABLET  | Tier-5           | NEDS  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TYBOST ORAL TABLET   | Tier-3           |                            |
| <i>valacyclovir hcl oral tablet</i>  | Tier-3           |                            |
| <i>valganciclovir hcl oral solution reconstituted</i>                      | Tier-5           | NEDS                       |
| <i>valganciclovir hcl oral tablet</i>                                      | Tier-5           | NEDS                       |
| VEMLIDY ORAL TABLET  | Tier-5           | NEDS                       |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE                                      | Tier-3           |                            |
| VIDEX ORAL SOLUTION RECONSTITUTED  | Tier-3           |                            |
| VIRACEPT ORAL TABLET 250 MG  | Tier-3           |                            |
| VIRACEPT ORAL TABLET 625 MG  | Tier-5           | NEDS                       |
| VIREAD ORAL POWDER   | Tier-5           | NEDS                       |
| VIREAD ORAL TABLET   | Tier-5           | NEDS                       |
| VOSEVI ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; NEDS |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK                              | Tier-4           | QL (1 EA per 7 days)       |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK                              | Tier-4           | QL (1 EA per 7 days)       |
| ZIAGEN ORAL TABLET   | Tier-3           |                            |
| <i>zidovudine oral capsule</i>   | Tier-2           |                            |
| <i>zidovudine oral syrup</i>   | Tier-2           |                            |
| <i>zidovudine oral tablet</i>  | Tier-2           |                            |
| <b>BETA-LACTAM ANTIBIOTICS</b>   |                  |                            |
| <i>amoxicillin oral capsule</i>  | Tier-1           |                            |
| <i>amoxicillin oral suspension reconstituted</i>                           | Tier-1           |                            |
| <i>amoxicillin oral tablet</i>   | Tier-1           |                            |
| <i>amoxicillin oral tablet chewable</i>                                    | Tier-1           |                            |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i> | Tier-2           |                            |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i>           | Tier-2           |                            |
| <i>amoxicillin-pot clavulanate oral tablet</i>                             | Tier-2           |                            |
| <i>amoxicillin-pot clavulanate oral tablet chewable</i>                    | Tier-2           |                            |
| <i>ampicillin oral capsule</i>   | Tier-1           |                            |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION                              | Tier-3           |                            |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION                                      | Tier-3           |                            |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION                                      | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>cefaclor er oral tablet extended release 12 hour</i>       | Tier-2           |                            |
| <i>cefaclor oral capsule</i>                                  | Tier-2           |                            |
| <i>cefaclor oral suspension reconstituted</i>                 | Tier-2           |                            |
| <i>cefadroxil oral capsule</i>                                | Tier-1           |                            |
| <i>cefadroxil oral suspension reconstituted</i>               | Tier-2           |                            |
| <i>cefadroxil oral tablet</i>                                 | Tier-2           |                            |
| <i>cefdinir oral capsule</i>                                  | Tier-2           |                            |
| <i>cefdinir oral suspension reconstituted</i>                 | Tier-2           |                            |
| <i>cefixime oral capsule</i>                                  | Tier-3           |                            |
| <i>cefixime oral suspension reconstituted</i>                 | Tier-2           |                            |
| <i>cefpodoxime proxetil oral suspension reconstituted</i>     | Tier-2           |                            |
| <i>cefpodoxime proxetil oral tablet</i>                       | Tier-2           |                            |
| <i>cefprozil oral suspension reconstituted</i>                | Tier-2           |                            |
| <i>cefprozil oral tablet</i>                                  | Tier-2           |                            |
| <i>cefuroxime axetil oral tablet</i>                          | Tier-2           |                            |
| <i>cephalexin oral capsule</i>                                | Tier-1           |                            |
| <i>cephalexin oral suspension reconstituted</i>               | Tier-3           |                            |
| <i>cephalexin oral tablet</i>                                 | Tier-2           |                            |
| <i>dicloxacillin sodium oral capsule</i>                      | Tier-3           |                            |
| <i>penicillin v potassium oral solution reconstituted</i>     | Tier-1           |                            |
| <i>penicillin v potassium oral tablet</i>                     | Tier-1           |                            |
| SUPRAX ORAL SUSPENSION RECONSTITUTED                          | Tier-4           |                            |
| SUPRAX ORAL TABLET CHEWABLE                                   | Tier-4           |                            |
| <b>MACROLIDES AND CLINDAMYCIN</b>                             |                  |                            |
| <i>azithromycin oral packet</i>                               | Tier-2           |                            |
| <i>azithromycin oral suspension reconstituted</i>             | Tier-2           |                            |
| <i>azithromycin oral tablet</i>                               | Tier-1           |                            |
| <i>clarithromycin er oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>clarithromycin oral suspension reconstituted</i>           | Tier-3           |                            |
| <i>clarithromycin oral tablet</i>                             | Tier-2           |                            |
| <i>clindamycin hcl oral capsule</i>                           | Tier-1           |                            |
| <i>clindamycin palmitate hcl oral solution reconstituted</i>  | Tier-3           |                            |
| DIFICID ORAL SUSPENSION RECONSTITUTED                         | Tier-5           | PA; NEDS                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| DIFICID ORAL TABLET   | Tier-5           | PA; NEDS                   |
| <i>e.e.s. 400 oral tablet</i>   | Tier-2           |                            |
| <i>erythrocin stearate oral tablet</i>                                      | Tier-3           |                            |
| <i>erythromycin base oral capsule delayed release particles</i>             | Tier-2           |                            |
| <i>erythromycin base oral tablet</i>  | Tier-3           |                            |
| <i>erythromycin base oral tablet delayed release</i>                        | Tier-3           |                            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> | Tier-3           |                            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> | Tier-2           |                            |
| <i>erythromycin ethylsuccinate oral tablet</i>                              | Tier-2           |                            |
| <b>MYCOBACTERIAL INFECTIONS</b>   |                  |                            |
| <i>ethambutol hcl oral tablet</i>   | Tier-3           |                            |
| <i>isoniazid oral syrup</i>   | Tier-2           |                            |
| <i>isoniazid oral tablet</i>  | Tier-1           |                            |
| PASER ORAL PACKET   | Tier-4           |                            |
| <i>pretomanid oral tablet</i>   | Tier-4           |                            |
| PRIFTIN ORAL TABLET   | Tier-3           |                            |
| <i>pyrazinamide oral tablet</i>   | Tier-2           |                            |
| <i>rifabutin oral capsule</i>   | Tier-2           |                            |
| <i>rifampin oral capsule</i>  | Tier-3           |                            |
| SIRTURO ORAL TABLET   | Tier-5           | PA; NEDS                   |
| TRECTOR ORAL TABLET   | Tier-4           |                            |
| <b>QUINOLONES</b>   |                  |                            |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED                                  | Tier-5           | HI; NEDS                   |
| BAXDELA ORAL TABLET   | Tier-5           | NEDS                       |
| <i>ciprofloxacin hcl oral tablet</i>  | Tier-1           |                            |
| <i>levofloxacin oral solution</i>   | Tier-3           |                            |
| <i>levofloxacin oral tablet</i>   | Tier-1           |                            |
| <i>moxifloxacin hcl oral tablet</i>   | Tier-3           |                            |
| <i>ofloxacin oral tablet</i>  | Tier-2           |                            |
| <b>SULFONAMIDES</b>   |                  |                            |
| <i>sulfadiazine oral tablet</i>   | Tier-2           |                            |
| <i>sulfamethoxazole-trimethoprim oral suspension</i>                        | Tier-2           |                            |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                            | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>TETRACYCLINES</b>   |                  |                            |
| <i>demeclocycline hcl oral tablet</i>                                | Tier-4           |                            |
| <i>doxycycline hyclate oral capsule 100 mg</i>                       | Tier-3           |                            |
| <i>doxycycline hyclate oral capsule 50 mg</i>                        | Tier-1           |                            |
| <i>doxycycline hyclate oral tablet</i>                               | Tier-2           |                            |
| <i>doxycycline hyclate oral tablet delayed release</i>               | Tier-3           |                            |
| <i>doxycycline monohydrate oral capsule</i>                          | Tier-1           |                            |
| <i>doxycycline monohydrate oral suspension reconstituted</i>         | Tier-2           |                            |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>      | Tier-1           |                            |
| <i>doxycycline monohydrate oral tablet 150 mg</i>                    | Tier-3           |                            |
| <i>minocycline hcl er oral tablet extended release 24 hour</i>       | Tier-3           |                            |
| <i>minocycline hcl oral capsule</i>                                  | Tier-2           |                            |
| <i>minocycline hcl oral tablet</i>                                   | Tier-4           |                            |
| <i>mondoxyne nl oral capsule</i>                                     | Tier-1           |                            |
| NUZYRA ORAL TABLET   | Tier-5           | NEDS                       |
| <i>tetracycline hcl oral capsule</i>                                 | Tier-3           |                            |
| VIBRAMYCIN ORAL SYRUP  | Tier-4           |                            |
| <b>BLOOD MODIFYING AGENTS</b>  |                  |                            |
| <b>ANTIPLATELET THERAPY</b>  |                  |                            |
| <i>anagrelide hcl oral capsule</i>                                   | Tier-2           |                            |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i> | Tier-3           |                            |
| BRILINTA ORAL TABLET   | Tier-3           |                            |
| <i>cilostazol oral tablet</i>  | Tier-1           |                            |
| <i>clopidogrel bisulfate oral tablet</i>                             | Tier-1           |                            |
| <i>dipyridamole oral tablet</i>                                      | Tier-3           |                            |
| <i>prasugrel hcl oral tablet</i>                                     | Tier-3           |                            |
| <b>BLOOD CELL STIMULATORS</b>  |                  |                            |
| DOPTELET ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; NEDS |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Tier-5           | SP-CVS specialty; NEDS     |
| LEUKINE INJECTION SOLUTION RECONSTITUTED                             | Tier-5           | SP-CVS specialty; NEDS     |
| MULPLETA ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; NEDS |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Tier-5           | SP-CVS specialty; NEDS     |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PROMACTA ORAL PACKET   | Tier-5           | PA; SP-CVS specialty; NEDS |
| PROMACTA ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; NEDS |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML               | Tier-3           | SP-CVS specialty           |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML  | Tier-5           | SP-CVS specialty; NEDS     |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | Tier-5           | SP-CVS specialty; NEDS     |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE  | Tier-5           | SP-CVS specialty; NEDS     |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | Tier-5           | SP-CVS specialty; NEDS     |
| <b>BLOOD THINNERS</b>  |                  |                            |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET  | Tier-3           |                            |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK   | Tier-3           |                            |
| ELIQUIS ORAL TABLET  | Tier-3           |                            |
| <i>enoxaparin sodium subcutaneous solution</i>   | Tier-3           |                            |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>   | Tier-5           | NEDS                       |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>  | Tier-2           |                            |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | Tier-5           | NEDS                       |
| FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML   | Tier-3           |                            |
| <i>jantoven oral tablet</i>  | Tier-1           |                            |
| PRADAXA ORAL CAPSULE   | Tier-4           |                            |
| <i>warfarin sodium oral tablet</i>   | Tier-1           |                            |
| XARELTO ORAL TABLET  | Tier-3           |                            |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK  | Tier-3           |                            |
| <b>BLOOD, MISCELLANEOUS</b>  |                  |                            |
| CABLIVI INJECTION KIT  | Tier-5           | NEDS                       |
| OXBRYTA ORAL TABLET  | Tier-5           | SP-CVS specialty; NEDS     |
| <i>pentoxifylline er oral tablet extended release</i>  | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|---|------------------|---|
| TAVALISSE ORAL TABLET                       | Tier-5           | QL (60 EA per 30 days); NEDS                        |
| <i>tranexamic acid oral tablet</i>          | Tier-2           |   |
| <b>CANCER DRUGS</b>                         |                  |   |
| <b>INJECTABLE AGENTS</b>                    |                  |   |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-5           | NEDS  |
| <b>ORAL AGENTS</b>                          |                  |   |
| <i>abiraterone acetate oral tablet</i>      | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE        | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| AFINITOR ORAL TABLET                        | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| ALECENSA ORAL CAPSULE                       | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ALKERAN ORAL TABLET                         | Tier-3           | Part B  |
| ALUNBRIG ORAL TABLET                        | Tier-5           | PA; NEDS  |
| ALUNBRIG ORAL TABLET THERAPY PACK           | Tier-5           | PA; NEDS  |
| <i>anastrozole oral tablet</i>              | Tier-1           |   |
| AYVAKIT ORAL TABLET                         | Tier-5           | PA; QL (30 EA per 30 days); NEDS                    |
| BALVERSA ORAL TABLET                        | Tier-5           | PA; NEDS  |
| <i>bexarotene oral capsule</i>              | Tier-5           | SP-CVS specialty; NEDS                              |
| <i>bicalutamide oral tablet</i>             | Tier-2           | SP-CVS specialty                                    |
| BOSULIF ORAL TABLET 100 MG                  | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| BOSULIF ORAL TABLET 400 MG, 500 MG          | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| BRAFTOVI ORAL CAPSULE                       | Tier-5           | PA; NEDS  |
| BRUKINSA ORAL CAPSULE                       | Tier-5           | PA; NEDS  |
| CABOMETYX ORAL TABLET                       | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| CALQUENCE ORAL CAPSULE                      | Tier-5           | PA; NEDS  |
| <i>capecitabine oral tablet</i>             | Tier-5           | Part B; SP-CVS specialty; NEDS                      |
| CAPRELSA ORAL TABLET 100 MG                 | Tier-5           | PA; QL (60 EA per 30 days); NEDS                    |
| CAPRELSA ORAL TABLET 300 MG                 | Tier-5           | PA; QL (30 EA per 30 days); NEDS                    |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT       | Tier-5           | PA; NEDS  |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT       | Tier-5           | PA; NEDS  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT           | Tier-5           | PA; NEDS   |
| COPIKTRA ORAL CAPSULE                          | Tier-5           | PA; NEDS   |
| COTELLIC ORAL TABLET                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>cyclophosphamide oral capsule</i>           | Tier-3           | B vs D; SP-CVS specialty                           |
| <i>cyclophosphamide oral tablet</i>            | Tier-3           | B vs D; SP-CVS specialty                           |
| DAURISMO ORAL TABLET                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| DROXIA ORAL CAPSULE                            | Tier-3           |  |
| EMCYT ORAL CAPSULE                             | Tier-3           | SP-CVS specialty                                   |
| ERIVEDGE ORAL CAPSULE                          | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| ERLEADA ORAL TABLET                            | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>erlotinib hcl oral tablet 100 mg</i>        | Tier-5           | SP-CVS specialty; QL (90 EA per 30 days); NEDS     |
| <i>erlotinib hcl oral tablet 150 mg, 25 mg</i> | Tier-5           | SP-CVS specialty; QL (30 EA per 30 days); NEDS     |
| <i>etoposide oral capsule</i>                  | Tier-2           | Part B; SP-CVS specialty                           |
| <i>everolimus oral tablet</i>                  | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| <i>exemestane oral tablet</i>                  | Tier-2           |  |
| FARYDAK ORAL CAPSULE                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>flutamide oral capsule</i>                  | Tier-2           |  |
| FOTIVDA ORAL CAPSULE                           | Tier-5           | PA; NEDS   |
| GAVRETO ORAL CAPSULE                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| GILOTRIF ORAL TABLET                           | Tier-5           | PA; NEDS   |
| HYCAMTIN ORAL CAPSULE                          | Tier-3           | Part B; SP-CVS specialty                           |
| <i>hydroxyurea oral capsule</i>                | Tier-2           |  |
| IBRANCE ORAL CAPSULE                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| IBRANCE ORAL TABLET                            | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| ICLUSIG ORAL TABLET                            | Tier-5           | PA; NEDS   |
| IDHIFA ORAL TABLET                             | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| <i>imatinib mesylate oral tablet</i>           | Tier-5           | SP-CVS specialty; NEDS                             |
| IMBRUVICA ORAL CAPSULE                         | Tier-5           | PA; NEDS   |
| IMBRUVICA ORAL TABLET                          | Tier-5           | PA; NEDS   |
| INLYTA ORAL TABLET                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| INQOVI ORAL TABLET                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| INREBIC ORAL CAPSULE                           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| IRESSA ORAL TABLET                             | Tier-5           | PA; NEDS   |
| JAKAFI ORAL TABLET                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|---|------------------|---|
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK        | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK        | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK        | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KOSELUGO ORAL CAPSULE                                 | Tier-5           | PA; NEDS  |
| <i>lapatinib ditosylate oral tablet</i>               | Tier-5           | PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>letrozole oral tablet</i>                          | Tier-1           |   |
| LEUKERAN ORAL TABLET                                  | Tier-3           |   |
| LONSURF ORAL TABLET                                   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LORBRENA ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LUMAKRAS ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LYNPARZA ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| LYSODREN ORAL TABLET                                  | Tier-3           |   |
| MATULANE ORAL CAPSULE                                 | Tier-5           | NEDS  |
| <i>megestrol acetate oral tablet</i>                  | Tier-1           |   |
| MEKINIST ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|---|------------------|---|
| MEKTOVI ORAL TABLET                                 | Tier-5           | PA; NEDS  |
| <i>melphalan oral tablet</i>                        | Tier-2           | Part B  |
| <i>mercaptopurine oral tablet</i>                   | Tier-2           |   |
| MYLERAN ORAL TABLET                                 | Tier-3           | Part B  |
| NERLYNX ORAL TABLET                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| NEXAVAR ORAL TABLET                                 | Tier-5           | PA; SP-CVS specialty; QL (220 EA per 30 days); NEDS |
| <i>nilutamide oral tablet</i>                       | Tier-5           | NEDS  |
| NINLARO ORAL CAPSULE                                | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| NUBEQA ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| ODOMZO ORAL CAPSULE                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ONUREG ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| ORGOVYX ORAL TABLET                                 | Tier-5           | PA; NEDS  |
| PEMAZYRE ORAL TABLET                                | Tier-5           | PA; NEDS  |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| POMALYST ORAL CAPSULE                               | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| PURIXAN ORAL SUSPENSION                             | Tier-5           | NEDS  |
| QINLOCK ORAL TABLET                                 | Tier-5           | PA; NEDS  |
| RETEVMO ORAL CAPSULE                                | Tier-5           | PA; NEDS  |
| REVLIMID ORAL CAPSULE                               | Tier-5           | PA; LA; SP-CVS specialty; NEDS                      |
| ROZLYTREK ORAL CAPSULE                              | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| RUBRACA ORAL TABLET                                 | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| RYDAPT ORAL CAPSULE                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| SOLTAMOX ORAL SOLUTION                              | Tier-3           |   |
| SPRYCEL ORAL TABLET 100 MG, 140 MG                  | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG      | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| STIVARGA ORAL TABLET                                | Tier-5           | PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS  |
| <i>sunitinib malate oral capsule</i>                | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| SUTENT ORAL CAPSULE                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| TABLOID ORAL TABLET                                 | Tier-3           | SP-CVS specialty                                    |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|--|------------------|---|
| TABRECTA ORAL TABLET                                   | Tier-5           | PA; NEDS  |
| TAFINLAR ORAL CAPSULE                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| TAGRISSE ORAL TABLET                                   | Tier-5           | PA; NEDS  |
| TALZENNA ORAL CAPSULE                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>tamoxifen citrate oral tablet</i>                   | Tier-2           |   |
| TARGRETIN ORAL CAPSULE                                 | Tier-5           | SP-CVS specialty; NEDS                              |
| TASIGNA ORAL CAPSULE                                   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| TAZVERIK ORAL TABLET                                   | Tier-5           | PA; NEDS  |
| <i>temozolomide oral capsule</i>                       | Tier-3           | Part B; SP-CVS specialty                            |
| TEPMETKO ORAL TABLET                                   | Tier-5           | PA; NEDS  |
| THALOMID ORAL CAPSULE                                  | Tier-5           | SP-CVS specialty; NEDS                              |
| TIBSOVO ORAL TABLET                                    | Tier-5           | PA; NEDS  |
| <i>toremifene citrate oral tablet</i>                  | Tier-3           |   |
| <i>tretinoin oral capsule</i>                          | Tier-5           | SP-CVS specialty; NEDS                              |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-5           | PA; NEDS  |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier-5           | PA; NEDS  |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; NEDS  |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier-5           | PA; NEDS  |
| TUKYSA ORAL TABLET                                     | Tier-5           | PA; NEDS  |
| TURALIO ORAL CAPSULE                                   | Tier-5           | PA; NEDS  |
| TYKERB ORAL TABLET                                     | Tier-5           | PA; SP-CVS specialty; QL (180 EA per 30 days); NEDS |
| UKONIQ ORAL TABLET                                     | Tier-5           | PA; NEDS  |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG                     | Tier-3           | PA  |
| VENCLEXTA ORAL TABLET 100 MG                           | Tier-5           | PA; NEDS  |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK       | Tier-5           | PA; NEDS  |
| VERZENIO ORAL TABLET                                   | Tier-5           | PA; NEDS  |
| VITRAKVI ORAL CAPSULE                                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| VITRAKVI ORAL SOLUTION                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| VIZIMPRO ORAL TABLET                                   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| VOTRIENT ORAL TABLET                                   | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| WELIREG ORAL TABLET                                    | Tier-5           | PA; NEDS  |
| XALKORI ORAL CAPSULE                                   | Tier-5           | PA; SP-CVS specialty; NEDS                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| XOSPATA ORAL TABLET                                  | Tier-5           | PA; NEDS                          |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier-5           | PA; NEDS                          |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK  | Tier-5           | PA; NEDS                          |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier-5           | PA; NEDS                          |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK  | Tier-5           | PA; NEDS                          |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier-5           | PA; NEDS                          |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK  | Tier-5           | PA; NEDS                          |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | Tier-5           | PA; NEDS                          |
| XTANDI ORAL CAPSULE                                  | Tier-5           | PA; SP-CVS specialty; NEDS        |
| XTANDI ORAL TABLET                                   | Tier-5           | PA; SP-CVS specialty; NEDS        |
| YONSA ORAL TABLET                                    | Tier-5           | PA; SP-CVS specialty; NEDS        |
| ZEJULA ORAL CAPSULE                                  | Tier-5           | PA; NEDS                          |
| ZELBORAF ORAL TABLET                                 | Tier-5           | PA; SP-CVS specialty; NEDS        |
| ZOLINZA ORAL CAPSULE                                 | Tier-5           | PA; SP-CVS specialty; NEDS        |
| ZYDELIG ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS        |
| ZYKADIA ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS        |
| <b>PROTECTIVE AGENTS</b>                             |                  |                                   |
| <i>leucovorin calcium oral tablet</i>                | Tier-2           |                                   |
| MESNEX ORAL TABLET                                   | Tier-5           | NEDS                              |
| XURIDEN ORAL PACKET                                  | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| <b>CARDIOVASCULAR AGENTS</b>                         |                  |                                   |
| <b>ACE INHIBITORS</b>                                |                  |                                   |
| <i>benazepril hcl oral tablet</i>                    | Tier-1           |                                   |
| <i>captopril oral tablet</i>                         | Tier-4           |                                   |
| <i>enalapril maleate oral tablet</i>                 | Tier-2           |                                   |
| <i>fosinopril sodium oral tablet</i>                 | Tier-1           |                                   |
| <i>lisinopril oral tablet</i>                        | Tier-1           |                                   |
| <i>moexipril hcl oral tablet</i>                     | Tier-3           |                                   |
| <i>perindopril erbumine oral tablet</i>              | Tier-3           |                                   |
| <i>quinapril hcl oral tablet</i>                     | Tier-1           |                                   |
| <i>ramipril oral capsule</i>                         | Tier-1           |                                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>trandolapril oral tablet</i>                                       | Tier-2           |                            |
| <b>ALPHA1 BLOCKERS</b>  |                  |                            |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR                       | Tier-4           |                            |
| <i>doxazosin mesylate oral tablet</i>                                 | Tier-1           |                            |
| <i>prazosin hcl oral capsule</i>                                      | Tier-1           |                            |
| <i>terazosin hcl oral capsule</i>                                     | Tier-2           |                            |
| <b>ANGINA</b>   |                  |                            |
| CORLANOR ORAL SOLUTION  | Tier-4           |                            |
| CORLANOR ORAL TABLET  | Tier-4           |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>     | Tier-1           |                            |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                         | Tier-3           |                            |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>isosorbide mononitrate oral tablet</i>                             | Tier-2           |                            |
| NITRO-BID TRANSDERMAL OINTMENT  | Tier-4           |                            |
| <i>nitroglycerin sublingual tablet sublingual</i>                     | Tier-2           |                            |
| <i>nitroglycerin transdermal patch 24 hour</i>                        | Tier-2           |                            |
| <i>nitroglycerin translingual solution</i>                            | Tier-3           |                            |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL                                | Tier-3           |                            |
| <i>ranolazine er oral tablet extended release 12 hour</i>             | Tier-3           |                            |
| <b>ANGIOTENSIN II RECEPTOR BLOCKERS</b>                               |                  |                            |
| <i>candesartan cilexetil oral tablet</i>                              | Tier-2           |                            |
| <i>irbesartan oral tablet</i>   | Tier-2           |                            |
| <i>losartan potassium oral tablet</i>                                 | Tier-1           |                            |
| <i>olmesartan medoxomil oral tablet</i>                               | Tier-3           |                            |
| <i>telmisartan oral tablet</i>  | Tier-3           |                            |
| <i>valsartan oral tablet</i>  | Tier-2           |                            |
| <b>ANTI-ARRHYTHMICS AND CARDIAC GLYCOSIDES</b>                        |                  |                            |
| <i>amiodarone hcl oral tablet</i>                                     | Tier-2           |                            |
| <i>digitek oral tablet</i>  | Tier-1           |                            |
| <i>digox oral tablet</i>  | Tier-1           |                            |
| <i>digoxin oral solution</i>  | Tier-1           |                            |
| <i>digoxin oral tablet</i>  | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>disopyramide phosphate oral capsule</i>                      | Tier-4           |                            |
| <i>dofetilide oral capsule</i>                                  | Tier-4           |                            |
| <i>flecainide acetate oral tablet</i>                           | Tier-2           |                            |
| LANOXIN ORAL TABLET   | Tier-4           |                            |
| <i>mexiletine hcl oral capsule</i>                              | Tier-2           |                            |
| MULTAQ ORAL TABLET  | Tier-4           |                            |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR                | Tier-4           |                            |
| <i>propafenone hcl er oral capsule extended release 12 hour</i> | Tier-4           |                            |
| <i>propafenone hcl oral tablet</i>                              | Tier-2           |                            |
| <i>quinidine gluconate er oral tablet extended release</i>      | Tier-2           |                            |
| <i>quinidine sulfate oral tablet</i>                            | Tier-2           |                            |
| <i>sorine oral tablet</i>                                       | Tier-2           |                            |
| <i>sotalol hcl (af) oral tablet</i>                             | Tier-1           |                            |
| <i>sotalol hcl oral tablet</i>                                  | Tier-1           |                            |
| SOTYLIZE ORAL SOLUTION  | Tier-4           |                            |
| <b>ANTIHYPERTENSIVE FIXED-DOSE COMBINATION PRODUCTS</b>         |                  |                            |
| <i>amlodipine besy-benazepril hcl oral capsule</i>              | Tier-1           |                            |
| <i>amlodipine besylate-valsartan oral tablet</i>                | Tier-2           |                            |
| <i>amlodipine-atorvastatin oral tablet</i>                      | Tier-4           |                            |
| <i>amlodipine-olmesartan oral tablet</i>                        | Tier-3           |                            |
| <i>amlodipine-valsartan-hctz oral tablet</i>                    | Tier-3           |                            |
| <i>atenolol-chlorthalidone oral tablet</i>                      | Tier-1           |                            |
| <i>benazepril-hydrochlorothiazide oral tablet</i>               | Tier-2           |                            |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i>               | Tier-1           |                            |
| <i>candesartan cilexetil-hctz oral tablet</i>                   | Tier-1           |                            |
| <i>enalapril-hydrochlorothiazide oral tablet</i>                | Tier-1           |                            |
| ENTRESTO ORAL TABLET  | Tier-3           |                            |
| <i>fosinopril sodium-hctz oral tablet</i>                       | Tier-1           |                            |
| <i>irbesartan-hydrochlorothiazide oral tablet</i>               | Tier-2           |                            |
| <i>lisinopril-hydrochlorothiazide oral tablet</i>               | Tier-1           |                            |
| <i>losartan potassium-hctz oral tablet</i>                      | Tier-1           |                            |
| <i>metoprolol-hydrochlorothiazide oral tablet</i>               | Tier-2           |                            |
| <i>olmesartan medoxomil-hctz oral tablet</i>                    | Tier-3           |                            |
| <i>olmesartan-amlodipine-hctz oral tablet</i>                   | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>quinapril-hydrochlorothiazide oral tablet</i>                           | Tier-2           |                            |
| TEKTURNA HCT ORAL TABLET   | Tier-3           |                            |
| <i>telmisartan-amlodipine oral tablet</i>                                  | Tier-1           |                            |
| <i>telmisartan-hctz, oral tablet</i>                                       | Tier-3           |                            |
| <i>trandolapril-verapamil hcl er oral tablet extended release</i>          | Tier-2           |                            |
| <i>valsartan-hydrochlorothiazide oral tablet</i>                           | Tier-2           |                            |
| <b>BETA AND ALPHA BLOCKERS</b>   |                  |                            |
| <i>carvedilol oral tablet</i>  | Tier-1           |                            |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i>       | Tier-3           |                            |
| <i>labetalol hcl oral tablet</i>   | Tier-2           |                            |
| <b>BETA BLOCKERS</b>   |                  |                            |
| <i>acebutolol hcl oral capsule</i>   | Tier-2           |                            |
| <i>atenolol oral tablet</i>  | Tier-1           |                            |
| <i>betaxolol hcl oral tablet</i>   | Tier-2           |                            |
| <i>bisoprolol fumarate oral tablet</i>                                     | Tier-2           |                            |
| BYSTOLIC ORAL TABLET   | Tier-4           |                            |
| <i>metoprolol succinate er oral tablet extended release 24 hour</i>        | Tier-2           |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                | Tier-1           |                            |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                      | Tier-3           |                            |
| <i>nadolol oral tablet</i>   | Tier-3           |                            |
| <i>nebivolol hcl oral tablet</i>   | Tier-3           |                            |
| <i>pindolol oral tablet</i>  | Tier-3           |                            |
| <i>propranolol hcl er oral capsule extended release 24 hour</i>            | Tier-3           |                            |
| <i>propranolol hcl oral solution</i>                                       | Tier-2           |                            |
| <i>propranolol hcl oral tablet</i>   | Tier-1           |                            |
| <i>timolol maleate oral tablet</i>   | Tier-2           |                            |
| <b>CALCIUM CHANNEL BLOCKERS</b>  |                  |                            |
| <i>amlodipine besylate oral tablet</i>                                     | Tier-1           |                            |
| <i>cartia xt oral capsule extended release 24 hour</i>                     | Tier-2           |                            |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour</i>        | Tier-2           |                            |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i> | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i>             | Tier-2           |                            |
| <i>diltiazem hcl oral tablet</i>  | Tier-1           |                            |
| <i>dilt-xr oral capsule extended release 24 hour</i>                      | Tier-2           |                            |
| <i>felodipine er oral tablet extended release 24 hour</i>                 | Tier-2           |                            |
| <i>isradipine oral capsule</i>  | Tier-4           |                            |
| <i>matzim la oral tablet extended release 24 hour</i>                     | Tier-2           |                            |
| <i>nicardipine hcl oral capsule</i>                                       | Tier-4           |                            |
| <i>nifedipine er oral tablet extended release 24 hour</i>                 | Tier-2           |                            |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>nifedipine oral capsule</i>  | Tier-2           |                            |
| <i>nimodipine oral capsule</i>  | Tier-2           |                            |
| <i>nisoldipine er oral tablet extended release 24 hour</i>                | Tier-4           |                            |
| <b>NYMALIZE ORAL SOLUTION</b>   | Tier-5           | NEDS                       |
| <i>taztia xt oral capsule extended release 24 hour</i>                    | Tier-2           |                            |
| <i>tiadylt er oral capsule extended release 24 hour</i>                   | Tier-2           |                            |
| <i>verapamil hcl er oral capsule extended release 24 hour</i>             | Tier-3           |                            |
| <i>verapamil hcl er oral tablet extended release</i>                      | Tier-1           |                            |
| <i>verapamil hcl oral tablet</i>  | Tier-1           |                            |
| <b>CARDIOVASCULAR AGENTS, MISCELLANEOUS</b>                               |                  |                            |
| <b>VERQUVO ORAL TABLET</b>  | Tier-4           |                            |
| <b>CENTRALLY ACTING AGENTS</b>  |                  |                            |
| <i>clonidine hcl oral tablet</i>  | Tier-1           |                            |
| <i>clonidine transdermal patch weekly</i>                                 | Tier-3           |                            |
| <i>droxidopa oral capsule</i>   | Tier-5           | PA; NEDS                   |
| <i>midodrine hcl oral tablet</i>  | Tier-2           |                            |
| <b>NORTHERA ORAL CAPSULE</b>  | Tier-5           | PA; NEDS                   |
| <b>DIRECT RENIN INHIBITORS</b>  |                  |                            |
| <i>aliskiren fumarate oral tablet</i>                                     | Tier-3           |                            |
| <b>DIURETICS</b>  |                  |                            |
| <i>amiloride hcl oral tablet</i>  | Tier-2           |                            |
| <i>amiloride-hydrochlorothiazide oral tablet</i>                          | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>bumetanide oral tablet</i>                                     | Tier-3           |                            |
| CAROSPIR ORAL SUSPENSION  | Tier-4           |                            |
| <i>chlorthalidone oral tablet</i>                                 | Tier-1           |                            |
| <i>eplerenone oral tablet</i>                                     | Tier-2           |                            |
| <i>ethacrynic acid oral tablet</i>                                | Tier-4           |                            |
| <i>furosemide oral solution</i>                                   | Tier-1           |                            |
| <i>furosemide oral tablet</i>                                     | Tier-1           |                            |
| <i>hydrochlorothiazide oral capsule</i>                           | Tier-1           |                            |
| <i>hydrochlorothiazide oral tablet</i>                            | Tier-1           |                            |
| <i>indapamide oral tablet</i>                                     | Tier-1           |                            |
| KERENDIA ORAL TABLET  | Tier-4           | PA                         |
| <i>metolazone oral tablet</i>                                     | Tier-2           |                            |
| <i>spironolactone oral tablet</i>                                 | Tier-1           |                            |
| <i>spironolactone-hctz oral tablet</i>                            | Tier-2           |                            |
| <i>toremide oral tablet</i>                                       | Tier-2           |                            |
| <i>triamterene-hctz oral capsule</i>                              | Tier-1           |                            |
| <i>triamterene-hctz oral tablet</i>                               | Tier-1           |                            |
| <b>LIPID LOWERING AGENTS</b>                                      |                  |                            |
| <i>atorvastatin calcium oral tablet</i>                           | Tier-1           |                            |
| <i>cholestyramine light oral powder</i>                           | Tier-3           |                            |
| <i>cholestyramine oral packet</i>                                 | Tier-3           |                            |
| <i>colesevelam hcl oral packet</i>                                | Tier-3           |                            |
| <i>colesevelam hcl oral tablet</i>                                | Tier-3           |                            |
| <i>colestipol hcl oral packet</i>                                 | Tier-2           |                            |
| <i>colestipol hcl oral tablet</i>                                 | Tier-2           |                            |
| <i>ezetimibe oral tablet</i>                                      | Tier-3           |                            |
| <i>ezetimibe-simvastatin oral tablet</i>                          | Tier-3           |                            |
| <i>fenofibrate micronized oral capsule</i>                        | Tier-3           |                            |
| <i>fenofibrate oral capsule 134 mg</i>                            | Tier-3           |                            |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                     | Tier-2           |                            |
| <i>fenofibrate oral tablet</i>                                    | Tier-2           |                            |
| <i>fenofibric acid oral capsule delayed release</i>               | Tier-3           |                            |
| FLOLIPID ORAL SUSPENSION  | Tier-3           |                            |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i> | Tier-4           |                            |
| <i>fluvastatin sodium oral capsule</i>                            | Tier-3           |                            |
| <i>gemfibrozil oral tablet</i>                                    | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>icosapent ethyl oral capsule</i>   | Tier-3           |                            |
| JUXTAPID ORAL CAPSULE   | Tier-5           | PA; NEDS                   |
| <i>lovastatin oral tablet</i>   | Tier-1           |                            |
| NEXLETOL ORAL TABLET  | Tier-3           | PA                         |
| NEXLIZET ORAL TABLET  | Tier-3           | PA                         |
| <i>niacin er (antihyperlipidemic) oral tablet extended release</i>            | Tier-3           |                            |
| <i>niacor oral tablet</i>   | Tier-2           |                            |
| <i>omega-3-acid ethyl esters oral capsule</i>                                 | Tier-3           |                            |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                  | Tier-4           | PA                         |
| <i>pravastatin sodium oral tablet</i>   | Tier-2           |                            |
| <i>prevalite oral packet</i>  | Tier-3           |                            |
| <i>rosuvastatin calcium oral tablet</i>                                       | Tier-2           |                            |
| <i>simvastatin oral tablet</i>  | Tier-1           |                            |
| VASCEPA ORAL CAPSULE  | Tier-3           |                            |
| <b>POTASSIUM REPLACEMENT</b>  |                  |                            |
| <i>klor-con 10 oral tablet extended release</i>                               | Tier-1           |                            |
| <i>klor-con m10 oral tablet extended release</i>                              | Tier-1           |                            |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE                                     | Tier-4           |                            |
| <i>klor-con m20 oral tablet extended release</i>                              | Tier-1           |                            |
| <i>klor-con oral packet</i>   | Tier-1           |                            |
| <i>klor-con oral tablet extended release</i>                                  | Tier-1           |                            |
| K-TAB ORAL TABLET EXTENDED RELEASE  | Tier-4           |                            |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i> | Tier-1           |                            |
| <i>potassium chloride crys er oral tablet extended release 15 meq</i>         | Tier-4           |                            |
| <i>potassium chloride er oral capsule extended release</i>                    | Tier-1           |                            |
| <i>potassium chloride er oral tablet extended release</i>                     | Tier-1           |                            |
| <i>potassium chloride oral packet</i>   | Tier-1           |                            |
| <i>potassium chloride oral solution</i>                                       | Tier-1           |                            |
| <b>VASODILATORS</b>   |                  |                            |
| BIDIL ORAL TABLET   | Tier-3           |                            |
| <i>hydralazine hcl oral tablet</i>  | Tier-1           |                            |
| <i>minoxidil oral tablet</i>  | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>DIABETES MELLITUS</b>                                 |                  |                            |
| <b>DIABETIC SUPPLIES</b>                                 |                  |                            |
| <i>assure insulin safety syringe</i>                     | Tier-2           |                            |
| <i>bd disp needle</i>                                    | Tier-2           |                            |
| <i>bd insulin syringe</i>                                | Tier-2           |                            |
| <i>bd insulin syringe u-500</i>                          | Tier-2           |                            |
| <i>comfort assist insulin syringe</i>                    | Tier-2           |                            |
| <i>cvs gauze sterile pad</i>                             | Tier-2           |                            |
| DEXCOM RECEIVER DEVICE                                   | Tier-3           | Part B; PA                 |
| DEXCOM SENSOR  | Tier-3           | Part B; PA                 |
| DEXCOM TRANSMITTER                                       | Tier-3           | Part B; PA                 |
| <i>exel comfort point pen needle</i>                     | Tier-2           |                            |
| FREESTYLE LIBRE READER DEVICE                            | Tier-3           | Part B; PA                 |
| FREESTYLE LIBRE SENSOR SYSTEM                            | Tier-3           | Part B; PA                 |
| <i>gauze pads pad</i>                                    | Tier-2           |                            |
| <i>global alcohol prep ease pad</i>                      | Tier-2           |                            |
| <i>insulin syringe</i>                                   | Tier-2           |                            |
| <i>lancets</i>   | Tier-2           | Part B                     |
| ONETOUCH TEST STRIPS                                     | Tier-3           | Part B                     |
| <i>preferred plus insulin syringe</i>                    | Tier-2           |                            |
| <i>reli-on insulin syringe</i>                           | Tier-2           |                            |
| <i>techlite insulin syringe</i>                          | Tier-2           |                            |
| <i>techlite pen needles</i>                              | Tier-2           |                            |
| <i>trueplus insulin syringe</i>                          | Tier-2           |                            |
| <i>trueplus pen needles</i>                              | Tier-2           |                            |
| <b>GLUCOSE ELEVATING</b>                                 |                  |                            |
| <i>diazoxide oral suspension</i>                         | Tier-3           |                            |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED        | Tier-3           |                            |
| GLUCAGON EMERGENCY INJECTION KIT                         | Tier-3           |                            |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-3           |                            |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>INSULINS</b>  |                  |                            |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR      | Tier-3           |                            |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR             | Tier-3           |                            |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier-3           |                            |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION                      | Tier-3           |                            |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Tier-3           |                            |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION                      | Tier-3           |                            |
| HUMALOG SUBCUTANEOUS SOLUTION                                  | Tier-3           |                            |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE                        | Tier-3           |                            |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR     | Tier-3           |                            |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION                          | Tier-3           |                            |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR         | Tier-3           |                            |
| HUMULIN N SUBCUTANEOUS SUSPENSION                              | Tier-3           |                            |
| HUMULIN R INJECTION SOLUTION                                   | Tier-3           |                            |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION           | Tier-3           |                            |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR     | Tier-3           |                            |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR             | Tier-3           |                            |
| LANTUS SUBCUTANEOUS SOLUTION                                   | Tier-3           |                            |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR           | Tier-3           |                            |
| LEVEMIR SUBCUTANEOUS SOLUTION                                  | Tier-3           |                            |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR         | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR               | Tier-3           |                            |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR             | Tier-3           |                            |
| TRESIBA SUBCUTANEOUS SOLUTION                                    | Tier-3           |                            |
| <b>NON-INSULIN INJECTABLES</b>                                   |                  |                            |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR                        | Tier-3           |                            |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR             | Tier-4           |                            |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR              | Tier-4           |                            |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-3           |                            |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR           | Tier-3           |                            |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR                 | Tier-3           |                            |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR                  | Tier-3           |                            |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR                     | Tier-3           |                            |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | Tier-3           |                            |
| <b>ORAL AGENTS</b>   |                  |                            |
| <i>acarbose oral tablet</i>                                      | Tier-1           |                            |
| CYCLOSET ORAL TABLET   | Tier-3           |                            |
| FARXIGA ORAL TABLET  | Tier-3           |                            |
| <i>glimepiride oral tablet</i>                                   | Tier-1           |                            |
| <i>glipizide er oral tablet extended release 24 hour</i>         | Tier-1           |                            |
| <i>glipizide oral tablet</i>                                     | Tier-1           |                            |
| <i>glipizide-metformin hcl oral tablet</i>                       | Tier-1           |                            |
| <i>glyburide micronized oral tablet</i>                          | Tier-1           | PA                         |
| <i>glyburide oral tablet</i>                                     | Tier-2           | PA                         |
| <i>glyburide-metformin oral tablet</i>                           | Tier-2           | PA                         |
| GLYXAMBI ORAL TABLET   | Tier-3           |                            |
| JANUMET ORAL TABLET  | Tier-3           |                            |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR                  | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| JANUVIA ORAL TABLET  | Tier-3           |                            |
| JARDIANCE ORAL TABLET  | Tier-3           |                            |
| JENTADUETO ORAL TABLET   | Tier-3           |                            |
| JENTADUETO XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR                                    | Tier-3           |                            |
| <i>metformin hcl er oral tablet extended release 24<br/>hour (generic glucophage xl)</i> | Tier-1           |                            |
| <i>metformin hcl oral solution</i>   | Tier-3           |                            |
| <i>metformin hcl oral tablet</i>   | Tier-1           |                            |
| <i>miglitol oral tablet</i>  | Tier-3           |                            |
| <i>nateglinide oral tablet</i>   | Tier-3           |                            |
| <i>pioglitazone hcl oral tablet</i>  | Tier-1           |                            |
| <i>pioglitazone hcl-glimepiride oral tablet</i>  | Tier-2           |                            |
| <i>pioglitazone hcl-metformin hcl oral tablet</i>  | Tier-3           |                            |
| <i>repaglinide oral tablet</i>   | Tier-1           |                            |
| RIOMET ORAL SOLUTION   | Tier-3           |                            |
| RYBELSUS ORAL TABLET   | Tier-3           |                            |
| SYNJARDY ORAL TABLET   | Tier-3           |                            |
| SYNJARDY XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR                                      | Tier-3           |                            |
| TRADJENTA ORAL TABLET  | Tier-3           |                            |
| XIGDUO XR ORAL TABLET EXTENDED<br>RELEASE 24 HOUR  | Tier-3           |                            |
| <b>EAR, NOSE AND THROAT</b>  |                  |                            |
| <b>EAR</b>   |                  |                            |
| <i>acetic acid otic solution</i>   | Tier-2           |                            |
| CIPRODEX OTIC SUSPENSION   | Tier-3           |                            |
| <i>ciprofloxacin hcl otic solution</i>   | Tier-2           |                            |
| <i>ciprofloxacin-dexamethasone otic suspension</i>                                       | Tier-3           |                            |
| <i>flac otic oil</i>   | Tier-2           |                            |
| <i>fluocinolone acetonide otic oil</i>   | Tier-3           |                            |
| <i>hydrocortisone-acetic acid otic solution</i>  | Tier-2           |                            |
| <i>ofloxacin otic solution</i>   | Tier-3           |                            |
| <b>MOUTH AND THROAT</b>  |                  |                            |
| <i>cevimeline hcl oral capsule</i>   | Tier-3           |                            |
| <i>chlorhexidine gluconate mouth/throat solution</i>                                     | Tier-1           |                            |
| <i>periogard mouth/throat solution</i>   | Tier-1           |                            |
| <i>pilocarpine hcl oral tablet</i>   | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>triamcinolone acetonide mouth/throat paste</i>        | Tier-2           |                            |
| <b>NOSE</b>  |                  |                            |
| <i>azelastine hcl nasal solution</i>                     | Tier-2           | QL (120 ML per 90 days)    |
| <i>cyproheptadine hcl oral syrup</i>                     | Tier-2           |                            |
| <i>cyproheptadine hcl oral tablet</i>                    | Tier-2           |                            |
| <i>desloratadine oral tablet</i>                         | Tier-2           |                            |
| <i>desloratadine oral tablet dispersible</i>             | Tier-4           |                            |
| <i>flunisolide nasal solution</i>                        | Tier-3           | QL (150 ML per 90 days)    |
| <i>fluticasone propionate nasal suspension</i>           | Tier-1           | QL (48 GM per 90 days)     |
| <i>hydroxyzine hcl oral syrup</i>                        | Tier-2           | PA                         |
| <i>hydroxyzine hcl oral tablet</i>                       | Tier-2           | PA                         |
| <i>hydroxyzine pamoate oral capsule</i>                  | Tier-2           | PA                         |
| <i>ipratropium bromide nasal solution 0.03 %</i>         | Tier-2           | QL (180 ML per 90 days)    |
| <i>ipratropium bromide nasal solution 0.06 %</i>         | Tier-2           | QL (90 ML per 90 days)     |
| <i>levocetirizine dihydrochloride oral solution</i>      | Tier-2           |                            |
| <i>levocetirizine dihydrochloride oral tablet</i>        | Tier-2           |                            |
| <i>mometasone furoate nasal suspension</i>               | Tier-3           | QL (102 GM per 90 days)    |
| <i>olopatadine hcl nasal solution</i>                    | Tier-3           | QL (91.5 GM per 90 days)   |
| <b>EYE</b>   |                  |                            |
| <b>ALLERGY</b>   |                  |                            |
| ALOCRILOPHTHALMIC SOLUTION                               | Tier-4           |                            |
| ALOMIDOPHTHALMIC SOLUTION                                | Tier-4           |                            |
| <i>azelastine hcl ophthalmic solution</i>                | Tier-2           |                            |
| <i>bepotastine besilate ophthalmic solution</i>          | Tier-3           |                            |
| <i>cromolyn sodium ophthalmic solution</i>               | Tier-1           |                            |
| <i>epinastine hcl ophthalmic solution</i>                | Tier-4           |                            |
| LASTACAFTOPHTHALMIC SOLUTION                             | Tier-4           |                            |
| <i>loteprednol etabonate ophthalmic gel</i>              | Tier-3           |                            |
| <i>olopatadine hcl ophthalmic solution</i>               | Tier-3           |                            |
| <b>ANTI-INFECTIVES</b>                                   |                  |                            |
| AZASITEOPHTHALMIC SOLUTION                               | Tier-4           |                            |
| <i>bacitracin ophthalmic ointment</i>                    | Tier-4           |                            |
| <i>bacitracin-polymyxin b ophthalmic ointment</i>        | Tier-2           |                            |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i> | Tier-2           |                            |
| BESIVANCEOPHTHALMIC SUSPENSION                           | Tier-3           |                            |
| BLEPHAMIDOPHTHALMIC SUSPENSION                           | Tier-4           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT                     | Tier-4           |                            |
| <i>ciprofloxacin hcl ophthalmic solution</i>              | Tier-1           |                            |
| <i>erythromycin ophthalmic ointment</i>                   | Tier-2           |                            |
| <i>gatifloxacin ophthalmic solution</i>                   | Tier-2           |                            |
| <i>gentak ophthalmic ointment</i>                         | Tier-2           |                            |
| <i>gentamicin sulfate ophthalmic solution</i>             | Tier-2           |                            |
| <i>levofloxacin ophthalmic solution</i>                   | Tier-2           |                            |
| <i>moxifloxacin hcl ophthalmic solution</i>               | Tier-3           |                            |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i> | Tier-2           |                            |
| <i>neomycin-polymyxin-hc</i>                              | Tier-2           |                            |
| <i>ofloxacin ophthalmic solution</i>                      | Tier-2           |                            |
| <i>polymyxin b-trimethoprim ophthalmic solution</i>       | Tier-2           |                            |
| <i>sulfacetamide sodium ophthalmic ointment</i>           | Tier-2           |                            |
| <i>sulfacetamide sodium ophthalmic solution</i>           | Tier-2           |                            |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>     | Tier-2           |                            |
| TOBRADEX OPHTHALMIC OINTMENT                              | Tier-3           |                            |
| TOBRADEX ST OPHTHALMIC SUSPENSION                         | Tier-3           |                            |
| <i>tobramycin ophthalmic solution</i>                     | Tier-2           |                            |
| <i>tobramycin-dexamethasone ophthalmic suspension</i>     | Tier-2           |                            |
| <b>ANTI-INFLAMMATORIES</b>                                |                  |                            |
| ALREX OPHTHALMIC SUSPENSION                               | Tier-3           |                            |
| <i>bromfenac sodium (once-daily) ophthalmic solution</i>  | Tier-3           |                            |
| BROMSITE OPHTHALMIC SOLUTION                              | Tier-4           |                            |
| <i>dexamethasone sodium phosphate ophthalmic solution</i> | Tier-2           |                            |
| <i>diclofenac sodium ophthalmic solution</i>              | Tier-2           |                            |
| <i>difluprednate ophthalmic emulsion</i>                  | Tier-3           |                            |
| DUREZOL OPHTHALMIC EMULSION                               | Tier-3           |                            |
| FLAREX OPHTHALMIC SUSPENSION                              | Tier-4           |                            |
| <i>fluorometholone ophthalmic suspension</i>              | Tier-2           |                            |
| <i>flurbiprofen sodium ophthalmic solution</i>            | Tier-1           |                            |
| FML FORTE OPHTHALMIC SUSPENSION                           | Tier-4           |                            |
| FML OPHTHALMIC OINTMENT                                   | Tier-3           |                            |
| ILEVRO OPHTHALMIC SUSPENSION                              | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| INVELTYS OPHTHALMIC SUSPENSION                                | Tier-4           |                            |
| <i>ketorolac tromethamine ophthalmic solution</i>             | Tier-2           |                            |
| <i>loteprednol etabonate ophthalmic suspension</i>            | Tier-3           |                            |
| MAXIDEX OPHTHALMIC SUSPENSION                                 | Tier-4           |                            |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>        | Tier-2           |                            |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension</i>      | Tier-2           |                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution</i>      | Tier-2           |                            |
| <i>neomycin-polymyxin-hc ophthalmic suspension</i>            | Tier-2           |                            |
| <i>neomycin-polymyxin-hc</i>                                  | Tier-2           |                            |
| PRED MILD OPHTHALMIC SUSPENSION                               | Tier-3           |                            |
| PRED-G OPHTHALMIC SUSPENSION                                  | Tier-3           |                            |
| PRED-G S.O.P. OPHTHALMIC OINTMENT                             | Tier-3           |                            |
| <i>prednisolone acetate ophthalmic suspension</i>             | Tier-3           |                            |
| <i>prednisolone sodium phosphate ophthalmic solution</i>      | Tier-2           |                            |
| PROLENSA OPHTHALMIC SOLUTION                                  | Tier-4           |                            |
| ZYLET OPHTHALMIC SUSPENSION                                   | Tier-3           |                            |
| <b>ANTIVIRALS</b>   |                  |                            |
| <i>trifluridine ophthalmic solution</i>                       | Tier-2           |                            |
| ZIRGAN OPHTHALMIC GEL   | Tier-4           |                            |
| <b>GLAUCOMA</b>   |                  |                            |
| <i>acetazolamide er oral capsule extended release 12 hour</i> | Tier-3           |                            |
| <i>acetazolamide oral tablet</i>                              | Tier-2           |                            |
| ALPHAGAN P OPHTHALMIC SOLUTION                                | Tier-3           |                            |
| <i>apraclonidine hcl ophthalmic solution</i>                  | Tier-2           |                            |
| AZOPT OPHTHALMIC SUSPENSION                                   | Tier-3           |                            |
| <i>betaxolol hcl ophthalmic solution</i>                      | Tier-3           |                            |
| BETIMOL OPHTHALMIC SOLUTION                                   | Tier-4           |                            |
| BETOPTIC-S OPHTHALMIC SUSPENSION                              | Tier-3           |                            |
| <i>bimatoprost ophthalmic solution</i>                        | Tier-2           |                            |
| <i>brimonidine tartrate ophthalmic solution</i>               | Tier-2           |                            |
| <i>brinzolamide ophthalmic suspension</i>                     | Tier-3           |                            |
| <i>carteolol hcl ophthalmic solution</i>                      | Tier-2           |                            |
| COMBIGAN OPHTHALMIC SOLUTION                                  | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dorzolamide hcl ophthalmic solution</i>                   | Tier-2           |                            |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i>       | Tier-2           |                            |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>    | Tier-3           |                            |
| IOPIDINE OPHTHALMIC SOLUTION                                 | Tier-4           |                            |
| <i>latanoprost ophthalmic solution</i>                       | Tier-2           |                            |
| <i>levobunolol hcl ophthalmic solution</i>                   | Tier-1           |                            |
| LUMIGAN OPHTHALMIC SOLUTION                                  | Tier-3           |                            |
| <i>methazolamide oral tablet</i>                             | Tier-4           |                            |
| <i>pilocarpine hcl ophthalmic solution</i>                   | Tier-2           |                            |
| RHOPRESSA OPHTHALMIC SOLUTION                                | Tier-3           |                            |
| ROCKLATAN OPHTHALMIC SOLUTION                                | Tier-4           |                            |
| SIMBRINZA OPHTHALMIC SUSPENSION                              | Tier-3           |                            |
| <i>timolol maleate ophthalmic gel forming solution</i>       | Tier-3           |                            |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>     | Tier-1           |                            |
| <i>timolol maleate ophthalmic solution 0.5 % (daily)</i>     | Tier-3           |                            |
| <i>timolol maleate pf ophthalmic solution</i>                | Tier-3           |                            |
| <i>travoprost (bak free) ophthalmic solution</i>             | Tier-3           |                            |
| VYZULTA OPHTHALMIC SOLUTION                                  | Tier-3           |                            |
| <b>OPHTHALMIC DRUGS, MISCELLANEOUS</b>                       |                  |                            |
| <i>atropine sulfate ophthalmic solution</i>                  | Tier-2           |                            |
| CYSTADROPS OPHTHALMIC SOLUTION                               | Tier-3           |                            |
| CYSTARAN OPHTHALMIC SOLUTION                                 | Tier-3           |                            |
| EYLEA INTRAVITREAL SOLUTION                                  | Tier-5           | SP-CVS specialty; NEDS     |
| LUCENTIS INTRAVITREAL SOLUTION                               | Tier-5           | SP-CVS specialty; NEDS     |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE             | Tier-5           | SP-CVS specialty; NEDS     |
| NATACYN OPHTHALMIC SUSPENSION                                | Tier-4           |                            |
| OXERVATE OPHTHALMIC SOLUTION                                 | Tier-5           | PA; NEDS                   |
| RESTASIS OPHTHALMIC EMULSION                                 | Tier-3           |                            |
| <b>GASTROINTESTINAL DRUGS</b>                                |                  |                            |
| <b>EMESIS</b>  |                  |                            |
| <i>aprepitant oral capsule 125 mg</i>                        | Tier-5           | B vs D; NEDS               |
| <i>aprepitant oral capsule 40 mg, 80 &amp; 125 mg, 80 mg</i> | Tier-3           | B vs D                     |
| <i>dronabinol oral capsule</i>                               | Tier-3           | B vs D                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| EMEND ORAL SUSPENSION RECONSTITUTED               | Tier-3           | B vs D                     |
| <i>granisetron hcl oral tablet</i>                | Tier-2           | B vs D                     |
| <i>meclizine hcl oral tablet</i>                  | Tier-2           |                            |
| <i>metoclopramide hcl oral solution</i>           | Tier-2           |                            |
| <i>metoclopramide hcl oral tablet</i>             | Tier-1           |                            |
| <i>metoclopramide hcl oral tablet dispersible</i> | Tier-2           |                            |
| <i>ondansetron hcl oral solution</i>              | Tier-2           | B vs D                     |
| <i>ondansetron hcl oral tablet</i>                | Tier-2           | B vs D                     |
| <i>ondansetron oral tablet dispersible</i>        | Tier-2           | B vs D                     |
| <i>prochlorperazine maleate oral tablet</i>       | Tier-1           |                            |
| <i>prochlorperazine rectal suppository</i>        | Tier-3           |                            |
| <i>promethazine hcl oral syrup</i>                | Tier-2           | PA                         |
| <i>promethazine hcl oral tablet</i>               | Tier-2           | PA                         |
| SANCUSO TRANSDERMAL PATCH                         | Tier-5           | NEDS                       |
| <i>scopolamine transdermal patch 72 hour</i>      | Tier-3           |                            |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK     | Tier-4           | B vs D                     |
| VARUBI ORAL TABLET                                | Tier-4           | B vs D                     |
| <b>ENZYMES</b>                                    |                  |                            |
| CARBAGLU ORAL TABLET                              | Tier-5           | PA; NEDS                   |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES      | Tier-3           |                            |
| CYSTAGON ORAL CAPSULE                             | Tier-4           |                            |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES     | Tier-4           |                            |
| <b>GASTROINTESTINAL DRUGS, MISCELLANEOUS</b>      |                  |                            |
| <i>alosetron hcl oral tablet</i>                  | Tier-5           | NEDS                       |
| CHOLBAM ORAL CAPSULE                              | Tier-5           | PA; NEDS                   |
| <i>constulose oral solution</i>                   | Tier-2           |                            |
| <i>cromolyn sodium oral concentrate</i>           | Tier-5           | NEDS                       |
| <i>dicyclomine hcl oral capsule</i>               | Tier-1           |                            |
| <i>dicyclomine hcl oral solution</i>              | Tier-1           |                            |
| <i>dicyclomine hcl oral tablet</i>                | Tier-2           |                            |
| <i>enulose oral solution</i>                      | Tier-2           |                            |
| GATTEX SUBCUTANEOUS KIT                           | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>gavilyte-g oral solution reconstituted</i>     | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| <i>generlac oral solution</i>  | Tier-2           |  |
| <i>glycopyrrolate oral tablet</i>                                    | Tier-2           |  |
| KRISTALOSE ORAL PACKET   | Tier-3           |  |
| <i>lactulose oral packet</i>   | Tier-3           |  |
| <i>lactulose oral solution</i>                                       | Tier-2           |  |
| <i>levocarnitine oral solution</i>                                   | Tier-2           |  |
| <i>levocarnitine oral tablet</i>                                     | Tier-2           |  |
| <i>loperamide hcl oral capsule</i>                                   | Tier-2           |  |
| <i>megestrol acetate oral suspension</i>                             | Tier-2           |  |
| MOVANTIK ORAL TABLET   | Tier-3           |  |
| MOVIPREP ORAL SOLUTION RECONSTITUTED                                 | Tier-4           |  |
| MYTESI ORAL TABLET DELAYED RELEASE                                   | Tier-3           | PA   |
| OCALIVA ORAL TABLET  | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS |
| OSMOPREP ORAL TABLET   | Tier-4           |  |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>       | Tier-2           |  |
| <i>peg-3350/electrolytes oral solution reconstituted</i>             | Tier-2           |  |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>      | Tier-3           |  |
| RELISTOR ORAL TABLET   | Tier-5           | NEDS   |
| RELISTOR SUBCUTANEOUS SOLUTION                                       | Tier-5           | NEDS   |
| SUPREP BOWEL PREP KIT ORAL SOLUTION                                  | Tier-4           |  |
| UCERIS RECTAL FOAM   | Tier-4           |  |
| <i>ursodiol oral capsule</i>   | Tier-2           |  |
| <i>ursodiol oral tablet</i>  | Tier-4           |  |
| XERMELO ORAL TABLET  | Tier-5           | PA; NEDS   |
| <b>GASTROINTESTINAL DRUGS, PEPTIC ULCER TREATMENT, REFLUX (GERD)</b> |                  |  |
| <i>amoxicill-clarithro-lansopraz oral</i>                            | Tier-3           |  |
| <i>cimetidine hcl oral solution</i>                                  | Tier-2           |  |
| <i>cimetidine oral tablet</i>  | Tier-3           |  |
| DEXILANT ORAL CAPSULE DELAYED RELEASE                                | Tier-4           |  |
| <i>esomeprazole magnesium oral capsule delayed release</i>           | Tier-3           |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>esomeprazole magnesium oral packet</i>                   | Tier-4           |                            |
| <i>famotidine oral suspension reconstituted</i>             | Tier-4           |                            |
| <i>famotidine oral tablet</i>                               | Tier-1           |                            |
| <i>lansoprazole oral capsule delayed release</i>            | Tier-3           |                            |
| <i>lansoprazole oral tablet delayed release dispersible</i> | Tier-4           |                            |
| <i>methscopolamine bromide oral tablet</i>                  | Tier-4           |                            |
| <i>misoprostol oral tablet</i>                              | Tier-2           |                            |
| <i>nizatidine oral capsule</i>                              | Tier-2           |                            |
| <i>nizatidine oral solution</i>                             | Tier-2           |                            |
| <i>omeprazole oral capsule delayed release</i>              | Tier-1           |                            |
| <i>omeprazole-sodium bicarbonate oral capsule</i>           | Tier-5           | NEDS                       |
| <i>omeprazole-sodium bicarbonate oral packet</i>            | Tier-5           | NEDS                       |
| <i>pantoprazole sodium oral packet</i>                      | Tier-4           |                            |
| <i>pantoprazole sodium oral tablet delayed release</i>      | Tier-2           |                            |
| <b>PYLERA ORAL CAPSULE</b>                                  | Tier-3           |                            |
| <i>rabeprazole sodium oral tablet delayed release</i>       | Tier-3           |                            |
| <i>sucralfate oral suspension</i>                           | Tier-3           |                            |
| <i>sucralfate oral tablet</i>                               | Tier-2           |                            |
| <b>INFLAMMATORY BOWEL DISEASE</b>                           |                  |                            |
| <b>AMITIZA ORAL CAPSULE</b>                                 | Tier-3           |                            |
| <i>balsalazide disodium oral capsule</i>                    | Tier-2           |                            |
| <i>budesonide er oral tablet extended release 24 hour</i>   | Tier-5           | NEDS                       |
| <i>budesonide 3 mg oral capsule delayed release</i>         | Tier-3           |                            |
| <i>hydrocortisone rectal enema</i>                          | Tier-2           |                            |
| <b>LINZESS ORAL CAPSULE</b>                                 | Tier-4           |                            |
| <i>lubiprostone oral capsule</i>                            | Tier-3           |                            |
| <i>mesalamine er oral capsule extended release 24 hour</i>  | Tier-3           |                            |
| <i>mesalamine oral capsule delayed release</i>              | Tier-3           |                            |
| <i>mesalamine oral tablet delayed release</i>               | Tier-3           |                            |
| <i>mesalamine rectal enema</i>                              | Tier-2           |                            |
| <i>mesalamine rectal suppository</i>                        | Tier-4           |                            |
| <b>ROWASA RECTAL KIT</b>                                    | Tier-4           |                            |
| <i>sulfasalazine oral tablet</i>                            | Tier-2           |                            |
| <i>sulfasalazine oral tablet delayed release</i>            | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>HOME INFUSION THERAPY</b>  |                  |                            |
| <b>ACUTE CARE DRUGS</b>   |                  |                            |
| ABELCET INTRAVENOUS SUSPENSION  | Tier-4           | PA                         |
| <i>acyclovir sodium intravenous solution</i>                          | Tier-2           | PA                         |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED                         | Tier-5           | PA; NEDS                   |
| <i>amikacin sulfate injection solution</i>                            | Tier-2           | HI                         |
| <i>amphotericin b intravenous solution reconstituted</i>              | Tier-2           | PA                         |
| <i>ampicillin sodium injection solution reconstituted</i>             | Tier-2           | HI                         |
| <i>ampicillin sodium intravenous solution reconstituted</i>           | Tier-2           | HI                         |
| <i>ampicillin-sulbactam sodium injection solution reconstituted</i>   | Tier-2           | HI                         |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted</i> | Tier-2           | HI                         |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED                             | Tier-3           | HI                         |
| <i>azithromycin intravenous solution reconstituted</i>                | Tier-2           | HI                         |
| <i>aztreonam injection solution reconstituted</i>                     | Tier-2           | HI                         |
| <i>bumetanide injection solution</i>                                  | Tier-2           |                            |
| <i>caspofungin acetate intravenous solution reconstituted</i>         | Tier-5           | NEDS                       |
| <i>cefazolin sodium injection solution reconstituted</i>              | Tier-2           | HI                         |
| <i>cefepime hcl injection solution reconstituted</i>                  | Tier-2           | HI                         |
| <i>cefotetan disodium injection solution reconstituted</i>            | Tier-2           | HI                         |
| <i>cefoxitin sodium injection solution reconstituted</i>              | Tier-2           | HI                         |
| <i>cefoxitin sodium intravenous solution reconstituted</i>            | Tier-2           | HI                         |
| <i>ceftazidime injection solution reconstituted</i>                   | Tier-2           | HI                         |
| <i>ceftazidime intravenous solution reconstituted</i>                 | Tier-2           | HI                         |
| <i>ceftriaxone sodium injection solution reconstituted</i>            | Tier-2           | HI                         |
| <i>ceftriaxone sodium intravenous solution reconstituted</i>          | Tier-2           | HI                         |
| <i>cefuroxime sodium injection solution reconstituted</i>             | Tier-2           | HI                         |
| <i>cefuroxime sodium intravenous solution reconstituted</i>           | Tier-2           | HI                         |
| <i>ciprofloxacin in d5w intravenous solution</i>                      | Tier-2           | HI                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>clindamycin phosphate in d5w intravenous solution</i>            | Tier-2           | HI                         |
| <i>clindamycin phosphate injection solution</i>                     | Tier-2           | HI                         |
| <i>colistimethate sodium (cba) injection solution reconstituted</i> | Tier-2           | HI                         |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED                         | Tier-3           | HI                         |
| <i>daptomycin intravenous solution reconstituted</i>                | Tier-2           | HI                         |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED                         | Tier-3           | HI                         |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED                           | Tier-3           |                            |
| <i>ertapenem sodium injection solution reconstituted</i>            | Tier-2           | HI                         |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED          | Tier-3           | HI                         |
| <i>fluconazole in sodium chloride intravenous solution</i>          | Tier-2           |                            |
| <i>furosemide injection solution</i>                                | Tier-2           |                            |
| <i>gentamicin in saline intravenous solution</i>                    | Tier-2           | HI                         |
| <i>gentamicin sulfate injection solution</i>                        | Tier-2           | HI                         |
| <i>heparin sodium (porcine) injection solution</i>                  | Tier-2           |                            |
| <i>imipenem-cilastatin intravenous solution reconstituted</i>       | Tier-2           | HI                         |
| INVANZ INJECTION SOLUTION RECONSTITUTED                             | Tier-3           | HI                         |
| <i>levofloxacin in d5w intravenous solution</i>                     | Tier-2           | HI                         |
| <i>levofloxacin intravenous solution</i>                            | Tier-2           | HI                         |
| <i>linezolid intravenous solution</i>                               | Tier-2           | HI                         |
| <i>meropenem intravenous solution reconstituted</i>                 | Tier-2           | HI                         |
| <i>methotrexate sodium (pf) injection solution</i>                  | Tier-2           | B vs D; SP-CVS specialty   |
| <i>methotrexate sodium injection solution</i>                       | Tier-2           | B vs D; SP-CVS specialty   |
| <i>metronidazole in nacl intravenous solution</i>                   | Tier-2           |                            |
| <i>moxifloxacin hcl in nacl intravenous solution</i>                | Tier-2           | HI                         |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED                         | Tier-3           |                            |
| <i>nafcillin sodium injection solution reconstituted</i>            | Tier-2           | HI                         |
| <i>nafcillin sodium intravenous solution reconstituted</i>          | Tier-2           | HI                         |
| <i>oxacillin sodium in dextrose intravenous solution</i>            | Tier-2           | HI                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>oxacillin sodium injection solution reconstituted</i>                 | Tier-2           | HI                         |
| <i>oxacillin sodium intravenous solution reconstituted</i>               | Tier-2           | HI                         |
| <i>penicillin g pot in dextrose intravenous solution</i>                 | Tier-2           | HI                         |
| <i>penicillin g potassium injection solution reconstituted</i>           | Tier-2           | HI                         |
| <i>penicillin g procaine intramuscular suspension</i>                    | Tier-2           | HI                         |
| <i>penicillin g sodium injection solution reconstituted</i>              | Tier-2           | HI                         |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted</i> | Tier-2           | HI                         |
| <i>polymyxin b sulfate injection solution reconstituted</i>              | Tier-2           | HI                         |
| <i>rifampin intravenous solution reconstituted</i>                       | Tier-2           |                            |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED                              | Tier-3           | HI                         |
| <i>streptomycin sulfate intramuscular solution reconstituted</i>         | Tier-2           | HI                         |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED                               | Tier-3           | HI                         |
| <i>tigecycline intravenous solution reconstituted</i>                    | Tier-2           | HI                         |
| <i>tobramycin sulfate injection solution</i>                             | Tier-2           | HI                         |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED                              | Tier-3           | HI                         |
| <i>vancomycin hcl intravenous solution reconstituted</i>                 | Tier-2           | HI                         |
| <i>voriconazole intravenous solution reconstituted</i>                   | Tier-2           |                            |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED                               | Tier-5           | HI; NEDS                   |
| ZOSYN INTRAVENOUS SOLUTION   | Tier-3           | HI                         |
| <b>ELECTROLYTES</b>  |                  |                            |
| <i>dextrose intravenous solution</i>                                     | Tier-2           |                            |
| <i>dextrose-nacl intravenous solution</i>                                | Tier-2           |                            |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION                                    | Tier-3           |                            |
| ISOLYTE-S INTRAVENOUS SOLUTION   | Tier-3           |                            |
| <i>kcl in dextrose-nacl intravenous solution</i>                         | Tier-2           |                            |
| <i>kcl-lactated ringers-d5w intravenous solution</i>                     | Tier-2           |                            |
| <i>magnesium sulfate injection solution</i>                              | Tier-2           |                            |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION                                     | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| PLASMA-LYTE A INTRAVENOUS SOLUTION                         | Tier-3           |                            |
| <i>potassium chloride in dextrose intravenous solution</i> | Tier-2           |                            |
| <i>potassium chloride in nacl intravenous solution</i>     | Tier-2           |                            |
| <i>potassium chloride intravenous solution</i>             | Tier-2           |                            |
| <i>sodium chloride intravenous solution</i>                | Tier-2           |                            |
| <b>IV NUTRITION</b>  |                  |                            |
| AMINOSYN II INTRAVENOUS SOLUTION                           | Tier-3           | B vs D                     |
| AMINOSYN-PF INTRAVENOUS SOLUTION                           | Tier-3           | B vs D                     |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION          | Tier-3           | B vs D                     |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION         | Tier-3           | B vs D                     |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION          | Tier-3           | B vs D                     |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION            | Tier-3           | B vs D                     |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION            | Tier-3           | B vs D                     |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION           | Tier-3           | B vs D                     |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION            | Tier-3           | B vs D                     |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION              | Tier-3           | B vs D                     |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION              | Tier-3           | B vs D                     |
| CLINISOL SF INTRAVENOUS SOLUTION                           | Tier-3           | B vs D                     |
| INTRALIPID INTRAVENOUS EMULSION                            | Tier-3           | B vs D                     |
| NUTRILIPID INTRAVENOUS EMULSION                            | Tier-3           | B vs D                     |
| PLENAMINE INTRAVENOUS SOLUTION                             | Tier-3           | B vs D                     |
| PREMASOL INTRAVENOUS SOLUTION                              | Tier-3           | B vs D                     |
| PROCALAMINE INTRAVENOUS SOLUTION                           | Tier-3           | B vs D                     |
| PROSOL INTRAVENOUS SOLUTION                                | Tier-3           | B vs D                     |
| <i>tpn electrolytes intravenous concentrate</i>            | Tier-2           | B vs D                     |
| <i>tpn electrolytes intravenous solution</i>               | Tier-2           | B vs D                     |
| TRAVASOL INTRAVENOUS SOLUTION                              | Tier-3           | B vs D                     |
| TROPHAMINE INTRAVENOUS SOLUTION                            | Tier-3           | B vs D                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>HORMONES</b>  |                  |                            |
| <b>ADRENAL CORTICOSTEROIDS</b>                               |                  |                            |
| ACTHAR INJECTION GEL   | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>dexamethasone oral elixir</i>                             | Tier-2           |                            |
| <i>dexamethasone oral tablet</i>                             | Tier-1           |                            |
| <i>dexamethasone oral tablet therapy pack</i>                | Tier-2           |                            |
| <i>fludrocortisone acetate oral tablet</i>                   | Tier-2           |                            |
| <i>hydrocortisone oral tablet</i>                            | Tier-2           |                            |
| MEDROL ORAL TABLET   | Tier-4           | Transplant                 |
| <i>methylprednisolone oral tablet</i>                        | Tier-2           | Transplant                 |
| <i>methylprednisolone oral tablet therapy pack</i>           | Tier-2           | Transplant                 |
| MILLIPRED ORAL TABLET  | Tier-4           | Transplant                 |
| ORAPRED ODT ORAL TABLET DISPERSIBLE                          | Tier-4           | Transplant                 |
| <i>prednisolone oral solution</i>                            | Tier-2           | Transplant                 |
| <i>prednisolone sodium phosphate oral solution</i>           | Tier-2           | Transplant                 |
| <i>prednisolone sodium phosphate oral tablet dispersible</i> | Tier-2           | Transplant                 |
| PREDNISONO INTENSOL ORAL CONCENTRATE                         | Tier-4           | Transplant                 |
| <i>prednisone oral solution</i>                              | Tier-2           | Transplant                 |
| <i>prednisone oral tablet</i>                                | Tier-1           | Transplant                 |
| <i>prednisone oral tablet therapy pack</i>                   | Tier-2           | Transplant                 |
| <b>ANDROGENS</b>   |                  |                            |
| AVEED INTRAMUSCULAR SOLUTION                                 | Tier-4           |                            |
| <i>danazol oral capsule</i>                                  | Tier-4           |                            |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION                     | Tier-4           |                            |
| METHITEST ORAL TABLET  | Tier-4           |                            |
| <i>methyltestosterone oral capsule</i>                       | Tier-5           | NEDS                       |
| <i>oxandrolone oral tablet</i>                               | Tier-2           |                            |
| <i>testosterone cypionate intramuscular solution</i>         | Tier-3           |                            |
| <i>testosterone enanthate intramuscular solution</i>         | Tier-2           |                            |
| <i>testosterone transdermal gel</i>                          | Tier-3           |                            |
| <i>testosterone transdermal solution</i>                     | Tier-2           |                            |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR                  | Tier-4           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>GONADOTROPIN RELEASING AGONISTS</b>                     |                  |                            |
| ELIGARD SUBCUTANEOUS KIT                                   | Tier-3           |                            |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-5           | NEDS                       |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG        | Tier-5           | NEDS                       |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG         | Tier-3           |                            |
| <i>leuprolide acetate injection kit</i>                    | Tier-2           |                            |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT                   | Tier-5           | NEDS                       |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT                   | Tier-5           | NEDS                       |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT                   | Tier-5           | NEDS                       |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT                   | Tier-5           | NEDS                       |
| SYNAREL NASAL SOLUTION                                     | Tier-5           | NEDS                       |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED    | Tier-5           | NEDS                       |
| <b>THYROID REPLACEMENT AND ANTITHYROID AGENTS</b>          |                  |                            |
| ARMOUR THYROID ORAL TABLET                                 | Tier-4           |                            |
| <i>euthyrox oral tablet</i>                                | Tier-1           |                            |
| <i>levo-t oral tablet</i>                                  | Tier-1           |                            |
| <i>levothyroxine sodium oral capsule</i>                   | Tier-3           |                            |
| <i>levothyroxine sodium oral tablet</i>                    | Tier-1           |                            |
| <i>levoxyl oral tablet</i>                                 | Tier-2           |                            |
| <i>liothyronine sodium oral tablet</i>                     | Tier-2           |                            |
| <i>methimazole oral tablet</i>                             | Tier-1           |                            |
| <i>propylthiouracil oral tablet</i>                        | Tier-2           |                            |
| SYNTHROID ORAL TABLET                                      | Tier-4           |                            |
| THYQUIDITY ORAL SOLUTION                                   | Tier-4           |                            |
| TIROSINT ORAL CAPSULE                                      | Tier-4           |                            |
| TIROSINT-SOL ORAL SOLUTION                                 | Tier-4           |                            |
| <i>unithroid oral tablet</i>                               | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <b>IMMUNOLOGIC AGENTS</b>                                     |           |                                |
| <b>IMMUNE STIMULANTS</b>                                      |           |                                |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                   | Tier-6    |                                |
| ACTIMMUNE SUBCUTANEOUS SOLUTION                               | Tier-5    | NEDS                           |
| ADACEL INTRAMUSCULAR SUSPENSION                               | Tier-6    |                                |
| BCG VACCINE INJECTION INJECTABLE                              | Tier-6    |                                |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE            | Tier-6    |                                |
| BIVIGAM INTRAVENOUS SOLUTION                                  | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| BOOSTRIX INTRAMUSCULAR SUSPENSION                             | Tier-6    |                                |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE           | Tier-6    |                                |
| DAPTACEL INTRAMUSCULAR SUSPENSION                             | Tier-6    |                                |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension</i> | Tier-6    |                                |
| ENGERIX-B INJECTION SUSPENSION                                | Tier-6    | B vs D                         |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION                           | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GAMMAGARD INJECTION SOLUTION                                  | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED     | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GAMMAKED INJECTION SOLUTION                                   | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GAMMAPLEX INTRAVENOUS SOLUTION                                | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GAMUNEX-C INJECTION SOLUTION                                  | Tier-5    | PA; HI; SP-CVS specialty; NEDS |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION                           | Tier-6    |                                |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE         | Tier-6    |                                |
| HAVRIX INTRAMUSCULAR SUSPENSION                               | Tier-6    |                                |
| HIBERIX INJECTION SOLUTION RECONSTITUTED                      | Tier-6    |                                |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE                        | Tier-6    |                                |
| INFANRIX INTRAMUSCULAR SUSPENSION                             | Tier-6    |                                |
| IPOL INJECTION INJECTABLE                                     | Tier-6    |                                |
| IXIARO INTRAMUSCULAR SUSPENSION                               | Tier-6    |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>     |
|--|------------------|--------------------------------|
| KINRIX INTRAMUSCULAR SUSPENSION                      | Tier-6           |                                |
| KINRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE | Tier-6           |                                |
| MENACTRA INTRAMUSCULAR<br>INJECTABLE                 | Tier-6           |                                |
| MENACTRA INTRAMUSCULAR SOLUTION                      | Tier-6           |                                |
| MENQUADFI INTRAMUSCULAR<br>INJECTABLE                | Tier-6           |                                |
| MENQUADFI INTRAMUSCULAR SOLUTION                     | Tier-6           |                                |
| MENVEO INTRAMUSCULAR SOLUTION<br>RECONSTITUTED       | Tier-6           |                                |
| M-M-R II INJECTION SOLUTION<br>RECONSTITUTED         | Tier-6           |                                |
| OCTAGAM INTRAVENOUS SOLUTION                         | Tier-3           | PA; HI; SP-CVS specialty       |
| PANZYGA INTRAVENOUS SOLUTION                         | Tier-5           | PA; HI; SP-CVS specialty; NEDS |
| PEDIARIX INTRAMUSCULAR SUSPENSION                    | Tier-6           |                                |
| PEDVAX HIB INTRAMUSCULAR<br>SUSPENSION               | Tier-6           |                                |
| PENTACEL INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED   | Tier-6           |                                |
| PNEUMOVAX 23 INJECTION INJECTABLE                    | Tier-6           | Part B                         |
| PREVNAR 13 INTRAMUSCULAR<br>SUSPENSION               | Tier-6           | Part B                         |
| PRIVIGEN INTRAVENOUS SOLUTION                        | Tier-5           | PA; HI; SP-CVS specialty; NEDS |
| PROQUAD SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED     | Tier-6           |                                |
| QUADRACEL INTRAMUSCULAR<br>SUSPENSION                | Tier-6           |                                |
| RABAVERT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED   | Tier-6           |                                |
| RECOMBIVAX HB INJECTION SUSPENSION                   | Tier-6           | B vs D                         |
| ROTARIX ORAL SUSPENSION<br>RECONSTITUTED             | Tier-6           |                                |
| ROTATEQ ORAL SOLUTION                                | Tier-6           |                                |
| SHINGRIX INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED   | Tier-6           |                                |
| STAMARIL INJECTION SUSPENSION<br>RECONSTITUTED       | Tier-6           |                                |
| <i>tdvax intramuscular suspension</i>                | Tier-6           |                                |
| TENIVAC INTRAMUSCULAR INJECTABLE                     | Tier-6           |                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>           |
|--|------------------|--------------------------------------|
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE        | Tier-6           |                                      |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE         | Tier-6           |                                      |
| TYPHIM VI INTRAMUSCULAR SOLUTION                           | Tier-6           |                                      |
| VAQTA INTRAMUSCULAR SUSPENSION                             | Tier-6           |                                      |
| VARIVAX SUBCUTANEOUS INJECTABLE                            | Tier-6           |                                      |
| VARIZIG INTRAMUSCULAR SOLUTION                             | Tier-6           |                                      |
| YF-VAX SUBCUTANEOUS INJECTABLE                             | Tier-6           |                                      |
| <b>IMMUNOSUPPRESSIVES</b>                                  |                  |                                      |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR          | Tier-4           | B vs D                               |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Tier-5           | PA; SP-CVS specialty; NEDS           |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Tier-5           | PA; SP-CVS specialty; NEDS           |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED                     | Tier-5           | B vs D; NEDS                         |
| <i>cyclosporine modified oral capsule</i>                  | Tier-2           | B vs D                               |
| <i>cyclosporine modified oral solution</i>                 | Tier-2           | B vs D                               |
| <i>cyclosporine oral capsule</i>                           | Tier-2           | B vs D                               |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Tier-5           | PA; SP-CVS specialty; NEDS           |
| ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR          | Tier-4           | B vs D; SP-CVS specialty             |
| <i>everolimus oral tablet</i>                              | Tier-5           | B vs D; QL (60 EA per 30 days); NEDS |
| <i>gengraf oral capsule</i>                                | Tier-2           | B vs D                               |
| <i>gengraf oral solution</i>                               | Tier-2           | B vs D                               |
| LUPKYNIS ORAL CAPSULE                                      | Tier-5           | PA; NEDS                             |
| <i>mycophenolate mofetil oral capsule</i>                  | Tier-2           | B vs D                               |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | Tier-5           | B vs D; NEDS                         |
| <i>mycophenolate mofetil oral tablet</i>                   | Tier-2           | B vs D                               |
| <i>mycophenolate sodium oral tablet delayed release</i>    | Tier-4           | B vs D                               |
| PROGRAF ORAL PACKET 0.2 MG                                 | Tier-4           | B vs D                               |
| PROGRAF ORAL PACKET 1 MG                                   | Tier-5           | B vs D; NEDS                         |
| REZUROCK ORAL TABLET                                       | Tier-5           | PA; NEDS                             |
| <i>sirolimus oral solution</i>                             | Tier-3           | B vs D                               |
| <i>sirolimus oral tablet</i>                               | Tier-2           | B vs D                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|---|------------------|---|
| <i>tacrolimus oral capsule</i>                      | Tier-2           | B vs D  |
| ZORTRESS ORAL TABLET                                | Tier-5           | B vs D; QL (60 EA per 30 days); NEDS                |
| <b>MISCELLANEOUS DRUGS</b>                          |                  |   |
| <b>ACROMEGALY</b>                                   |                  |   |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE               | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>octreotide acetate injection solution</i>        | Tier-2           | SP-CVS specialty                                    |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED        | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <b>AMYLOIDOSIS-ASSOCIATED CARDIOMYOPATHY</b>        |                  |   |
| VYNDAMAX ORAL CAPSULE                               | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| VYNDAQEL ORAL CAPSULE                               | Tier-5           | PA; SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| <b>AMYLOIDOSIS-ASSOCIATED POLYNEUROPATHY</b>        |                  |   |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE     | Tier-5           | PA; QL (6 ML per 30 days); NEDS                     |
| <b>AMYOTROPHIC LATERAL SCLEROSIS</b>                |                  |   |
| EXSERVAN ORAL FILM                                  | Tier-5           | NEDS  |
| <i>riluzole oral tablet</i>                         | Tier-3           |   |
| TIGLUTIK ORAL SUSPENSION                            | Tier-5           | NEDS  |
| <b>ANAPHYLAXIS EMERGENCY</b>                        |                  |   |
| <i>epinephrine injection solution</i>               | Tier-2           | QL (2 EA per 1 day)                                 |
| <i>epinephrine injection solution auto-injector</i> | Tier-2           | QL (2 EA per 1 day)                                 |
| <b>CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES</b>      |                  |   |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED        | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE     | Tier-5           | PA; QL (20.1 ML per 28 days); NEDS                  |
| <b>CUSHING'S SYNDROME</b>                           |                  |   |
| ISTURISA ORAL TABLET 1 MG                           | Tier-5           | PA; QL (240 EA per 30 days); NEDS                   |
| ISTURISA ORAL TABLET 10 MG                          | Tier-5           | PA; QL (180 EA per 30 days); NEDS                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| ISTURISA ORAL TABLET 5 MG                          | Tier-5           | PA; QL (60 EA per 30 days); NEDS  |
| KORLYM ORAL TABLET                                 | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION                     | Tier-5           | PA; QL (60 ML per 30 days); NEDS  |
| <b>CYSTIC FIBROSIS</b>                             |                  |                                   |
| BETHKIS INHALATION NEBULIZATION SOLUTION           | Tier-5           | B vs D; NEDS                      |
| BRONCHITOL INHALATION CAPSULE                      | Tier-5           | QL (560 EA per 28 days); NEDS     |
| CAYSTON INHALATION SOLUTION RECONSTITUTED          | Tier-5           | SP-CVS specialty; NEDS            |
| KALYDECO ORAL PACKET                               | Tier-5           | PA; QL (56 EA per 28 days); NEDS  |
| KALYDECO ORAL TABLET                               | Tier-5           | PA; QL (56 EA per 28 days); NEDS  |
| ORKAMBI ORAL PACKET                                | Tier-5           | PA; QL (56 EA per 28 days); NEDS  |
| ORKAMBI ORAL TABLET                                | Tier-5           | PA; QL (112 EA per 28 days); NEDS |
| PULMOZYME INHALATION SOLUTION                      | Tier-5           | B vs D; NEDS                      |
| SYMDEKO ORAL TABLET THERAPY PACK                   | Tier-5           | PA; NEDS                          |
| TOBI PODHALER INHALATION CAPSULE                   | Tier-5           | NEDS                              |
| <i>tobramycin inhalation nebulization solution</i> | Tier-5           | B vs D; NEDS                      |
| TRIKAFTA ORAL TABLET THERAPY PACK                  | Tier-5           | PA; QL (84 EA per 28 days); NEDS  |
| <b>CYSTINURIA</b>                                  |                  |                                   |
| CYSTADANE ORAL POWDER                              | Tier-5           | NEDS                              |
| THIOLA EC ORAL TABLET DELAYED RELEASE              | Tier-5           | NEDS                              |
| <i>tiopronin oral tablet</i>                       | Tier-5           | NEDS                              |
| <b>DETOXIFICATION AGENTS</b>                       |                  |                                   |
| CHEMET ORAL CAPSULE                                | Tier-4           |                                   |
| <i>deferasirox granules oral packet</i>            | Tier-5           | NEDS                              |
| <i>deferasirox oral tablet</i>                     | Tier-5           | NEDS                              |
| <i>deferasirox oral tablet soluble</i>             | Tier-5           | NEDS                              |
| <i>deferiprone oral tablet</i>                     | Tier-5           | NEDS                              |
| FERRIPROX ORAL SOLUTION                            | Tier-5           | NEDS                              |
| FERRIPROX ORAL TABLET                              | Tier-5           | NEDS                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>DUCHENNE MUSCULAR DYSTROPHY</b>                       |                  |                            |
| EMFLAZA ORAL SUSPENSION                                  | Tier-5           | PA; NEDS                   |
| EMFLAZA ORAL TABLET                                      | Tier-5           | PA; NEDS                   |
| <b>FABRY DISEASE</b>                                     |                  |                            |
| GALAFOLD ORAL CAPSULE                                    | Tier-5           | PA; NEDS                   |
| <b>GAUCHER'S DISEASE</b>                                 |                  |                            |
| CERDELGA ORAL CAPSULE                                    | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>miglustat oral capsule</i>                            | Tier-5           | PA; NEDS                   |
| <b>GROWTH HORMONE DEFICIENCY</b>                         |                  |                            |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED           | Tier-5           | PA; SP-CVS specialty; NEDS |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED | Tier-3           | PA; SP-CVS specialty       |
| GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED           | Tier-3           | PA; SP-CVS specialty       |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED               | Tier-5           | PA; SP-CVS specialty; NEDS |
| INCRELEX SUBCUTANEOUS SOLUTION                           | Tier-5           | PA; SP-CVS specialty; NEDS |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION                | Tier-5           | PA; SP-CVS specialty; NEDS |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR   | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION              | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION              | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION               | Tier-5           | PA; SP-CVS specialty; NEDS |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR  | Tier-5           | PA; SP-CVS specialty; NEDS |
| OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML              | Tier-5           | PA; SP-CVS specialty; NEDS |
| OMNITROPE SUBCUTANEOUS SOLUTION 5 MG/1.5ML               | Tier-3           | PA; SP-CVS specialty       |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML    | Tier-5           | PA; SP-CVS specialty; NEDS |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                     | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML | Tier-3           | PA; SP-CVS specialty                               |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED        | Tier-3           | PA; SP-CVS specialty                               |
| SAIZEN INJECTION SOLUTION RECONSTITUTED              | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| SAIZENPREP INJECTION SOLUTION RECONSTITUTED          | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED         | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED         | Tier-3           | PA; SP-CVS specialty                               |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED         | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <b>HEREDITARY ANGIOEDEMA</b>                         |                  |  |
| BERINERT INTRAVENOUS KIT                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED           | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED         | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>icatibant acetate subcutaneous solution</i>       | Tier-5           | PA; SP-CVS specialty; QL (18 ML per 30 days); NEDS |
| ORLADEYO ORAL CAPSULE                                | Tier-5           | PA; QL (30 EA per 30 days); NEDS                   |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED          | Tier-5           | SP-CVS specialty; NEDS                             |
| TAKHZYRO SUBCUTANEOUS SOLUTION                       | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <b>HEREDITARY TYROSINEMIA TYPE 1</b>                 |                  |  |
| <i>nitisinone oral capsule</i>                       | Tier-5           | PA; NEDS   |
| NITYR ORAL TABLET                                    | Tier-5           | PA; NEDS   |
| ORFADIN ORAL CAPSULE                                 | Tier-5           | PA; NEDS   |
| ORFADIN ORAL SUSPENSION                              | Tier-5           | PA; NEDS   |
| <b>HUNTINGTON'S CHOREA</b>                           |                  |  |
| AUSTEDO ORAL TABLET                                  | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>tetrabenazine oral tablet</i>                     | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <b>HYPERPARATHYROIDISM</b>                           |                  |  |
| <i>calcitriol oral capsule</i>                       | Tier-2           |  |
| <i>calcitriol oral solution</i>                      | Tier-2           |  |
| <i>cinacalcet hcl oral tablet 30 mg</i>              | Tier-4           |  |
| <i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>       | Tier-5           | NEDS   |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                        |
|--|------------------|---|
| <i>doxercalciferol oral capsule</i>                          | Tier-4           |   |
| <i>paricalcitol oral capsule</i>                             | Tier-2           |   |
| <b>HYPOPARATHYROIDISM</b>                                    |                  |   |
| NATPARA SUBCUTANEOUS CARTRIDGE                               | Tier-5           | PA; SP-CVS specialty; QL (2 EA per 28 days); NEDS |
| <b>LAMBERT-EATON MYASTHENIC SYNDROME</b>                     |                  |   |
| FIRDAPSE ORAL TABLET   | Tier-5           | PA; NEDS  |
| RUZURGI ORAL TABLET  | Tier-5           | PA; NEDS  |
| <b>LONG-CHAIN FATTY ACID OXIDATION DISORDERS</b>             |                  |   |
| DOJOLVI ORAL LIQUID  | Tier-5           | NEDS  |
| <b>MULTIPLE SCLEROSIS</b>                                    |                  |   |
| AUBAGIO ORAL TABLET  | Tier-5           | SP-CVS specialty; QL (30 EA per 30 days); NEDS    |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                   | Tier-5           | SP-CVS specialty; QL (4 EA per 28 days); NEDS     |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT         | Tier-5           | SP-CVS specialty; QL (4 EA per 28 days); NEDS     |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE                       | Tier-5           | SP-CVS specialty; QL (120 EA per 30 days); NEDS   |
| BETASERON SUBCUTANEOUS KIT                                   | Tier-5           | SP-CVS specialty; QL (15 EA per 30 days); NEDS    |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML    | Tier-5           | SP-CVS specialty; QL (30 ML per 30 days); NEDS    |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML    | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS    |
| <i>dalfampridine er oral tablet extended release 12 hour</i> | Tier-5           | SP-CVS specialty; QL (60 EA per 30 days); NEDS    |
| <i>dimethyl fumarate oral capsule delayed release</i>        | Tier-5           | SP-CVS specialty; QL (60 EA per 30 days); NEDS    |
| <i>dimethyl fumarate starter pack oral</i>                   | Tier-5           | SP-CVS specialty; NEDS                            |
| EXTAVIA SUBCUTANEOUS KIT                                     | Tier-5           | SP-CVS specialty; QL (15 EA per 30 days); NEDS    |
| GILENYA ORAL CAPSULE   | Tier-5           | SP-CVS specialty; QL (30 EA per 30 days); NEDS    |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                 | Tier-5           | PA; SP-CVS specialty; NEDS                        |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                 | Tier-5           | SP-CVS specialty; NEDS                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                      |
|---|------------------|---|
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                       | Tier-5           | SP-CVS specialty; NEDS                          |
| MAYZENT ORAL TABLET 0.25 MG                                       | Tier-5           | SP-CVS specialty; QL (120 EA per 30 days); NEDS |
| MAYZENT ORAL TABLET 2 MG  | Tier-5           | SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK                     | Tier-5           | SP-CVS specialty; NEDS                          |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | Tier-5           | SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                  | Tier-5           | SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS  |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Tier-5           | SP-CVS specialty; NEDS                          |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                     | Tier-5           | SP-CVS specialty; QL (12 ML per 28 days); NEDS  |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE      | Tier-5           | SP-CVS specialty; NEDS                          |
| <b>MYASTHENIA GRAVIS</b>  |                  |   |
| <i>pyridostigmine bromide er oral tablet extended release</i>     | Tier-4           |   |
| <i>pyridostigmine bromide oral solution</i>                       | Tier-3           |   |
| <i>pyridostigmine bromide oral tablet</i>                         | Tier-2           |   |
| <b>OPIOID ANTAGONISTS</b>   |                  |   |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>        | Tier-2           | QL (360 EA per 30 days)                         |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>        | Tier-2           | QL (90 EA per 30 days)                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>    |
|---|------------------|-------------------------------|
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>       | Tier-2           | QL (90 EA per 30 days)        |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>              | Tier-2           | QL (360 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>                | Tier-2           | QL (180 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | Tier-2           | QL (360 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>   | Tier-2           | QL (90 EA per 30 days)        |
| LUCEMYRA ORAL TABLET  | Tier-5           | QL (224 EA per 14 days); NEDS |
| <i>naloxone hcl injection solution</i>                                      | Tier-2           |                               |
| <i>naloxone hcl injection solution cartridge</i>                            | Tier-2           |                               |
| <i>naloxone hcl injection solution prefilled syringe</i>                    | Tier-2           |                               |
| NARCAN NASAL LIQUID   | Tier-3           | QL (4 EA per 30 days)         |
| <b>PHENYLKETONURIA</b>  |                  |                               |
| KUVAN ORAL PACKET   | Tier-5           | PA; SP-CVS specialty; NEDS    |
| KUVAN ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; NEDS    |
| KUVAN ORAL TABLET SOLUBLE   | Tier-5           | PA; SP-CVS specialty; NEDS    |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                            | Tier-5           | PA; NEDS                      |
| <i>sapropterin dihydrochloride oral packet</i>                              | Tier-5           | PA; SP-CVS specialty; NEDS    |
| <i>sapropterin dihydrochloride oral tablet</i>                              | Tier-5           | PA; SP-CVS specialty; NEDS    |
| <i>sapropterin dihydrochloride oral tablet soluble</i>                      | Tier-5           | PA; SP-CVS specialty; NEDS    |
| <b>PHEOCHROMOCYTOMA</b>   |                  |                               |
| DEMSER ORAL CAPSULE   | Tier-5           | NEDS                          |
| DIBENZYLINE ORAL CAPSULE  | Tier-4           |                               |
| <i>metyrosine oral capsule</i>  | Tier-5           | NEDS                          |
| <i>phenoxybenzamine hcl oral capsule</i>                                    | Tier-3           |                               |
| <b>PHOSPHATE BINDERS</b>  |                  |                               |
| AURYXIA ORAL TABLET   | Tier-5           | PA; NEDS                      |
| <i>calcium acetate (phos binder) oral capsule</i>                           | Tier-2           |                               |
| <i>calcium acetate (phos binder) oral tablet</i>                            | Tier-2           |                               |
| <i>sevelamer carbonate oral packet</i>                                      | Tier-3           |                               |
| <i>sevelamer carbonate oral tablet</i>                                      | Tier-3           |                               |
| <i>sevelamer hcl oral tablet</i>  | Tier-3           |                               |
| <b>POTASSIUM BINDER</b>   |                  |                               |
| LOKELMA ORAL PACKET   | Tier-4           |                               |
| <i>sodium polystyrene sulfonate oral powder</i>                             | Tier-2           |                               |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>sps oral suspension</i>   | Tier-2           |                            |
| VELTASSA ORAL PACKET   | Tier-4           |                            |
| <b>PRIMARY PERIODIC PARALYSIS</b>  |                  |                            |
| KEVEYIS ORAL TABLET  | Tier-5           | PA; NEDS                   |
| <b>SMOKING CESSATION</b>   |                  |                            |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | Tier-2           |                            |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET                                   | Tier-3           | QL (56 EA per 28 days)     |
| CHANTIX ORAL TABLET  | Tier-3           | QL (60 EA per 30 days)     |
| CHANTIX STARTING MONTH PAK ORAL TABLET                                     | Tier-3           | QL (53 EA per 28 days)     |
| NICOTROL INHALATION INHALER  | Tier-3           |                            |
| NICOTROL NS NASAL SOLUTION   | Tier-4           |                            |
| <i>varenicline tartrate oral tablet</i>                                    | Tier-3           | QL (60 EA per 30 days)     |
| <b>SPINAL MUSCULAR ATROPHY</b>   |                  |                            |
| EVRYSDI ORAL SOLUTION RECONSTITUTED  | Tier-5           | PA; NEDS                   |
| <b>SUCRASE DEFICIENCY</b>  |                  |                            |
| SUCRAID ORAL SOLUTION  | Tier-5           | NEDS                       |
| <b>SYMPTOMATIC BENIGN PROSTATIC HYPERPLASIA</b>                            |                  |                            |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i>               | Tier-2           |                            |
| <i>dutasteride oral capsule</i>  | Tier-2           |                            |
| <i>dutasteride-tamsulosin hcl oral capsule</i>                             | Tier-3           |                            |
| <i>finasteride oral tablet</i>   | Tier-1           |                            |
| <i>silodosin oral capsule</i>  | Tier-3           |                            |
| <i>tadalafil oral tablet</i>   | Tier-3           | PA; QL (30 EA per 30 days) |
| <i>tamsulosin hcl oral capsule</i>   | Tier-2           |                            |
| <b>TARDIVE DYSKINESIA</b>  |                  |                            |
| INGREZZA ORAL CAPSULE  | Tier-5           | PA; NEDS                   |
| INGREZZA ORAL CAPSULE THERAPY PACK   | Tier-5           | PA; NEDS                   |
| <b>UREA CYCLE DISORDERS</b>  |                  |                            |
| RAVICTI ORAL LIQUID  | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>sodium phenylbutyrate oral powder</i>                                   | Tier-5           | NEDS                       |
| <i>sodium phenylbutyrate oral tablet</i>                                   | Tier-5           | NEDS                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>UROLOGIC DISORDERS</b>   |                  |                            |
| <i>bethanechol chloride oral tablet</i>                                 | Tier-3           |                            |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | Tier-3           |                            |
| <i>desmopressin ace spray refrig nasal solution</i>                     | Tier-2           |                            |
| <i>desmopressin acetate oral tablet</i>                                 | Tier-2           |                            |
| ELMIRON ORAL CAPSULE  | Tier-4           |                            |
| <i>flavoxate hcl oral tablet</i>  | Tier-2           |                            |
| JYNARQUE ORAL TABLET  | Tier-5           | NEDS                       |
| JYNARQUE ORAL TABLET THERAPY PACK                                       | Tier-5           | NEDS                       |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER                              | Tier-4           |                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                          | Tier-4           |                            |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i>      | Tier-2           |                            |
| <i>oxybutynin chloride oral syrup</i>                                   | Tier-1           |                            |
| <i>oxybutynin chloride oral tablet</i>                                  | Tier-1           |                            |
| <i>potassium citrate er oral tablet extended release</i>                | Tier-2           |                            |
| SAMSCA ORAL TABLET  | Tier-5           | NEDS                       |
| <i>solifenacin succinate oral tablet</i>                                | Tier-3           |                            |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i>    | Tier-3           |                            |
| <i>tolterodine tartrate oral tablet</i>                                 | Tier-3           |                            |
| <i>tolvaptan oral tablet</i>  | Tier-5           | NEDS                       |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR                             | Tier-3           |                            |
| <i>trospium chloride er oral capsule extended release 24 hour</i>       | Tier-3           |                            |
| <i>trospium chloride oral tablet</i>                                    | Tier-3           |                            |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE                                | Tier-4           |                            |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE                                | Tier-4           |                            |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE                                 | Tier-4           |                            |
| <b>WILSON'S DISEASE</b>   |                  |                            |
| <i>penicillamine oral capsule</i>                                       | Tier-5           | NEDS                       |
| <i>penicillamine oral tablet</i>  | Tier-3           |                            |
| <i>trientine hcl oral capsule</i>                                       | Tier-5           | NEDS                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>NEUROLOGICAL DRUGS</b>  |                  |                            |
| <b>ALZHEIMER'S DISEASE</b>   |                  |                            |
| <i>donepezil hcl oral tablet</i>   | Tier-1           |                            |
| <i>donepezil hcl oral tablet dispersible</i>                             | Tier-2           |                            |
| <i>ergoloid mesylates oral tablet</i>                                    | Tier-2           |                            |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour</i> | Tier-2           |                            |
| <i>galantamine hydrobromide oral solution</i>                            | Tier-3           |                            |
| <i>galantamine hydrobromide oral tablet</i>                              | Tier-2           |                            |
| <i>memantine hcl er oral capsule extended release 24 hour</i>            | Tier-3           |                            |
| <i>memantine hcl oral solution</i>                                       | Tier-3           |                            |
| <i>memantine hcl oral tablet</i>   | Tier-2           |                            |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK                            | Tier-4           |                            |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR                           | Tier-4           |                            |
| <i>rivastigmine tartrate oral capsule</i>                                | Tier-2           |                            |
| <i>rivastigmine transdermal patch 24 hour</i>                            | Tier-2           |                            |
| <b>MIGRAINE THERAPY</b>  |                  |                            |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | Tier-3           | PA; QL (1 ML per 30 days)  |
| <i>almotriptan malate oral tablet</i>                                    | Tier-4           |                            |
| <i>dihydroergotamine mesylate nasal solution</i>                         | Tier-5           | NEDS                       |
| <i>eletriptan hydrobromide oral tablet</i>                               | Tier-3           |                            |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Tier-3           | PA; QL (3 ML per 30 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | Tier-3           | PA; QL (2 ML per 30 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Tier-3           | PA; QL (2 ML per 30 days)  |
| <i>frovatriptan succinate oral tablet</i>                                | Tier-4           |                            |
| MIGERGOT RECTAL SUPPOSITORY  | Tier-5           | NEDS                       |
| <i>naratriptan hcl oral tablet</i>                                       | Tier-4           |                            |
| NAYZILAM NASAL SOLUTION  | Tier-4           | PA; QL (10 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet</i>                                  | Tier-2           |                            |
| <i>rizatriptan benzoate oral tablet dispersible</i>                      | Tier-2           |                            |
| <i>sumatriptan nasal solution 20 mg/act</i>                              | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|--|------------------|----------------------------------|
| <i>sumatriptan nasal solution 5 mg/act</i>                                     | Tier-2           |                                  |
| <i>sumatriptan succinate oral tablet</i>                                       | Tier-2           |                                  |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i> | Tier-2           |                                  |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> | Tier-3           |                                  |
| <i>sumatriptan succinate subcutaneous solution</i>                             | Tier-3           |                                  |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>    | Tier-2           |                                  |
| <i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>    | Tier-3           |                                  |
| <i>sumatriptan-naproxen sodium oral tablet</i>                                 | Tier-3           |                                  |
| <i>zolmitriptan oral tablet</i>  | Tier-4           |                                  |
| <i>zolmitriptan oral tablet dispersible</i>                                    | Tier-2           |                                  |
| <b>PARKINSON'S DISEASE</b>   |                  |                                  |
| <b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>                                  | Tier-5           | NEDS                             |
| <i>benztropine mesylate oral tablet</i>  | Tier-1           | PA                               |
| <i>bromocriptine mesylate oral capsule</i>                                     | Tier-2           |                                  |
| <i>bromocriptine mesylate oral tablet</i>                                      | Tier-2           |                                  |
| <i>cabergoline oral tablet</i>   | Tier-2           |                                  |
| <i>carbidopa oral tablet</i>   | Tier-2           |                                  |
| <i>carbidopa-levodopa er oral tablet extended release</i>                      | Tier-2           |                                  |
| <i>carbidopa-levodopa oral tablet</i>  | Tier-2           |                                  |
| <i>carbidopa-levodopa oral tablet dispersible</i>                              | Tier-2           |                                  |
| <i>carbidopa-levodopa-entacapone oral tablet</i>                               | Tier-2           |                                  |
| <b>DUOPA ENTERAL SUSPENSION</b>  | Tier-4           |                                  |
| <i>entacapone oral tablet</i>  | Tier-2           |                                  |
| <b>INBRIJA INHALATION CAPSULE</b>  | Tier-5           | PA; NEDS                         |
| <b>KYNMOBI SUBLINGUAL FILM</b>   | Tier-5           | NEDS                             |
| <b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>  | Tier-4           | QL (30 EA per 30 days)           |
| <b>NOURIANZ ORAL TABLET</b>  | Tier-5           | PA; QL (30 EA per 30 days); NEDS |
| <b>ONGENTYS ORAL CAPSULE</b>   | Tier-4           | PA                               |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>     | Tier-4           |                                  |
| <i>pramipexole dihydrochloride oral tablet</i>                                 | Tier-1           |                                  |
| <i>rasagiline mesylate oral tablet</i>   | Tier-4           |                                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ropinirole hcl er oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>ropinirole hcl oral tablet</i>                             | Tier-1           |                            |
| <b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>                   | Tier-4           |                            |
| <i>selegiline hcl oral capsule</i>                            | Tier-2           |                            |
| <i>selegiline hcl oral tablet</i>                             | Tier-2           |                            |
| <i>tolcapone oral tablet</i>                                  | Tier-5           | NEDS                       |
| <i>trihexyphenidyl hcl oral solution</i>                      | Tier-1           | PA                         |
| <i>trihexyphenidyl hcl oral tablet</i>                        | Tier-1           | PA                         |
| <b>PSEUDOBULBAR AFFECT</b>                                    |                  |                            |
| <b>NUEDEXTA ORAL CAPSULE</b>                                  | Tier-3           | PA                         |
| <b>SEIZURES</b>   |                  |                            |
| <b>APTIOM ORAL TABLET</b>                                     | Tier-4           |                            |
| <b>BANZEL ORAL SUSPENSION</b>                                 | Tier-4           |                            |
| <b>BANZEL ORAL TABLET</b>                                     | Tier-4           |                            |
| <b>BRIVIACT ORAL SOLUTION</b>                                 | Tier-5           | PA; NEDS                   |
| <b>BRIVIACT ORAL TABLET</b>                                   | Tier-5           | PA; NEDS                   |
| <i>carbamazepine er oral capsule extended release 12 hour</i> | Tier-3           |                            |
| <i>carbamazepine er oral tablet extended release 12 hour</i>  | Tier-3           |                            |
| <i>carbamazepine oral suspension</i>                          | Tier-4           |                            |
| <i>carbamazepine oral tablet</i>                              | Tier-1           |                            |
| <i>carbamazepine oral tablet chewable</i>                     | Tier-2           |                            |
| <b>CELONTIN ORAL CAPSULE</b>                                  | Tier-4           |                            |
| <i>clobazam oral suspension</i>                               | Tier-3           |                            |
| <i>clobazam oral tablet</i>                                   | Tier-3           | QL (60 EA per 30 days)     |
| <i>clonazepam oral tablet</i>                                 | Tier-1           |                            |
| <i>clonazepam oral tablet dispersible</i>                     | Tier-3           |                            |
| <b>DIACOMIT ORAL CAPSULE</b>                                  | Tier-5           | PA; NEDS                   |
| <b>DIACOMIT ORAL PACKET</b>                                   | Tier-5           | PA; NEDS                   |
| <b>DIASTAT ACUDIAL RECTAL GEL</b>                             | Tier-3           |                            |
| <b>DIASTAT PEDIATRIC RECTAL GEL</b>                           | Tier-3           |                            |
| <i>diazepam oral concentrate</i>                              | Tier-2           |                            |
| <i>diazepam oral solution</i>                                 | Tier-2           |                            |
| <i>diazepam oral tablet</i>                                   | Tier-2           |                            |
| <i>diazepam rectal gel</i>                                    | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| DILANTIN INFATABS ORAL TABLET CHEWABLE                           | Tier-3           |                            |
| DILANTIN ORAL CAPSULE  | Tier-3           |                            |
| DILANTIN ORAL SUSPENSION   | Tier-3           |                            |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | Tier-3           |                            |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>   | Tier-2           |                            |
| <i>divalproex sodium oral tablet delayed release</i>             | Tier-2           |                            |
| EPIDIOLEX ORAL SOLUTION  | Tier-4           | PA; SP-CVS specialty       |
| <i>epitol oral tablet</i>  | Tier-1           |                            |
| <i>ethosuximide oral capsule</i>                                 | Tier-2           |                            |
| <i>ethosuximide oral solution</i>                                | Tier-2           |                            |
| <i>felbamate oral suspension</i>                                 | Tier-2           |                            |
| <i>felbamate oral tablet</i>                                     | Tier-2           |                            |
| FINTEPLA ORAL SOLUTION   | Tier-5           | PA; NEDS                   |
| FYCOMPA ORAL SUSPENSION  | Tier-4           | PA                         |
| FYCOMPA ORAL TABLET  | Tier-4           | PA                         |
| <i>gabapentin oral capsule</i>                                   | Tier-1           |                            |
| <i>gabapentin oral solution</i>                                  | Tier-2           |                            |
| <i>gabapentin oral tablet</i>                                    | Tier-1           |                            |
| HORIZANT ORAL TABLET EXTENDED RELEASE                            | Tier-4           | QL (60 EA per 30 days)     |
| <i>lamotrigine er oral tablet extended release 24 hour</i>       | Tier-3           |                            |
| <i>lamotrigine oral kit</i>                                      | Tier-2           |                            |
| <i>lamotrigine oral tablet</i>                                   | Tier-1           |                            |
| <i>lamotrigine oral tablet chewable</i>                          | Tier-2           |                            |
| <i>lamotrigine oral tablet dispersible</i>                       | Tier-2           |                            |
| <i>lamotrigine starter kit-blue oral kit</i>                     | Tier-2           |                            |
| <i>lamotrigine starter kit-green oral kit</i>                    | Tier-2           |                            |
| <i>lamotrigine starter kit-orange oral kit</i>                   | Tier-2           |                            |
| <i>levetiracetam er oral tablet extended release 24 hour</i>     | Tier-2           |                            |
| <i>levetiracetam oral solution</i>                               | Tier-2           |                            |
| <i>levetiracetam oral tablet</i>                                 | Tier-2           |                            |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR                   | Tier-4           |                            |
| <i>oxcarbazepine oral suspension</i>                             | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>oxcarbazepine oral tablet</i>                          | Tier-2           |                              |
| <i>phenobarbital oral elixir</i>                          | Tier-2           | PA                           |
| <i>phenobarbital oral tablet</i>                          | Tier-2           | PA                           |
| <i>phenytoin oral suspension</i>                          | Tier-2           |                              |
| <i>phenytoin oral tablet chewable</i>                     | Tier-2           |                              |
| <i>phenytoin sodium extended oral capsule</i>             | Tier-2           |                              |
| <i>pregabalin er oral tablet extended release 24 hour</i> | Tier-3           |                              |
| <i>pregabalin oral capsule</i>                            | Tier-3           |                              |
| <i>pregabalin oral solution</i>                           | Tier-3           |                              |
| <i>primidone oral tablet</i>                              | Tier-2           |                              |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE                | Tier-4           |                              |
| <i>roweepra oral tablet</i>                               | Tier-2           |                              |
| <i>rufinamide oral suspension</i>                         | Tier-3           |                              |
| <i>rufinamide oral tablet</i>                             | Tier-3           |                              |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE                | Tier-4           |                              |
| SYMPAZAN ORAL FILM  | Tier-4           |                              |
| <i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>        | Tier-4           |                              |
| <i>tiagabine hcl oral tablet 16 mg</i>                    | Tier-5           | NEDS                         |
| <i>topiramate er oral capsule er 24 hour sprinkle</i>     | Tier-2           |                              |
| <i>topiramate oral capsule sprinkle</i>                   | Tier-2           |                              |
| <i>topiramate oral tablet</i>                             | Tier-1           |                              |
| <i>valproic acid oral capsule</i>                         | Tier-2           |                              |
| <i>valproic acid oral solution</i>                        | Tier-2           |                              |
| VALTOCO 10 MG DOSE NASAL LIQUID                           | Tier-4           | PA; QL (10 EA per 30 days)   |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK              | Tier-4           | PA; QL (10 EA per 30 days)   |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK              | Tier-4           | PA; QL (10 EA per 30 days)   |
| VALTOCO 5 MG DOSE NASAL LIQUID                            | Tier-4           | PA; QL (10 EA per 30 days)   |
| <i>vigabatrin oral packet</i>                             | Tier-5           | NEDS                         |
| <i>vigabatrin oral tablet</i>                             | Tier-5           | NEDS                         |
| <i>vigadrone oral packet</i>                              | Tier-5           | NEDS                         |
| VIMPAT ORAL SOLUTION                                      | Tier-4           |                              |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG                 | Tier-5           | QL (60 EA per 30 days); NEDS |
| VIMPAT ORAL TABLET 50 MG                                  | Tier-4           | QL (60 EA per 30 days)       |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                           |
|---|------------------|--|
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK                               | Tier-4           | PA   |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK                               | Tier-5           | PA; NEDS   |
| XCOPRI ORAL TABLET  | Tier-5           | PA; NEDS   |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG                         | Tier-4           | PA   |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | Tier-5           | PA; NEDS   |
| <i>zonisamide oral capsule</i>  | Tier-2           |  |
| <b>SPASTICITY</b>   |                  |  |
| <i>baclofen oral tablet</i>   | Tier-1           |  |
| <i>cyclobenzaprine hcl oral tablet</i>  | Tier-3           | PA   |
| <i>dantrolene sodium oral capsule</i>   | Tier-2           |  |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg</i>                                     | Tier-4           |  |
| <i>tizanidine hcl oral capsule 6 mg</i>   | Tier-3           |  |
| <i>tizanidine hcl oral tablet</i>   | Tier-2           |  |
| <b>PAIN AND INFLAMMATORY DISEASES</b>   |                  |  |
| <b>ARTHRITIS</b>  |                  |  |
| AZASAN ORAL TABLET  | Tier-4           | B vs D   |
| <i>azathioprine oral tablet</i>   | Tier-2           | B vs D   |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE                                       | Tier-5           | PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS    |
| ENBREL SUBCUTANEOUS SOLUTION  | Tier-5           | PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML                        | Tier-5           | PA; SP-CVS specialty; QL (8.16 ML per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML                           | Tier-5           | PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS    |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED  | Tier-5           | PA; SP-CVS specialty; QL (8 EA per 28 days); NEDS    |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR                              | Tier-5           | PA; SP-CVS specialty; QL (8 ML per 28 days); NEDS    |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT                  | Tier-5           | PA; SP-CVS specialty; NEDS                           |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                 | Tier-5           | PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS    |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML                              | Tier-5           | PA; SP-CVS specialty; QL (4 EA per 28 days); NEDS    |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|--|------------------|---|
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT    | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT   | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT                    | Tier-5           | PA; SP-CVS specialty; QL (6 EA per 28 days); NEDS   |
| <i>leflunomide oral tablet</i>                               | Tier-2           |   |
| <i>methotrexate oral tablet</i>                              | Tier-2           | B vs D  |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR                   | Tier-4           |   |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| RIDAURA ORAL CAPSULE   | Tier-5           | NEDS  |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR                  | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT     | Tier-5           | PA; SP-CVS specialty; QL (1 EA per 28 days); NEDS   |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR              | Tier-5           | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | Tier-5           | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| STELARA SUBCUTANEOUS SOLUTION                                | Tier-5           | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE              | Tier-5           | PA; SP-CVS specialty; QL (1 ML per 28 days); NEDS   |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR                    | Tier-5           | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS   |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                | Tier-5           | PA; SP-CVS specialty; QL (4 ML per 28 days); NEDS   |
| TREXALL ORAL TABLET  | Tier-4           | B vs D  |
| XATMEP ORAL SOLUTION   | Tier-4           | B vs D  |
| XELJANZ ORAL SOLUTION  | Tier-5           | PA; SP-CVS specialty; QL (300 ML per 30 days); NEDS |
| XELJANZ ORAL TABLET  | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR              | Tier-5           | PA; SP-CVS specialty; QL (30 EA per 30 days); NEDS  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <b>GOUT</b>  |                  |                            |
| <i>allopurinol oral tablet</i>                                   | Tier-1           |                            |
| <i>colchicine oral capsule</i>                                   | Tier-3           |                            |
| <i>colchicine oral tablet</i>                                    | Tier-2           |                            |
| <i>colchicine-probenecid oral tablet</i>                         | Tier-2           |                            |
| <i>febuxostat oral tablet</i>                                    | Tier-3           | STPA                       |
| GLOPERBA ORAL SOLUTION   | Tier-4           |                            |
| <i>probenecid oral tablet</i>                                    | Tier-2           |                            |
| <b>PAIN, NSAID ANALGESICS</b>                                    |                  |                            |
| <i>celecoxib oral capsule</i>                                    | Tier-3           |                            |
| <i>diclofenac potassium 50mg oral tablet</i>                     | Tier-3           |                            |
| <i>diclofenac sodium er oral tablet extended release 24 hour</i> | Tier-2           |                            |
| <i>diclofenac sodium oral tablet delayed release</i>             | Tier-2           |                            |
| <i>diclofenac-misoprostol oral tablet delayed release</i>        | Tier-4           |                            |
| <i>diflunisal oral tablet</i>                                    | Tier-3           |                            |
| <i>etodolac er oral tablet extended release 24 hour</i>          | Tier-3           |                            |
| <i>etodolac oral capsule</i>                                     | Tier-3           |                            |
| <i>etodolac oral tablet</i>                                      | Tier-2           |                            |
| <i>fenoprofen calcium oral capsule</i>                           | Tier-4           |                            |
| <i>fenoprofen calcium oral tablet</i>                            | Tier-2           |                            |
| <i>flurbiprofen oral tablet</i>                                  | Tier-2           |                            |
| <i>ibuprofen oral suspension</i>                                 | Tier-2           |                            |
| <i>ibuprofen oral tablet</i>                                     | Tier-1           |                            |
| INDOCIN ORAL SUSPENSION  | Tier-4           |                            |
| <i>indomethacin er oral capsule extended release</i>             | Tier-3           |                            |
| <i>indomethacin oral capsule</i>                                 | Tier-1           |                            |
| <i>ketoprofen er oral capsule extended release 24 hour</i>       | Tier-4           |                            |
| <i>ketoprofen oral capsule</i>                                   | Tier-2           |                            |
| <i>meclofenamate sodium oral capsule</i>                         | Tier-4           |                            |
| <i>mefenamic acid oral capsule</i>                               | Tier-2           |                            |
| <i>meloxicam oral capsule</i>                                    | Tier-3           |                            |
| <i>meloxicam oral tablet</i>                                     | Tier-1           |                            |
| <i>nabumetone oral tablet</i>                                    | Tier-2           |                            |
| <i>naproxen dr oral tablet delayed release</i>                   | Tier-2           |                            |
| <i>naproxen oral suspension</i>                                  | Tier-2           |                            |
| <i>naproxen oral tablet</i>                                      | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| <i>naproxen oral tablet delayed release</i>  | Tier-2           |                                   |
| <i>naproxen sodium er oral tablet extended release 24 hour</i>                       | Tier-5           | NEDS                              |
| <i>naproxen sodium oral tablet</i>   | Tier-1           |                                   |
| <i>oxaprozin oral tablet</i>   | Tier-4           |                                   |
| <i>piroxicam oral capsule</i>  | Tier-3           |                                   |
| <i>sulindac oral tablet</i>  | Tier-2           |                                   |
| <b>PAIN, OPIOID AND OTHER ANALGESICS</b>   |                  |                                   |
| <i>acetaminophen-codeine #3 oral tablet</i>  | Tier-2           | QL (240 EA per 30 days)           |
| <i>acetaminophen-codeine oral solution</i>   | Tier-2           | QL (3600 ML per 30 days)          |
| <i>acetaminophen-codeine oral tablet</i>   | Tier-2           | QL (240 EA per 30 days)           |
| ACTIQ BUCCAL LOZENGE ON A HANDLE   | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| BELBUCA BUCCAL FILM  | Tier-4           | QL (60 EA per 30 days)            |
| <i>buprenorphine transdermal patch weekly</i>  | Tier-3           | QL (4 EA per 28 days)             |
| <i>butorphanol tartrate nasal solution</i>   | Tier-2           | QL (7.5 ML per 30 days)           |
| <i>codeine sulfate oral tablet</i>   | Tier-3           | QL (180 EA per 30 days)           |
| <i>endocet oral tablet</i>   | Tier-3           | QL (240 EA per 30 days)           |
| <i>fentanyl citrate buccal lozenge on a handle</i>                                   | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| <i>fentanyl citrate buccal tablet</i>  | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| <i>fentanyl 12 mcg/hr, 25 mcg/hr, 50mg/hr, 75 mg/hr, 100 mg/hr transdermal patch</i> | Tier-2           | QL (10 EA per 30 days)            |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>              | Tier-3           | QL (60 EA per 30 days)            |
| <i>hydrocodone-acetaminophen oral solution</i>                                       | Tier-2           | QL (3600 ML per 30 days)          |
| <i>hydrocodone-acetaminophen oral tablet</i>   | Tier-2           | QL (240 EA per 30 days)           |
| <i>hydrocodone-ibuprofen oral tablet</i>   | Tier-2           | QL (240 EA per 30 days)           |
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>                   | Tier-3           | QL (30 EA per 30 days)            |
| <i>hydromorphone hcl er oral tablet extended release 24 hour</i>                     | Tier-3           | QL (30 EA per 30 days)            |
| <i>hydromorphone hcl oral liquid</i>   | Tier-2           | QL (1350 ML per 30 days)          |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>                                      | Tier-2           | QL (240 EA per 30 days)           |
| <i>hydromorphone hcl oral tablet 8 mg</i>  | Tier-2           | QL (120 EA per 30 days)           |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT                                   | Tier-3           | QL (60 EA per 30 days)            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>        |
|--|------------------|-----------------------------------|
| LAZANDA NASAL SOLUTION 100 MCG/ACT                                     | Tier-5           | PA; QL (30 EA per 30 days); NEDS  |
| LAZANDA NASAL SOLUTION 400 MCG/ACT                                     | Tier-5           | PA; QL (15 EA per 30 days); NEDS  |
| <i>levorphanol tartrate oral tablet</i>                                | Tier-5           | QL (240 EA per 30 days); NEDS     |
| <i>methadone hcl oral solution 10 mg/5ml</i>                           | Tier-2           | QL (600 ML per 30 days)           |
| <i>methadone hcl oral solution 5 mg/5ml</i>                            | Tier-2           | QL (1200 ML per 30 days)          |
| <i>methadone hcl oral tablet</i>                                       | Tier-2           | QL (120 EA per 30 days)           |
| <i>morphine sulfate (concentrate) oral solution</i>                    | Tier-2           | QL (180 ML per 30 days)           |
| <i>morphine sulfate er beads oral capsule extended release 24 hour</i> | Tier-4           | QL (60 EA per 30 days)            |
| <i>morphine sulfate er oral capsule extended release 24 hour</i>       | Tier-4           | QL (60 EA per 30 days)            |
| <i>morphine sulfate er oral tablet extended release</i>                | Tier-3           | QL (60 EA per 30 days)            |
| <i>morphine sulfate oral solution</i>                                  | Tier-2           | QL (900 ML per 30 days)           |
| <i>morphine sulfate oral tablet</i>                                    | Tier-2           | QL (180 EA per 30 days)           |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>         | Tier-3           | QL (60 EA per 30 days)            |
| <i>oxycodone hcl oral capsule</i>                                      | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone hcl oral concentrate</i>                                  | Tier-2           | QL (120 ML per 30 days)           |
| <i>oxycodone hcl oral solution</i>                                     | Tier-2           | QL (2400 ML per 30 days)          |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg</i>                          | Tier-2           | QL (180 EA per 30 days)           |
| <i>oxycodone hcl oral tablet 20 mg, 30 mg</i>                          | Tier-2           | QL (120 EA per 30 days)           |
| <i>oxycodone hcl oral tablet 5 mg</i>                                  | Tier-2           | QL (240 EA per 30 days)           |
| <i>oxycodone-acetaminophen oral tablet</i>                             | Tier-2           | QL (240 EA per 30 days)           |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT                       | Tier-3           | QL (60 EA per 30 days)            |
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i>         | Tier-2           | QL (60 EA per 30 days)            |
| <i>oxymorphone hcl oral tablet</i>                                     | Tier-2           | QL (180 EA per 30 days)           |
| SUBSYS SUBLINGUAL LIQUID   | Tier-5           | PA; QL (120 EA per 30 days); NEDS |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i> | Tier-2           | QL (30 EA per 30 days)            |
| <i>tramadol hcl er oral capsule extended release 24 hour</i>           | Tier-2           | QL (30 EA per 30 days)            |
| <i>tramadol hcl er oral tablet extended release 24 hour</i>            | Tier-2           | QL (30 EA per 30 days)            |
| <i>tramadol hcl oral tablet 100 mg</i>                                 | Tier-2           | QL (120 EA per 30 days)           |
| <i>tramadol hcl oral tablet 50 mg</i>                                  | Tier-1           | QL (240 EA per 30 days)           |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>tramadol-acetaminophen oral tablet</i>                                 | Tier-2           | QL (240 EA per 30 days)    |
| <b>PSYCHIATRIC</b>  |                  |                            |
| <b>ALCOHOL DETERRENTS</b>   |                  |                            |
| <i>acamprosate calcium oral tablet delayed release</i>                    | Tier-2           |                            |
| <i>disulfiram oral tablet</i>   | Tier-2           |                            |
| <i>naltrexone hcl oral tablet</i>   | Tier-2           |                            |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED                           | Tier-5           | SP-CVS specialty; NEDS     |
| <b>ANXIETY</b>  |                  |                            |
| <i>alprazolam er oral tablet extended release 24 hour</i>                 | Tier-2           |                            |
| <i>alprazolam intensol oral concentrate</i>                               | Tier-2           |                            |
| <i>alprazolam oral tablet</i>   | Tier-1           |                            |
| <i>alprazolam oral tablet dispersible</i>                                 | Tier-3           |                            |
| <i>buspirone hcl oral tablet</i>  | Tier-1           |                            |
| <i>chlordiazepoxide-amitriptyline oral tablet</i>                         | Tier-2           |                            |
| <i>clorazepate dipotassium oral tablet</i>                                | Tier-4           |                            |
| <i>lorazepam intensol oral concentrate</i>                                | Tier-2           |                            |
| <i>lorazepam oral tablet</i>  | Tier-1           |                            |
| <i>oxazepam oral capsule</i>  | Tier-3           |                            |
| <b>ATTENTION DEFICIT DISORDER</b>   |                  |                            |
| <i>amphetamine er oral suspension extended release</i>                    | Tier-3           |                            |
| <i>amphetamine sulfate oral tablet</i>                                    | Tier-3           |                            |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>  | Tier-3           |                            |
| <i>amphetamine-dextroamphetamine oral tablet</i>                          | Tier-3           |                            |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>     | Tier-4           | QL (60 EA per 30 days)     |
| <i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>                         | Tier-4           | QL (30 EA per 30 days)     |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>              | Tier-2           |                            |
| DESOXYN ORAL TABLET   | Tier-4           | PA                         |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                           | Tier-4           |                            |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>    | Tier-3           |                            |
| <i>dexmethylphenidate hcl oral tablet</i>                                 | Tier-2           |                            |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i> | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dextroamphetamine sulfate oral solution</i>                           | Tier-2           |                            |
| <i>dextroamphetamine sulfate oral tablet</i>                             | Tier-3           |                            |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i>            | Tier-3           | QL (90 EA per 90 days)     |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR                              | Tier-4           |                            |
| <i>methamphetamine hcl oral tablet</i>                                   | Tier-2           | PA                         |
| METHYLIN ORAL SOLUTION   | Tier-3           |                            |
| <i>methylphenidate hcl er (cd) oral capsule extended release</i>         | Tier-2           |                            |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i> | Tier-2           |                            |
| <i>methylphenidate hcl er oral tablet extended release</i>               | Tier-2           |                            |
| <i>methylphenidate hcl er oral tablet extended release 24 hour</i>       | Tier-2           |                            |
| <i>methylphenidate hcl oral solution</i>                                 | Tier-2           |                            |
| <i>methylphenidate hcl oral tablet</i>                                   | Tier-2           |                            |
| <i>methylphenidate hcl oral tablet chewable</i>                          | Tier-2           |                            |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR                            | Tier-4           |                            |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER                           | Tier-4           |                            |
| <i>relexxii oral tablet extended release</i>                             | Tier-2           |                            |
| VYVANSE ORAL CAPSULE   | Tier-4           | PA                         |
| VYVANSE ORAL TABLET CHEWABLE   | Tier-4           | PA                         |
| <b>BIPOLAR DISORDER</b>  |                  |                            |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR                            | Tier-4           |                            |
| <i>lithium carbonate er oral tablet extended release</i>                 | Tier-1           |                            |
| <i>lithium carbonate oral capsule</i>                                    | Tier-1           |                            |
| <i>lithium carbonate oral tablet</i>                                     | Tier-1           |                            |
| <i>olanzapine-fluoxetine hcl oral capsule</i>                            | Tier-2           |                            |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER               | Tier-3           |                            |
| <i>risperidone oral solution</i>   | Tier-2           |                            |
| <i>risperidone oral tablet</i>   | Tier-1           |                            |
| <i>risperidone oral tablet dispersible</i>                               | Tier-2           |                            |
| <b>DEPRESSION</b>  |                  |                            |
| <i>amitriptyline hcl oral tablet</i>                                     | Tier-2           | PA                         |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>amoxapine oral tablet</i>  | Tier-2           |                            |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG              | Tier-4           | STPA                       |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG                      | Tier-5           | STPA; NEDS                 |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>         | Tier-2           |                            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>         | Tier-2           |                            |
| <i>bupropion hcl oral tablet</i>  | Tier-2           |                            |
| <i>citalopram hydrobromide oral solution</i>                              | Tier-2           |                            |
| <i>citalopram hydrobromide oral tablet</i>                                | Tier-1           |                            |
| <i>clomipramine hcl oral capsule</i>                                      | Tier-2           | PA                         |
| <i>desipramine hcl oral tablet</i>  | Tier-2           |                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour</i>             | Tier-2           |                            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>   | Tier-2           |                            |
| <i>doxepin hcl oral capsule</i>   | Tier-3           |                            |
| <i>doxepin hcl oral concentrate</i>                                       | Tier-2           |                            |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG      | Tier-4           | QL (60 EA per 30 days)     |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG      | Tier-4           | QL (90 EA per 30 days)     |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | Tier-3           | QL (60 EA per 30 days)     |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg, 40 mg</i> | Tier-3           | QL (90 EA per 30 days)     |
| EMSAM TRANSDERMAL PATCH 24 HOUR   | Tier-5           | STPA; NEDS                 |
| <i>escitalopram oxalate oral solution</i>                                 | Tier-4           |                            |
| <i>escitalopram oxalate oral tablet</i>                                   | Tier-1           |                            |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR                             | Tier-4           | STPA                       |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK                    | Tier-4           | STPA                       |
| <i>fluoxetine hcl (pmd) oral tablet</i>                                   | Tier-3           |                            |
| <i>fluoxetine hcl oral capsule</i>  | Tier-1           |                            |
| <i>fluoxetine hcl oral capsule delayed release</i>                        | Tier-1           |                            |
| <i>fluoxetine hcl oral solution</i>                                       | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>fluoxetine hcl oral tablet</i>                                   | Tier-4           |                            |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour</i> | Tier-4           |                            |
| <i>fluvoxamine maleate oral tablet</i>                              | Tier-2           |                            |
| <i>imipramine hcl oral tablet</i>                                   | Tier-2           | PA                         |
| <i>imipramine pamoate oral capsule</i>                              | Tier-4           | PA                         |
| MARPLAN ORAL TABLET   | Tier-4           |                            |
| <i>mirtazapine oral tablet</i>                                      | Tier-2           |                            |
| <i>mirtazapine oral tablet dispersible</i>                          | Tier-2           |                            |
| <i>nefazodone hcl oral tablet</i>                                   | Tier-2           |                            |
| <i>nortriptyline hcl oral capsule</i>                               | Tier-1           |                            |
| <i>nortriptyline hcl oral solution</i>                              | Tier-1           |                            |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i>       | Tier-4           |                            |
| <i>paroxetine hcl oral tablet</i>                                   | Tier-1           |                            |
| <i>paroxetine mesylate oral capsule</i>                             | Tier-1           |                            |
| PAXIL ORAL SUSPENSION   | Tier-4           |                            |
| PEXEVA ORAL TABLET  | Tier-4           | STPA                       |
| <i>phenelzine sulfate oral tablet</i>                               | Tier-2           |                            |
| <i>protriptyline hcl oral tablet</i>                                | Tier-2           |                            |
| <i>sertraline hcl oral concentrate</i>                              | Tier-2           |                            |
| <i>sertraline hcl oral tablet</i>                                   | Tier-1           |                            |
| <i>tranylcypromine sulfate oral tablet</i>                          | Tier-2           |                            |
| <i>trazodone hcl oral tablet</i>                                    | Tier-1           |                            |
| <i>trimipramine maleate oral capsule</i>                            | Tier-2           | PA                         |
| TRINTELLIX ORAL TABLET  | Tier-4           |                            |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i>     | Tier-2           |                            |
| <i>venlafaxine hcl er oral tablet extended release 24 hour</i>      | Tier-2           |                            |
| <i>venlafaxine hcl oral tablet</i>                                  | Tier-2           |                            |
| VIIBRYD ORAL TABLET   | Tier-4           |                            |
| VIIBRYD STARTER PACK ORAL KIT                                       | Tier-4           |                            |
| <b>INSOMNIA</b>   |                  |                            |
| <i>doxepin hcl oral tablet</i>                                      | Tier-3           | QL (30 EA per 30 days)     |
| <i>estazolam oral tablet</i>  | Tier-2           |                            |
| <i>eszopiclone oral tablet</i>                                      | Tier-3           |                            |
| <i>flurazepam hcl oral capsule</i>                                  | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|---|------------------|-------------------------------------|
| HETLIOZ LQ ORAL SUSPENSION                                    | Tier-5           | PA; NEDS                            |
| HETLIOZ ORAL CAPSULE  | Tier-5           | PA; NEDS                            |
| <i>ramelteon oral tablet</i>                                  | Tier-3           | QL (30 EA per 30 days)              |
| <i>temazepam oral capsule</i>                                 | Tier-2           |                                     |
| <i>triazolam oral tablet</i>                                  | Tier-2           |                                     |
| <i>zaleplon oral capsule</i>                                  | Tier-2           |                                     |
| <i>zolpidem tartrate er oral tablet extended release</i>      | Tier-4           |                                     |
| <i>zolpidem tartrate oral tablet</i>                          | Tier-2           |                                     |
| <i>zolpidem tartrate sublingual tablet sublingual</i>         | Tier-3           |                                     |
| <b>NARCOLEPSY</b>   |                  |                                     |
| <i>armodafinil oral tablet</i>                                | Tier-3           | PA                                  |
| <i>modafinil oral tablet</i>                                  | Tier-4           | PA                                  |
| SUNOSI ORAL TABLET  | Tier-4           | PA                                  |
| WAKIX ORAL TABLET   | Tier-5           | PA; QL (60 EA per 30 days);<br>NEDS |
| XYREM ORAL SOLUTION   | Tier-5           | LA; NEDS                            |
| XYWAV ORAL SOLUTION   | Tier-5           | NEDS                                |
| <b>PSYCHOSES</b>  |                  |                                     |
| ABILIFY MAINTENA INTRAMUSCULAR<br>PREFILLED SYRINGE           | Tier-5           | NEDS                                |
| ABILIFY MAINTENA INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED ER | Tier-5           | NEDS                                |
| ABILIFY MYCITE ORAL TABLET                                    | Tier-5           | PA; QL (30 EA per 30 days);<br>NEDS |
| <i>aripiprazole oral solution</i>                             | Tier-3           |                                     |
| <i>aripiprazole oral tablet</i>                               | Tier-3           |                                     |
| <i>aripiprazole oral tablet dispersible</i>                   | Tier-3           |                                     |
| ARISTADA INITIO INTRAMUSCULAR<br>PREFILLED SYRINGE            | Tier-5           | NEDS                                |
| ARISTADA INTRAMUSCULAR PREFILLED<br>SYRINGE                   | Tier-5           | NEDS                                |
| <i>asenapine maleate sublingual tablet sublingual</i>         | Tier-3           | STPA                                |
| CAPLYTA ORAL CAPSULE  | Tier-5           | PA; QL (30 EA per 30 days);<br>NEDS |
| <i>chlorpromazine hcl oral concentrate</i>                    | Tier-4           |                                     |
| <i>chlorpromazine hcl oral tablet</i>                         | Tier-4           |                                     |
| <i>clozapine oral tablet</i>                                  | Tier-2           |                                     |
| <i>clozapine oral tablet dispersible</i>                      | Tier-2           |                                     |
| FANAPT ORAL TABLET  | Tier-4           | STPA                                |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| FANAPT TITRATION PACK ORAL TABLET  | Tier-4           | STPA   |
| <i>fluphenazine decanoate injection solution</i>   | Tier-2           |  |
| <i>fluphenazine hcl injection solution</i>   | Tier-2           |  |
| <i>fluphenazine hcl oral concentrate</i>   | Tier-2           |  |
| <i>fluphenazine hcl oral elixir</i>  | Tier-2           |  |
| <i>fluphenazine hcl oral tablet</i>  | Tier-2           |  |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED  | Tier-4           |  |
| <i>haloperidol decanoate intramuscular solution</i>  | Tier-2           |  |
| <i>haloperidol lactate injection solution</i>  | Tier-2           |  |
| <i>haloperidol lactate oral concentrate</i>  | Tier-1           |  |
| <i>haloperidol oral tablet</i>   | Tier-1           |  |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML | Tier-5           | NEDS   |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML  | Tier-3           |  |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE   | Tier-3           |  |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG   | Tier-4           | STPA; QL (30 EA per 30 days)                       |
| LATUDA ORAL TABLET 80 MG   | Tier-4           | STPA; QL (60 EA per 30 days)                       |
| <i>loxapine succinate oral capsule</i>   | Tier-2           |  |
| <i>molindone hcl oral tablet</i>   | Tier-3           |  |
| NUPLAZID ORAL CAPSULE  | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| NUPLAZID ORAL TABLET   | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| <i>olanzapine intramuscular solution reconstituted</i>   | Tier-2           |  |
| <i>olanzapine oral tablet</i>  | Tier-2           |  |
| <i>olanzapine oral tablet dispersible</i>  | Tier-2           |  |
| <i>paliperidone er oral tablet extended release 24 hour</i>  | Tier-3           |  |
| <i>perphenazine oral tablet</i>  | Tier-3           |  |
| <i>perphenazine-amitriptyline oral tablet</i>  | Tier-3           |  |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE  | Tier-5           | NEDS   |
| <i>pimozide oral tablet</i>  | Tier-4           |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i>                         | Tier-3           |                            |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>                      | Tier-2           |                            |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>  | Tier-2           | QL (60 EA per 30 days)     |
| REXULTI ORAL TABLET 0.25 MG  | Tier-4           |                            |
| REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG   | Tier-5           | NEDS                       |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG   | Tier-5           | STPA; NEDS                 |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG  | Tier-4           | STPA                       |
| SECUADO TRANSDERMAL PATCH 24 HOUR  | Tier-5           | NEDS                       |
| <i>thioridazine hcl oral tablet</i>  | Tier-1           | PA                         |
| <i>thiothixene oral capsule</i>  | Tier-3           |                            |
| <i>trifluoperazine hcl oral tablet</i>   | Tier-2           |                            |
| VERSACLOZ ORAL SUSPENSION  | Tier-5           | NEDS                       |
| VRAYLAR ORAL CAPSULE   | Tier-5           | NEDS                       |
| VRAYLAR ORAL CAPSULE THERAPY PACK  | Tier-4           |                            |
| <i>ziprasidone hcl oral capsule</i>  | Tier-2           |                            |
| <i>ziprasidone mesylate intramuscular solution reconstituted</i>                           | Tier-3           |                            |
| ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED   | Tier-3           |                            |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED                                    | Tier-3           |                            |
| <b>RESPIRATORY DRUGS</b>   |                  |                            |
| <b>ASTHMA</b>  |                  |                            |
| ADVAIR HFA INHALATION AEROSOL  | Tier-3           | QL (72 GM per 90 days)     |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>             | Tier-1           | QL (51 GM per 90 days)     |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i> | Tier-1           | QL (40.2 GM per 90 days)   |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i> | Tier-1           | QL (108 GM per 90 days)    |
| <i>albuterol sulfate inhalation nebulization solution</i>                                  | Tier-2           | B vs D                     |
| <i>albuterol sulfate oral syrup</i>  | Tier-1           |                            |
| <i>albuterol sulfate oral tablet</i>   | Tier-3           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED   | Tier-3           | QL (180 EA per 90 days)    |
| <i>arformoterol tartrate inhalation nebulization solution</i>  | Tier-3           | B vs D                     |
| ATROVENT HFA INHALATION AEROSOL SOLUTION   | Tier-3           | QL (77.4 GM per 90 days)   |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED  | Tier-3           | QL (180 EA per 90 days)    |
| BREZTRI AEROSPHERE INHALATION AEROSOL  | Tier-3           | QL (32.1 GM per 90 days)   |
| BROVANA INHALATION NEBULIZATION SOLUTION   | Tier-4           | B vs D                     |
| <i>budesonide inhalation suspension</i>  | Tier-2           | B vs D                     |
| <i>budesonide-formoterol fumarate inhalation aerosol</i>   | Tier-3           | QL (30.6 GM per 90 days)   |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION   | Tier-3           | QL (24 GM per 90 days)     |
| <i>cromolyn sodium inhalation nebulization solution</i>  | Tier-2           | B vs D                     |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR  | Tier-5           | PA; SP-CVS specialty; NEDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE   | Tier-5           | PA; SP-CVS specialty; NEDS |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | Tier-5           | PA; SP-CVS specialty; NEDS |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE  | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier-3           | QL (180 EA per 90 days)    |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>     | Tier-2           | QL (3 EA per 90 days)      |
| <i>formoterol fumarate inhalation nebulization solution</i>  | Tier-3           | B vs D                     |
| <i>ipratropium bromide inhalation solution</i>   | Tier-2           | B vs D                     |
| <i>ipratropium-albuterol inhalation solution</i>   | Tier-2           | B vs D                     |
| <i>levalbuterol hcl inhalation nebulization solution</i>   | Tier-2           | B vs D                     |
| <i>levalbuterol tartrate inhalation aerosol</i>  | Tier-3           | QL (90 GM per 90 days)     |
| <i>montelukast sodium oral packet</i>  | Tier-2           |                            |
| <i>montelukast sodium oral tablet</i>  | Tier-1           |                            |
| <i>montelukast sodium oral tablet chewable</i>   | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                          |
|--|------------------|---|
| PERFOROMIST INHALATION NEBULIZATION SOLUTION                   | Tier-3           | B vs D  |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED   | Tier-3           | QL (6 EA per 90 days)                               |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED             | Tier-3           | QL (63.6 GM per 90 days)                            |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED     | Tier-3           | QL (180 EA per 90 days)                             |
| SPIRIVA HANDIHALER INHALATION CAPSULE                          | Tier-3           | QL (90 EA per 90 days)                              |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION                   | Tier-3           | QL (12 GM per 90 days)                              |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION                 | Tier-4           | QL (180 GM per 90 days)                             |
| <i>terbutaline sulfate oral tablet</i>                         | Tier-2           |   |
| <i>theophylline er oral tablet extended release 12 hour</i>    | Tier-2           |   |
| <i>theophylline er oral tablet extended release 24 hour</i>    | Tier-2           |   |
| <i>theophylline oral solution</i>                              | Tier-2           |   |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED     | Tier-3           | QL (180 EA per 90 days)                             |
| <i>wixela inhub inhalation aerosol powder breath activated</i> | Tier-3           | QL (180 EA per 90 days)                             |
| <i>zafirlukast oral tablet</i>                                 | Tier-3           |   |
| <i>zileuton er oral tablet extended release 12 hour</i>        | Tier-5           | NEDS  |
| <b>IDIOPATHIC PULMONARY FIBROSIS</b>                           |                  |   |
| ESBRIET ORAL CAPSULE   | Tier-5           | PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS |
| ESBRIET ORAL TABLET 267 MG                                     | Tier-5           | PA; SP-CVS specialty; QL (270 EA per 30 days); NEDS |
| ESBRIET ORAL TABLET 801 MG                                     | Tier-5           | PA; SP-CVS specialty; QL (90 EA per 30 days); NEDS  |
| OFEV ORAL CAPSULE  | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS  |
| <b>PULMONARY HYPERTENSION</b>                                  |                  |   |
| ADEMPAS ORAL TABLET  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>alyq oral tablet</i>  | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>ambrisentan oral tablet</i>                                 | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| <i>bosentan oral tablet</i>                                    | Tier-5           | PA; SP-CVS specialty; NEDS                          |
| OPSUMIT ORAL TABLET  | Tier-5           | PA; SP-CVS specialty; NEDS                          |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                         |
|--|------------------|--|
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | Tier-4           | PA; SP-CVS specialty                               |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG                            | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>sildenafil citrate oral suspension reconstituted</i>                | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <i>sildenafil citrate oral tablet</i>                                  | Tier-3           | PA; SP-CVS specialty                               |
| <i>tadalafil (pah) oral tablet</i>                                     | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| TRACLEER ORAL TABLET SOLUBLE   | Tier-5           | PA; LA; SP-CVS specialty; NEDS                     |
| UPTRAVI ORAL TABLET  | Tier-5           | PA; SP-CVS specialty; QL (60 EA per 30 days); NEDS |
| UPTRAVI ORAL TABLET THERAPY PACK                                       | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| VENTAVIS INHALATION SOLUTION   | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <b>RESPIRATORY DRUGS, MISCELLANEOUS</b>                                |                  |  |
| <i>acetylcysteine inhalation solution</i>                              | Tier-2           | B vs D   |
| BEVESPI AEROSPHERE INHALATION AEROSOL                                  | Tier-3           | QL (10.7 GM per 30 days)                           |
| DALIRESP ORAL TABLET   | Tier-4           |  |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL                                   | Tier-4           | PA   |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED                         | Tier-5           | NEDS   |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                             | Tier-5           | PA; SP-CVS specialty; NEDS                         |
| <b>SKIN</b>  |                  |  |
| <b>ACNE ROSACEA</b>  |                  |  |
| <i>azelaic acid external gel</i>                                       | Tier-3           |  |
| <i>metronidazole external cream</i>                                    | Tier-2           |  |
| <i>metronidazole external gel</i>                                      | Tier-2           |  |
| <i>metronidazole external lotion</i>                                   | Tier-4           |  |
| <b>ACNE VULGARIS</b>   |                  |  |
| <i>acutane oral capsule</i>  | Tier-4           |  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>adapalene external cream</i>                    | Tier-2           | PA                         |
| <i>adapalene external gel</i>                      | Tier-4           | PA                         |
| <i>adapalene external solution</i>                 | Tier-3           | PA                         |
| <i>adapalene-benzoyl peroxide external gel</i>     | Tier-3           | PA                         |
| <i>amnesteem oral capsule</i>                      | Tier-2           |                            |
| ATRALIN EXTERNAL GEL                               | Tier-4           | PA                         |
| <i>avita external cream</i>                        | Tier-2           | PA                         |
| <i>avita external gel</i>                          | Tier-2           | PA                         |
| AZELEX EXTERNAL CREAM                              | Tier-4           |                            |
| <i>benzoyl peroxide-erythromycin external gel</i>  | Tier-4           |                            |
| <i>claravis oral capsule</i>                       | Tier-4           |                            |
| <i>clindamycin phos-benzoyl perox external gel</i> | Tier-4           |                            |
| <i>clindamycin phosphate external foam</i>         | Tier-4           |                            |
| <i>clindamycin phosphate external gel</i>          | Tier-2           |                            |
| <i>clindamycin phosphate external lotion</i>       | Tier-2           |                            |
| <i>clindamycin phosphate external solution</i>     | Tier-2           |                            |
| <i>clindamycin phosphate external swab</i>         | Tier-2           |                            |
| <i>ery external pad</i>                            | Tier-2           |                            |
| <i>erythromycin external gel</i>                   | Tier-2           |                            |
| <i>erythromycin external solution</i>              | Tier-2           |                            |
| EVOCLIN EXTERNAL FOAM                              | Tier-4           |                            |
| FABIOR EXTERNAL FOAM                               | Tier-4           | PA                         |
| <i>isotretinoin oral capsule</i>                   | Tier-4           |                            |
| RETIN-A EXTERNAL CREAM                             | Tier-4           | PA                         |
| RETIN-A EXTERNAL GEL                               | Tier-4           | PA                         |
| RETIN-A MICRO EXTERNAL GEL                         | Tier-4           | PA                         |
| RETIN-A MICRO PUMP EXTERNAL GEL                    | Tier-4           | PA                         |
| <i>tazarotene external foam</i>                    | Tier-4           | PA                         |
| <i>tretinoin external cream</i>                    | Tier-2           | PA                         |
| <i>tretinoin external gel</i>                      | Tier-4           | PA                         |
| <i>tretinoin microsphere external gel</i>          | Tier-4           | PA                         |
| <b>BACTERIAL INFECTIONS, TOPICAL</b>               |                  |                            |
| <i>gentamicin sulfate external cream</i>           | Tier-3           |                            |
| <i>gentamicin sulfate external ointment</i>        | Tier-3           |                            |
| <i>mupirocin calcium external cream</i>            | Tier-3           | QL (180 GM per 30 days)    |
| <i>mupirocin external ointment</i>                 | Tier-2           | QL (44 GM per 30 days)     |
| <i>silver sulfadiazine external cream</i>          | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ssd external cream</i>                               | Tier-2           |                            |
| XEPI EXTERNAL CREAM                                     | Tier-4           | QL (60 GM per 30 days)     |
| <b>CORTICOSTEROIDS, TOPICAL</b>                         |                  |                            |
| ALA SCALP EXTERNAL LOTION                               | Tier-4           |                            |
| <i>ala-cort external cream</i>                          | Tier-1           |                            |
| <i>alclometasone dipropionate external cream</i>        | Tier-4           |                            |
| <i>alclometasone dipropionate external ointment</i>     | Tier-2           |                            |
| <i>amcinonide external cream</i>                        | Tier-4           |                            |
| <i>amcinonide external lotion</i>                       | Tier-2           |                            |
| <i>amcinonide external ointment</i>                     | Tier-4           |                            |
| APEXICON E EXTERNAL CREAM                               | Tier-4           |                            |
| <i>betamethasone dipropionate aug external cream</i>    | Tier-2           |                            |
| <i>betamethasone dipropionate aug external gel</i>      | Tier-4           |                            |
| <i>betamethasone dipropionate aug external lotion</i>   | Tier-4           |                            |
| <i>betamethasone dipropionate aug external ointment</i> | Tier-2           |                            |
| <i>betamethasone dipropionate external cream</i>        | Tier-4           |                            |
| <i>betamethasone dipropionate external lotion</i>       | Tier-2           |                            |
| <i>betamethasone dipropionate external ointment</i>     | Tier-4           |                            |
| <i>betamethasone valerate external cream</i>            | Tier-2           |                            |
| <i>betamethasone valerate external foam</i>             | Tier-4           |                            |
| <i>betamethasone valerate external lotion</i>           | Tier-2           |                            |
| <i>betamethasone valerate external ointment</i>         | Tier-2           |                            |
| CAPEX EXTERNAL SHAMPOO                                  | Tier-4           |                            |
| <i>clobetasol propionate e external cream</i>           | Tier-3           | QL (240 GM per 30 days)    |
| <i>clobetasol propionate emulsion external foam</i>     | Tier-4           | QL (200 GM per 30 days)    |
| <i>clobetasol propionate external cream</i>             | Tier-4           | QL (240 GM per 30 days)    |
| <i>clobetasol propionate external foam</i>              | Tier-4           | QL (200 GM per 30 days)    |
| <i>clobetasol propionate external gel</i>               | Tier-3           | QL (240 GM per 30 days)    |
| <i>clobetasol propionate external liquid</i>            | Tier-4           | QL (250 ML per 30 days)    |
| <i>clobetasol propionate external lotion</i>            | Tier-4           | QL (236 ML per 30 days)    |
| <i>clobetasol propionate external ointment</i>          | Tier-4           | QL (240 GM per 30 days)    |
| <i>clobetasol propionate external shampoo</i>           | Tier-4           | QL (236 ML per 30 days)    |
| <i>clobetasol propionate external solution</i>          | Tier-3           | QL (200 ML per 30 days)    |
| <i>clocortolone pivalate external cream</i>             | Tier-4           |                            |
| <i>clodan external shampoo</i>                          | Tier-3           |                            |
| CORDRAN EXTERNAL TAPE                                   | Tier-4           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>desonide external cream</i>                     | Tier-4           |                            |
| <i>desonide external gel</i>                       | Tier-4           |                            |
| <i>desonide external lotion</i>                    | Tier-4           |                            |
| <i>desonide external ointment</i>                  | Tier-4           |                            |
| <i>desoximetasone external cream</i>               | Tier-4           |                            |
| <i>desoximetasone external gel</i>                 | Tier-4           |                            |
| <i>desoximetasone external liquid</i>              | Tier-4           |                            |
| <i>desoximetasone external ointment</i>            | Tier-4           |                            |
| <i>diflorasone diacetate external cream</i>        | Tier-4           |                            |
| <i>diflorasone diacetate external ointment</i>     | Tier-4           |                            |
| <i>fluocinolone acetonide external cream</i>       | Tier-3           |                            |
| <i>fluocinolone acetonide external ointment</i>    | Tier-3           |                            |
| <i>fluocinolone acetonide external solution</i>    | Tier-4           |                            |
| <i>fluocinolone acetonide scalp external oil</i>   | Tier-3           |                            |
| <i>fluocinonide emulsified base external cream</i> | Tier-4           |                            |
| <i>fluocinonide external cream 0.05 %</i>          | Tier-4           |                            |
| <i>fluocinonide external cream 0.1 %</i>           | Tier-4           | QL (120 GM per 30 days)    |
| <i>fluocinonide external gel</i>                   | Tier-4           |                            |
| <i>fluocinonide external ointment</i>              | Tier-4           |                            |
| <i>fluocinonide external solution</i>              | Tier-4           |                            |
| <i>flurandrenolide external cream</i>              | Tier-3           |                            |
| <i>flurandrenolide external lotion</i>             | Tier-3           |                            |
| <i>flurandrenolide external ointment</i>           | Tier-4           | QL (120 GM per 30 days)    |
| <i>fluticasone propionate external cream</i>       | Tier-2           |                            |
| <i>fluticasone propionate external lotion</i>      | Tier-4           |                            |
| <i>fluticasone propionate external ointment</i>    | Tier-2           |                            |
| <i>halcinonide external cream</i>                  | Tier-3           |                            |
| <i>halobetasol propionate external cream</i>       | Tier-4           |                            |
| <i>halobetasol propionate external ointment</i>    | Tier-4           |                            |
| HALOG EXTERNAL OINTMENT                            | Tier-4           |                            |
| <i>hydrocortisone butyrate external cream</i>      | Tier-4           |                            |
| <i>hydrocortisone butyrate external lotion</i>     | Tier-1           |                            |
| <i>hydrocortisone butyrate external ointment</i>   | Tier-4           |                            |
| <i>hydrocortisone butyrate external solution</i>   | Tier-4           |                            |
| <i>hydrocortisone external cream</i>               | Tier-1           |                            |
| <i>hydrocortisone external lotion</i>              | Tier-1           |                            |
| <i>hydrocortisone external ointment</i>            | Tier-1           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>hydrocortisone valerate external cream</i>                            | Tier-4           |                            |
| <i>hydrocortisone valerate external ointment</i>                         | Tier-4           |                            |
| KENALOG EXTERNAL AEROSOL SOLUTION  | Tier-4           |                            |
| <i>mometasone furoate external cream</i>                                 | Tier-1           |                            |
| <i>mometasone furoate external ointment</i>                              | Tier-1           |                            |
| <i>mometasone furoate external solution</i>                              | Tier-2           |                            |
| <i>nolix external cream</i>  | Tier-3           |                            |
| <i>nolix external lotion</i>   | Tier-3           |                            |
| PANDEL EXTERNAL CREAM  | Tier-4           |                            |
| <i>prednicarbate external ointment</i>                                   | Tier-2           |                            |
| TOVET EXTERNAL FOAM  | Tier-4           | QL (200 GM per 30 days)    |
| <i>triamcinolone acetonide external aerosol solution</i>                 | Tier-4           |                            |
| <i>triamcinolone acetonide external cream</i>                            | Tier-2           |                            |
| <i>triamcinolone acetonide external lotion</i>                           | Tier-2           |                            |
| <i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i> | Tier-2           |                            |
| <i>triamcinolone acetonide external ointment 0.05 %</i>                  | Tier-3           |                            |
| TRIANEX EXTERNAL OINTMENT  | Tier-3           |                            |
| <i>triderm external cream</i>  | Tier-2           |                            |
| <b>FUNGAL INFECTIONS, TOPICAL</b>  |                  |                            |
| <i>ciclopirox external gel</i>   | Tier-2           |                            |
| <i>ciclopirox external shampoo</i>                                       | Tier-4           |                            |
| <i>ciclopirox external solution</i>                                      | Tier-3           |                            |
| <i>ciclopirox olamine external cream</i>                                 | Tier-2           |                            |
| <i>ciclopirox olamine external suspension</i>                            | Tier-2           |                            |
| <i>clotrimazole external cream</i>                                       | Tier-3           |                            |
| <i>clotrimazole external solution</i>                                    | Tier-2           |                            |
| <i>clotrimazole-betamethasone external cream</i>                         | Tier-3           |                            |
| <i>clotrimazole-betamethasone external lotion</i>                        | Tier-4           |                            |
| <i>econazole nitrate external cream</i>                                  | Tier-3           |                            |
| <i>ketconazole external cream</i>  | Tier-3           | QL (120 GM per 30 days)    |
| <i>ketconazole external foam</i>   | Tier-4           |                            |
| <i>ketconazole external shampoo</i>                                      | Tier-2           |                            |
| KETODAN EXTERNAL FOAM  | Tier-4           |                            |
| <i>luliconazole external cream</i>                                       | Tier-3           |                            |
| MENTAX EXTERNAL CREAM  | Tier-4           |                            |
| <i>naftifine hcl external cream 1 %</i>                                  | Tier-4           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>naftifine hcl external cream 2 %</i>                  | Tier-3           |                            |
| <i>nyamyc external powder</i>                            | Tier-2           |                            |
| <i>nystatin external cream</i>                           | Tier-2           |                            |
| <i>nystatin external ointment</i>                        | Tier-2           |                            |
| <i>nystatin external powder</i>                          | Tier-2           |                            |
| <i>nystatin mouth/throat suspension</i>                  | Tier-2           |                            |
| <i>nystatin-triamcinolone external cream</i>             | Tier-3           |                            |
| <i>nystatin-triamcinolone external ointment</i>          | Tier-3           |                            |
| <i>nystop external powder</i>                            | Tier-2           |                            |
| <i>oxiconazole nitrate external cream</i>                | Tier-4           | QL (90 GM per 30 days)     |
| <b>PSORIASIS AND SEBORRHEA</b>                           |                  |                            |
| <i>acitretin oral capsule 10 mg, 25 mg</i>               | Tier-4           |                            |
| <i>acitretin oral capsule 17.5 mg</i>                    | Tier-5           | NEDS                       |
| <i>calcipotriene external cream</i>                      | Tier-3           | QL (120 GM per 30 days)    |
| <i>calcipotriene external ointment</i>                   | Tier-4           | QL (120 GM per 30 days)    |
| <i>calcipotriene external solution</i>                   | Tier-4           | QL (120 ML per 30 days)    |
| <i>calcipotriene-betameth diprop external ointment</i>   | Tier-5           | NEDS                       |
| <i>calcipotriene-betameth diprop external suspension</i> | Tier-5           | NEDS                       |
| <i>calcitriol external ointment</i>                      | Tier-3           |                            |
| <i>methoxsalen rapid oral capsule</i>                    | Tier-5           | NEDS                       |
| <i>tazarotene external cream</i>                         | Tier-3           | PA                         |
| TAZORAC EXTERNAL CREAM                                   | Tier-4           | PA                         |
| TAZORAC EXTERNAL GEL                                     | Tier-4           | PA                         |
| <b>SCABIES AND PEDICULOSIS</b>                           |                  |                            |
| <i>ivermectin external cream</i>                         | Tier-4           |                            |
| <i>ivermectin external lotion</i>                        | Tier-3           |                            |
| <i>lindane external shampoo</i>                          | Tier-2           |                            |
| <i>malathion external lotion</i>                         | Tier-2           |                            |
| <i>permethrin external cream</i>                         | Tier-3           |                            |
| <b>TOPICAL, MISCELLANEOUS</b>                            |                  |                            |
| <i>ammonium lactate external cream</i>                   | Tier-3           |                            |
| <i>ammonium lactate external lotion</i>                  | Tier-2           |                            |
| ANUSOL-HC EXTERNAL CREAM                                 | Tier-4           |                            |
| ANUSOL-HC RECTAL CREAM                                   | Tier-4           |                            |
| <i>diclofenac epolamine external patch</i>               | Tier-3           | PA; QL (60 EA per 30 days) |
| <i>diclofenac epolamine transdermal patch</i>            | Tier-3           | PA; QL (60 EA per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>diclofenac sodium external gel 1 %</i>           | Tier-3           | QL (960 GM per 30 days)      |
| <i>diclofenac sodium external gel 3 %</i>           | Tier-3           | QL (200 GM per 30 days)      |
| <i>diclofenac sodium external solution</i>          | Tier-2           | QL (300 ML per 30 days)      |
| <i>diclofenac sodium transdermal gel 1 %</i>        | Tier-3           | QL (960 GM per 30 days)      |
| <i>diclofenac sodium transdermal gel 3 %</i>        | Tier-3           | QL (200 GM per 30 days)      |
| <i>diclofenac sodium transdermal solution</i>       | Tier-2           | QL (300 ML per 30 days)      |
| <i>doxepin hcl external cream</i>                   | Tier-5           | QL (90 GM per 30 days); NEDS |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE | Tier-5           | PA; SP-CVS specialty; NEDS   |
| EUCRISA EXTERNAL OINTMENT                           | Tier-4           | PA                           |
| <i>fluorouracil external cream</i>                  | Tier-2           |                              |
| <i>fluorouracil external solution</i>               | Tier-4           |                              |
| <i>hydrocortisone ace-pramoxine external cream</i>  | Tier-2           |                              |
| <i>hydrocortisone ace-pramoxine rectal cream</i>    | Tier-2           |                              |
| KLISYRI EXTERNAL OINTMENT                           | Tier-5           | PA; NEDS                     |
| <i>lidocaine external ointment</i>                  | Tier-3           | QL (100 GM per 30 days)      |
| <i>lidocaine external patch</i>                     | Tier-3           | PA; QL (90 EA per 30 days)   |
| <i>lidocaine hcl external solution</i>              | Tier-2           | QL (100 ML per 30 days)      |
| <i>lidocaine viscous hcl mouth/throat solution</i>  | Tier-2           |                              |
| <i>lidocaine-prilocaine external cream</i>          | Tier-3           | QL (60 GM per 30 days)       |
| <i>mafenide acetate external packet</i>             | Tier-3           |                              |
| PANRETIN EXTERNAL GEL                               | Tier-5           | NEDS                         |
| <i>pimecrolimus external cream</i>                  | Tier-3           |                              |
| <i>procto-med hc external cream</i>                 | Tier-2           |                              |
| <i>procto-med hc rectal cream</i>                   | Tier-2           |                              |
| <i>procto-pak external cream</i>                    | Tier-2           |                              |
| <i>procto-pak rectal cream</i>                      | Tier-2           |                              |
| <i>proctosol hc rectal cream</i>                    | Tier-2           |                              |
| <i>proctozone-hc external cream</i>                 | Tier-2           |                              |
| <i>proctozone-hc rectal cream</i>                   | Tier-2           |                              |
| PRUDOXIN EXTERNAL CREAM                             | Tier-4           | QL (90 GM per 30 days)       |
| RECTIV RECTAL OINTMENT                              | Tier-4           | QL (30 GM per 30 days)       |
| REGANEX EXTERNAL GEL                                | Tier-3           |                              |
| SANTYL EXTERNAL OINTMENT                            | Tier-3           |                              |
| <i>selenium sulfide external lotion</i>             | Tier-2           |                              |
| <i>sodium chloride irrigation solution</i>          | Tier-2           |                              |
| <i>sulfacetamide sodium (acne) external lotion</i>  | Tier-2           |                              |
| SULFAMYLON EXTERNAL CREAM                           | Tier-4           |                              |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| SULFAMYLDON EXTERNAL PACKET                        | Tier-4           |                            |
| <i>tacrolimus external ointment</i>                | Tier-3           |                            |
| TARGRETIN EXTERNAL GEL                             | Tier-5           | PA; SP-CVS specialty; NEDS |
| VALCHLOR EXTERNAL GEL                              | Tier-5           | NEDS                       |
| <b>VIRAL INFECTIONS, TOPICAL</b>                   |                  |                            |
| <i>acyclovir external cream</i>                    | Tier-3           |                            |
| CONDYLOX EXTERNAL GEL                              | Tier-4           |                            |
| DENAVIR EXTERNAL CREAM                             | Tier-5           | NEDS                       |
| <i>imiquimod external cream</i>                    | Tier-4           |                            |
| <i>imiquimod pump external cream</i>               | Tier-4           |                            |
| <i>podofilox external solution</i>                 | Tier-2           |                            |
| <b>WOMEN'S HEALTH</b>                              |                  |                            |
| <b>CONTRACEPTIVES</b>                              |                  |                            |
| <i>amethia oral tablet</i>                         | Tier-2           |                            |
| ANNOVERA VAGINAL RING                              | Tier-4           | QL (1 EA per 365 days)     |
| <i>apri oral tablet</i>                            | Tier-2           |                            |
| <i>aranelle oral tablet</i>                        | Tier-2           |                            |
| <i>ashlyna oral tablet</i>                         | Tier-2           |                            |
| <i>aubra oral tablet</i>                           | Tier-2           |                            |
| <i>aviane oral tablet</i>                          | Tier-2           |                            |
| <i>balziva oral tablet</i>                         | Tier-2           |                            |
| <i>briellyn oral tablet</i>                        | Tier-2           |                            |
| <i>camila oral tablet</i>                          | Tier-2           |                            |
| <i>deblitane oral tablet</i>                       | Tier-2           |                            |
| <i>desogestrel-ethinyl estradiol oral tablet</i>   | Tier-2           |                            |
| <i>drospirenone-ethinyl estradiol oral tablet</i>  | Tier-2           |                            |
| <i>eluryng vaginal ring</i>                        | Tier-3           |                            |
| <i>emoquette oral tablet</i>                       | Tier-2           |                            |
| <i>errin oral tablet</i>                           | Tier-2           |                            |
| <i>estradiol-norethindrone acet oral tablet</i>    | Tier-2           |                            |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> | Tier-3           |                            |
| <i>falmina oral tablet</i>                         | Tier-2           |                            |
| <i>iclevia oral tablet</i>                         | Tier-2           |                            |
| <i>introvale oral tablet</i>                       | Tier-2           |                            |
| <i>junel 1.5/30 oral tablet</i>                    | Tier-2           |                            |
| <i>junel 1/20 oral tablet</i>                      | Tier-2           |                            |
| <i>junel fe 1.5/30 oral tablet</i>                 | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| <i>junel fe 1/20 oral tablet</i>                      | Tier-2           |                                  |
| <i>junel fe 24 oral tablet</i>                        | Tier-2           |                                  |
| <i>kariva oral tablet</i>                             | Tier-2           |                                  |
| <i>kelnor 1/35 oral tablet</i>                        | Tier-2           |                                  |
| <i>larin 1.5/30 oral tablet</i>                       | Tier-2           |                                  |
| <i>larin 1/20 oral tablet</i>                         | Tier-2           |                                  |
| <i>larin fe 1.5/30 oral tablet</i>                    | Tier-2           |                                  |
| <i>larin fe 1/20 oral tablet</i>                      | Tier-2           |                                  |
| <i>lessina oral tablet</i>                            | Tier-2           |                                  |
| <i>levonest oral tablet</i>                           | Tier-2           |                                  |
| <i>levonorgest-eth estrad 91-day oral tablet</i>      | Tier-2           |                                  |
| <i>levonorgestrel-ethinyl estrad oral tablet</i>      | Tier-2           |                                  |
| <i>levora 0.15/30 (28) oral tablet</i>                | Tier-2           |                                  |
| LO LOESTRIN FE ORAL TABLET                            | Tier-4           |                                  |
| <i>marlissa oral tablet</i>                           | Tier-2           |                                  |
| <i>microgestin 1.5/30 oral tablet</i>                 | Tier-2           |                                  |
| <i>microgestin 1/20 oral tablet</i>                   | Tier-2           |                                  |
| <i>microgestin fe 1.5/30 oral tablet</i>              | Tier-2           |                                  |
| <i>microgestin fe 1/20 oral tablet</i>                | Tier-2           |                                  |
| <i>necon 0.5/35 (28) oral tablet</i>                  | Tier-2           |                                  |
| NEXTSTELLIS ORAL TABLET                               | Tier-4           |                                  |
| <i>nikki oral tablet</i>                              | Tier-2           |                                  |
| <i>norethin-eth estradiol-fe oral tablet chewable</i> | Tier-2           |                                  |
| <i>nortrel 0.5/35 (28) oral tablet</i>                | Tier-2           |                                  |
| <i>nortrel 1/35 (21) oral tablet</i>                  | Tier-2           |                                  |
| <i>nortrel 1/35 (28) oral tablet</i>                  | Tier-2           |                                  |
| <i>nortrel 7/7/7 oral tablet</i>                      | Tier-2           |                                  |
| ORIAHNN ORAL CAPSULE THERAPY PACK                     | Tier-5           | PA; QL (56 EA per 28 days); NEDS |
| <i>orsythia oral tablet</i>                           | Tier-2           |                                  |
| <i>portia-28 oral tablet</i>                          | Tier-2           |                                  |
| <i>sharobel oral tablet</i>                           | Tier-2           |                                  |
| <i>tarina fe 1/20 eq oral tablet</i>                  | Tier-2           |                                  |
| <i>tri-previfem oral tablet</i>                       | Tier-2           |                                  |
| <i>tri-sprintec oral tablet</i>                       | Tier-2           |                                  |
| <i>trivora (28) oral tablet</i>                       | Tier-2           |                                  |
| <i>velivet oral tablet</i>                            | Tier-2           |                                  |
| <i>vyfemla oral tablet</i>                            | Tier-2           |                                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>zovia 1/35e (28) oral tablet</i>                             | Tier-2           |                            |
| <b>MENOPAUSAL SYMPTOMS/OSTEOPOROSIS</b>                         |                  |                            |
| <i>alendronate sodium oral solution</i>                         | Tier-2           |                            |
| <i>alendronate sodium oral tablet</i>                           | Tier-1           |                            |
| ANGELIQ ORAL TABLET   | Tier-4           |                            |
| <i>calcitonin (salmon) nasal solution</i>                       | Tier-2           |                            |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY                       | Tier-4           | PA                         |
| CRINONE VAGINAL GEL   | Tier-3           | PA                         |
| DELESTROGEN INTRAMUSCULAR OIL                                   | Tier-4           |                            |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL                                | Tier-3           |                            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION                           | Tier-3           |                            |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | Tier-3           |                            |
| DIVIGEL TRANSDERMAL GEL   | Tier-4           |                            |
| <i>dotti transdermal patch twice weekly</i>                     | Tier-2           | PA                         |
| DUAVEE ORAL TABLET  | Tier-4           |                            |
| ELESTRIN TRANSDERMAL GEL  | Tier-4           |                            |
| <i>estradiol oral tablet</i>                                    | Tier-1           | PA                         |
| <i>estradiol transdermal patch twice weekly</i>                 | Tier-2           | PA                         |
| <i>estradiol transdermal patch weekly</i>                       | Tier-2           | PA                         |
| <i>estradiol vaginal cream</i>                                  | Tier-3           |                            |
| <i>estradiol vaginal tablet</i>                                 | Tier-3           |                            |
| <i>estradiol valerate intramuscular oil</i>                     | Tier-2           |                            |
| ESTRING VAGINAL RING  | Tier-3           |                            |
| EVAMIST TRANSDERMAL SOLUTION                                    | Tier-4           |                            |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                 | Tier-5           | PA; NEDS                   |
| FEMHRT LOW DOSE ORAL TABLET                                     | Tier-4           | PA                         |
| FEMHRT ORAL TABLET  | Tier-4           | PA                         |
| FEMRING VAGINAL RING  | Tier-3           |                            |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR                       | Tier-5           | PA; SP-CVS specialty; NEDS |
| <i>fyavolv oral tablet</i>                                      | Tier-3           | PA                         |
| <i>ibandronate sodium oral tablet</i>                           | Tier-2           |                            |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|---|------------------|----------------------------------|
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT                                       | Tier-4           |                                  |
| IMVEXXY STARTER PACK VAGINAL INSERT   | Tier-4           |                                  |
| <i>jinteli oral tablet</i>  | Tier-2           | PA                               |
| <i>medroxyprogesterone acetate intramuscular suspension</i>                   | Tier-1           |                                  |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i> | Tier-1           |                                  |
| <i>medroxyprogesterone acetate oral tablet</i>                                | Tier-1           |                                  |
| MENEST ORAL TABLET  | Tier-4           | PA                               |
| MENOSTAR TRANSDERMAL PATCH WEEKLY   | Tier-4           | PA                               |
| <i>norethindrone acetate oral tablet</i>                                      | Tier-2           |                                  |
| <i>norethindrone-eth estradiol oral tablet</i>                                | Tier-2           | PA                               |
| ORILISSA ORAL TABLET 150 MG   | Tier-5           | PA; QL (30 EA per 30 days); NEDS |
| ORILISSA ORAL TABLET 200 MG   | Tier-5           | PA; QL (60 EA per 30 days); NEDS |
| PREMARIN ORAL TABLET  | Tier-4           | PA                               |
| PREMARIN VAGINAL CREAM  | Tier-4           |                                  |
| PREMPHASE ORAL TABLET   | Tier-4           | PA                               |
| PREMPRO ORAL TABLET   | Tier-4           | PA                               |
| <i>progesterone micronized oral capsule</i>                                   | Tier-2           |                                  |
| <i>progesterone oral capsule</i>  | Tier-2           |                                  |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                | Tier-3           | PA                               |
| <i>raloxifene hcl oral tablet</i>   | Tier-2           |                                  |
| <i>risedronate sodium oral tablet</i>   | Tier-3           |                                  |
| <i>risedronate sodium oral tablet delayed release</i>                         | Tier-3           |                                  |
| <i>teriparatide (recombinant) subcutaneous solution pen-injector</i>          | Tier-5           | PA; SP-CVS specialty; NEDS       |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                                     | Tier-5           | PA; SP-CVS specialty; NEDS       |
| XGEVA SUBCUTANEOUS SOLUTION   | Tier-5           | PA; NEDS                         |
| <i>yuvafem vaginal tablet</i>   | Tier-3           |                                  |
| <b>PRENATAL VITAMINS</b>  |                  |                                  |
| <i>prenatal oral tablet</i>   | Tier-2           |                                  |
| <b>VAGINAL INFECTIONS</b>   |                  |                                  |
| CLEOCIN VAGINAL SUPPOSITORY   | Tier-4           |                                  |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

| <b>Drug Name</b>                           | <b>Drug Tier</b> | <b>Requirements/Limits</b>          |
|--|------------------|-------------------------------------|
| <i>clindamycin phosphate vaginal cream</i> | Tier-2           |                                     |
| GYNAZOLE-1 VAGINAL CREAM                   | Tier-4           |                                     |
| <i>metronidazole vaginal gel</i>           | Tier-3           |                                     |
| <i>miconazole 3 vaginal suppository</i>    | Tier-2           |                                     |
| SOLOSEC ORAL PACKET                        | Tier-4           |                                     |
| <i>terconazole vaginal cream</i>           | Tier-2           |                                     |
| <i>terconazole vaginal suppository</i>     | Tier-2           |                                     |
| <i>vandazole vaginal gel</i>               | Tier-3           |                                     |
| <b>WOMEN'S HEALTH,<br/>MISCELLANEOUS</b>   |                  |                                     |
| INTRAROSA VAGINAL INSERT                   | Tier-4           |                                     |
| MYFEMBREE ORAL TABLET                      | Tier-5           | PA; QL (28 EA per 28 days);<br>NEDS |
| OSPHENA ORAL TABLET                        | Tier-4           |                                     |

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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705 Mount Auburn Street  
Watertown, MA 02472