



**Massachusetts Individual and Small Group  
4-Tier Formulary**

Effective: 04/01/2021

## Key Terms

### Formulary

A formulary is a list of prescription medications developed by a committee of practicing physicians and practicing pharmacists who represent a variety of specialty areas and who are knowledgeable in the diagnosis and treatment of disease.

### Brand-Name Drugs

Brand-name drugs are typically the first products to gain U.S. Food and Drug Administration (FDA) approval.

### Generic Drugs

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand-name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size or shape, but the differences do not alter the effectiveness. Generic versions of brand-name drugs are reviewed and approved by the FDA. The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity.

Note: With limited exceptions, when a generic launches the brand name drug will move to not covered immediately following the generic launch.

### 4-Tier Pharmacy Copayment Program (4-Tier Program)

To help maintain affordability in the pharmacy benefit, we encourage the use of cost-effective drugs and preferred brand names through the four-tier program. This program gives you and your doctor the opportunity to work together to find a prescription medication that's affordable and appropriate for you.

All covered drugs are placed into one of four tiers. Your physician may have the option to write you a prescription for a Tier 1, Tier 2, Tier 3 or Tier 4 drug (as defined below); however, there may be instances when only a Tier 4 drug is appropriate, which will require a higher copayment. All Tier 4 drugs must be obtained through the designated specialty pharmacy (SP) program.

- **Tier 1:** Medications on this tier have the lowest cost sharing amount
- **Tier 2:** Medications on this tier have a higher cost sharing amount
- **Tier 3:** Medications on this tier have a higher cost sharing amount
- **Tier 4:** Medications on this tier have the highest cost sharing amount; limited to a 30- day supply

Please note that tier placement is subject to change throughout the year.

### Copayment

A copayment is the fee a member pays for certain covered drugs. A member pays the copayment directly to the provider when he/she receives a covered drug, unless the provider arranges otherwise.

### Coinsurance

Coinsurance requires the member to pay a percentage of the total cost for certain covered drugs.

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|            |                    |
|------------|--------------------|
| <b>CM</b>  | Cancer Mandate     |
| <b>NTM</b> | New-to-Market      |
| <b>SI</b>  | Specialty Infusion |
| <b>WH</b>  | Women's Health     |

|            |                               |
|------------|-------------------------------|
| <b>MM</b>  | Mandatory Mail                |
| <b>PA</b>  | Prior Authorization           |
| <b>SP</b>  | Designated Specialty Pharmacy |
| <b>ACA</b> | Preventive Service            |

|             |                                  |
|-------------|----------------------------------|
| <b>NC</b>   | Non Covered Drugs                |
| <b>QL</b>   | Quantity Limitation Program      |
| <b>STPA</b> | Step Therapy Prior Authorization |
| <b>LCG</b>  | Low Cost Generic                 |

## Medical Review Process

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Requests for medically necessary review for coverage of drugs included in the New-to-Market Drug Evaluation Process (NTM), Prior Authorization Program (PA), Step Therapy Prior Authorization Program (STPA), Quantity Limitations Program (QL), Non-Covered Drugs (NC) With Suggested Alternatives Program should be completed by the physician and sent to Tufts Health Plan. Drugs excluded under your pharmacy benefit will not be covered through this process. The request must include clinical information that supports why the drug is medically necessary for you. Tufts Health Plan will approve the request if it meets coverage guidelines. If Tufts Health Plan does not approve the request, you have the right to appeal. The appeal process is described in your benefit document.

## Quantity Limitation (QL) Program

Because of potential safety and utilization concerns, Tufts Health Plan has placed quantity limitations on some prescription drugs. You are covered for up to the amount posted in our list of covered drugs. These quantities are based on recognized standards of care as well as from FDA-approved dosing guidelines. If your provider believes it is necessary for you to take more than the QL amount posted on the list, he or she may submit a request for coverage under the Medical Review Process.

## New-To-Market Drug Evaluation Process (NTM)

In an effort to make sure the new-to-market prescription drugs we cover are safe, effective and affordable, we delay coverage of many new drug products until the Plan's Pharmacy and Therapeutics Committee and physician specialists have reviewed them. This review process is usually completed within six months after a drug becomes available.

The review process enables us to learn a great deal about these new drugs, including how a physician can safely prescribe these new drugs and how physicians can choose the most appropriate patients for the new therapy. During the review process, if your physician believes you have a medical need for the New- To- Market drug, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Non-Covered Drugs (NC)

There are thousands of drugs listed on the Tufts Health Plan covered drug list. In fact, most drugs are covered. There is, however, a list of drugs that Tufts Health Plan currently does not cover.

In many cases, these drugs are not covered by Tufts Health Plan because there are safe, comparably effective, and cost effective alternatives available. Our goal is to keep pharmacy benefits as affordable as possible.

If your doctor feels that one of the non-covered drugs is needed, your doctor can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

Note: Drugs approved through the Medical Review Process may be subject to the highest copayment.

## Prior Authorization (PA) Program

In order to ensure safety and affordability for everyone, some medications require prior authorization. This helps us work with your doctor to ensure that medications are prescribed appropriately.

If your doctor feels it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review Process.

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|             |                                  |
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## Step Therapy Prior Authorization (STPA)

Step Therapy is an automated form of Prior Authorization. It encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies.

Medications included on step 1- the lowest step-are usually covered without authorization. We have noted the few exceptions, which may require your physician to submit a request to Tufts Health Plan for coverage. Medications on Step 2 or higher are automatically authorized at the point-of-sale if you have taken the required prerequisite drugs. However, if your physician prescribes a medication on a higher step, and you have not yet taken the required medication(s) on a lower step, or if you are a new Tufts Health Plan member and do not have any prescription drug claims history, the prescription will deny at the point-of-sale with a message indicating that a Prior Authorization (PA) is required. Physicians may submit requests for coverage to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

## Designated Specialty Pharmacy Program (SP)

Tufts Health Plan's goal is to offer you the most clinically appropriate and cost-effective services.

As a result, we have designated special pharmacies to supply up to a 30-day supply of a select number of medications used in the treatment of complex diseases. These pharmacies are specialized in providing these medications and are staffed with nurses, coordinators and pharmacists to provide support services for members.

Other special designated pharmacies and medications may be identified and added to this program from time to time.

Benefits vary; some members may not participate in this program. Please see your benefit document for complete information.

Physicians may obtain a select number of specialty medications through a designated SP for administration in the office as an alternative to direct purchase. These medications are covered under the medical benefit, and will be shipped directly to and administered in the office by the member's provider. The designated pharmacy will bill Tufts Health Plan directly for the medication.

Medications included in the Specialty Pharmacy Program must be obtained from CVS/specialty; call CVS/specialty at 1-800-237-2767. For questions on special pharmacy program or to find out if your plan includes this program, please call us at the number listed on the back of your member identification card.

## Designated Specialty Infusion Program for Drugs Covered Under the Medical Benefit (SI)

Tufts Health Plan has designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency. Other specialty infusion providers and medications may be identified and added to this program from time to time.

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**WH** Women's Health

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### **Over-The-Counter Drugs (OTC)**

When a medication with the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent, becomes available over-the-counter, Tufts Health Plan may exclude coverage of the specific medication or all of the prescription drugs in the class. For more information, please call our Member Services Department at the number listed on the back of your member identification card.

### **Cancer Mandate (CM)**

Oral Cancer medications may have a cost share of \$0 for up to a 30 day supply under the Massachusetts oral cancer therapy mandate. Please check your benefit document.

### **Low Cost Generic (LCG)**

Certain medications may be included in the Low Cost Generic program and be subject to a \$5 copay for a 30-day supply rather than the tier 1 copay. Please check your benefit document.

### **Women's Health (WH)**

Certain medications may be covered without copayment under Women's Health Preventive Services Initiative. Please contact your plan sponsor / employer about applicability and effective date for your group.

### **Affordable Care Act (ACA)**

Under the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) or health care reform, these preventive medications may be covered at no cost (copay, coinsurance, or deductible) for Tufts Health Plan members, depending on their plan benefits. Please check the specific terms of your plan benefit document.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications

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**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 800.462-0224.

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: 888.880.8699 ext. 48000, [TTY number— 800.439.2370 or 711]  
Fax: 617.972.9048  
Email: 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  
800.368.1019, 800.537.7697 (TDD)

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

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|            |                    |            |                               |             |                                  |
|------------|--------------------|------------|-------------------------------|-------------|----------------------------------|
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| <b>NTM</b> | New-to-Market      | <b>PA</b>  | Prior Authorization           | <b>QL</b>   | Quantity Limitation Program      |
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| <b>WH</b>  | Women’s Health     | <b>ACA</b> | Preventive Service            | <b>LCG</b>  | Low Cost Generic                 |

For no cost translation in English, call the number on your ID card.

**Arabic** إكتب تصاخلا تيويها لتقاطبي لىء نودملا مقرلا لىء لاصتلاا لىء جريد ،تغيرعلا تغللاب تيئاجملا تمجرتلا لىء لوصحلا

**Chinese** 若需免費的中文版本，請撥打ID卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτας σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

**Japanese** 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

**Khmer (Cambodian)** ស្រមាប់េសរបក្រែបដយឥតគិតថ្លៃ ភាសាៃខ្មែរ  
សូមទូរស័ព្ទកាន់េលខែដលមាេនេលើប័ណ្ណតមាតា ល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ອໍສາວ໌ ບການແປພາສາເຢັ ນພາສາລາວີ່ທ່ໍ່ບໄດ້ ເລຍຄໍ່ າໃຊ້ ຈໍ່ າຍ,ໃຫ້ ໂທຫາເີບໍ່ີທຍູ່ ເທີ ງຸ້  
ດປະໍຈາດີ ວຂອງທໍ່ ານ.

**Navajo** Doo bááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee haní'é bee nées ho'dílingo nantinígíí bikáá'.

**Persian** دینزب گنز نات یئاسانش تراک رد جردنم نفلت درامشد به یسراف انگیار همجرت یارب

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

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**CURRENT AS OF 4/1/2021**

| <b>Drug</b>                                                                                    | <b>Status</b> | <b>Notes</b>                                                                  |
|------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------|
| <b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*</b>                                         |               |                                                                               |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>  | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)      |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)      |
| <i>amphetamine-dextroamphetamine oral tablet</i>                                               | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                    |
| <i>armodafinil oral tablet</i>                                                                 | Tier-3        | PA; QL (90 TABLETS per 90 days)                                               |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>                          | Tier-2        | QL (180 EA per 90 days)                                                       |
| <i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>                                              | Tier-2        | QL (90 EA per 90 days)                                                        |
| <i>benzphetamine hcl oral tablet</i>                                                           | Tier-1        |                                                                               |
| <i>clonidine hcl er oral tablet extended release 12 hour</i>                                   | Tier-2        |                                                                               |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR                                                  | Tier-3        | PA                                                                            |
| DAYTRANA TRANSDERMAL PATCH                                                                     | Tier-3        | PA; STPA; ¥ (PA applies to members 25 and older); QL (30 patches per 30 days) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>                         | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)      |
| <i>dexmethylphenidate hcl oral tablet</i>                                                      | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                    |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>                | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (150 capsules per 30 days)     |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>                | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (120 capsules per 30 days)     |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>                 | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)      |
| <i>dextroamphetamine sulfate oral solution</i>                                                 | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                    |

^ = Mandates May Apply

¥ = Additional Limits May Apply

# = Drug specific info

| <b>Drug</b>                                                                                         | <b>Status</b> | <b>Notes</b>                                                              |
|-----------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet</i>                                                        | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                |
| <i>diethylpropion hcl oral tablet</i>                                                               | Tier-1        |                                                                           |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE                                                        | Tier-3        | PA; STPA; ¥ (PA applies to members 25 and older); QL (240 ML per 30 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i>                                       | Tier-1        | QL (90 EA per 90 days)                                                    |
| IMCIVREE SUBCUTANEOUS SOLUTION                                                                      | Tier 4        | PA                                                                        |
| LOMAIRA ORAL TABLET                                                                                 | Tier-3        | PA                                                                        |
| <i>methamphetamine hcl oral tablet</i>                                                              | Tier-3        | PA; ¥ (PA applies to members 25 and older); QL (150 tablets per 30 days)  |
| <i>methylphenidate hcl er (cd) oral capsule extended release</i>                                    | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)  |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i> | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days)  |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>                      | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (60 capsules per 30 days)  |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 54 mg</i>        | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)   |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>                            | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)   |
| <i>methylphenidate hcl er oral tablet extended release 36 mg</i>                                    | Tier-2        | PA; ¥ (PA applies to members 25 and older); QL (60 tablets per 30 days)   |
| <i>methylphenidate hcl er oral tablet extended release 72 mg</i>                                    | Tier-3        | PA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)   |
| <i>methylphenidate hcl oral solution</i>                                                            | Tier-2        | PA; ¥ (PA applies to members 25 and older)                                |
| <i>methylphenidate hcl oral tablet</i>                                                              | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                |
| <i>methylphenidate hcl oral tablet chewable</i>                                                     | Tier-1        | PA; ¥ (PA applies to members 25 and older)                                |
| <i>modafinil oral tablet</i>                                                                        | Tier-2        | PA; QL (180 TABLETS per 90 days)                                          |

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| Drug                                              | Status | Notes                                                                          |
|---------------------------------------------------|--------|--------------------------------------------------------------------------------|
| <i>phendimetrazine tartrate oral tablet</i>       | Tier-1 |                                                                                |
| <i>phentermine hcl oral capsule</i>               | Tier-1 |                                                                                |
| <i>phentermine hcl oral tablet</i>                | Tier-1 |                                                                                |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR      | Tier-3 | PA                                                                             |
| <b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b> | Tier-2 | PA                                                                             |
| SUNOSI ORAL TABLET                                | Tier-3 | PA; QL (30 tablets per 30 days)                                                |
| VYVANSE ORAL CAPSULE                              | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (30 capsules per 30 days) |
| VYVANSE ORAL TABLET CHEWABLE                      | Tier-3 | PA; STPA; ¥ (PA applies to members 25 and older); QL (30 tablets per 30 days)  |
| WAKIX ORAL TABLET                                 | Tier-3 | PA; QL (60 tablets per 30 days)                                                |
| XENICAL ORAL CAPSULE                              | Tier-3 | PA                                                                             |
| <b>*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*</b>     |        |                                                                                |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL              | Tier-3 | PA; QL (30 EA per 30 days)                                                     |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL              | Tier-3 | PA; QL (30 EA per 30 days)                                                     |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL              | Tier-3 | PA; QL (30 EA per 30 days)                                                     |
| PALFORZIA (12 MG DAILY DOSE) ORAL                 | Tier-3 | PA                                                                             |
| PALFORZIA (120 MG DAILY DOSE) ORAL                | Tier-3 | PA                                                                             |
| PALFORZIA (160 MG DAILY DOSE) ORAL                | Tier-3 | PA                                                                             |
| PALFORZIA (20 MG DAILY DOSE) ORAL                 | Tier-3 | PA                                                                             |
| PALFORZIA (200 MG DAILY DOSE) ORAL                | Tier-3 | PA                                                                             |
| PALFORZIA (240 MG DAILY DOSE) ORAL                | Tier-3 | PA                                                                             |
| PALFORZIA (3 MG DAILY DOSE) ORAL                  | Tier-3 | PA                                                                             |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET        | Tier-3 | PA                                                                             |
| PALFORZIA (300 MG TITRATION) ORAL PACKET          | Tier-3 | PA                                                                             |
| PALFORZIA (40 MG DAILY DOSE) ORAL                 | Tier-3 | PA                                                                             |
| PALFORZIA (6 MG DAILY DOSE) ORAL                  | Tier-3 | PA                                                                             |
| PALFORZIA (80 MG DAILY DOSE) ORAL                 | Tier-3 | PA                                                                             |
| PALFORZIA INITIAL ESCALATION ORAL                 | Tier-3 | PA                                                                             |

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| Drug                                                                 | Status          | Notes                               |
|----------------------------------------------------------------------|-----------------|-------------------------------------|
| RAGWITEK SUBLINGUAL TABLET<br>SUBLINGUAL                             | Tier-3          | PA; QL (30 EA per 30 days)          |
| <b>*ALTERNATIVE MEDICINES*</b>                                       |                 |                                     |
| <i>coenzyme q10 oral tablet 100 mg, 200 mg, 50 mg</i>                | Tier-3          | PA                                  |
| <b>*AMEBICIDES*</b>                                                  |                 |                                     |
| SOLOSEC ORAL PACKET                                                  | Tier-3          |                                     |
| <b>*AMINOGLYCOSIDES*</b>                                             |                 |                                     |
| ARIKAYCE INHALATION SUSPENSION                                       | Tier 4          |                                     |
| <i>neomycin sulfate oral tablet</i>                                  | Tier-1          |                                     |
| <i>paromomycin sulfate oral capsule</i>                              | Tier-2          |                                     |
| TOBI PODHALER INHALATION CAPSULE                                     | Tier 4          |                                     |
| <i>tobramycin inhalation nebulization solution</i>                   | Tier 4          |                                     |
| <b>*ANALGESICS - ANTI-INFLAMMATORY*</b>                              |                 |                                     |
| ACTEMRA ACTPEN SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR                | Tier 4          | PA; SP; QL (4 syringes per 28 days) |
| ACTEMRA INTRAVENOUS SOLUTION                                         | Medical Benefit | PA                                  |
| ACTEMRA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                   | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |
| ARCALYST SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                      | Tier 4          | PA; SP; QL (4 VIALS per 28 Days)    |
| <i>celecoxib oral capsule</i>                                        | Tier-2          |                                     |
| <i>diclofenac potassium oral tablet</i>                              | Tier-1          |                                     |
| <i>diclofenac sodium er oral tablet extended release<br/>24 hour</i> | Tier-1          |                                     |
| <i>diclofenac sodium oral tablet delayed release</i>                 | Tier-1          |                                     |
| <i>diclofenac-misoprostol oral tablet delayed release</i>            | Tier-2          |                                     |
| ENBREL MINI SUBCUTANEOUS SOLUTION<br>CARTRIDGE                       | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25<br>MG/0.5ML                          | Tier 4          | PA; SP; QL (8 syringes per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 25 MG/0.5ML        | Tier 4          | PA; SP; QL (8 Syringes per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 50 MG/ML           | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                        | Tier 4          | PA; SP; QL (8 syringes per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR              | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |

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| <b>Drug</b>                                                                                            | <b>Status</b> | <b>Notes</b>                              |
|--------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|
| <i>etodolac er oral tablet extended release 24 hour</i>                                                | Tier-2        |                                           |
| <i>etodolac oral capsule</i>                                                                           | Tier-1        |                                           |
| <i>etodolac oral tablet</i>                                                                            | Tier-1        |                                           |
| <i>fenoprofen calcium oral tablet</i>                                                                  | Tier-3        |                                           |
| <i>flurbiprofen oral tablet</i>                                                                        | Tier-1        |                                           |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | Tier 4        | PA; SP; ¥ (1 FILL PER LIFE OF PLAN)       |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML                                      | Tier 4        | PA; SP; QL (2 Syringes per 28 days)       |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT                                              | Tier 4        | PA; SP; ¥ (1 FILL PER LIFE OF PLAN)       |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                               | Tier 4        | PA; SP; ¥ (1 FILL PER LIFE OF PLAN)       |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML           | Tier 4        | PA; SP; QL (2 Syringes per 28 days)       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                    | Tier-1        | ^ (LCG)                                   |
| INDOCIN ORAL SUSPENSION                                                                                | Tier-3        |                                           |
| INDOCIN RECTAL SUPPOSITORY                                                                             | Tier-3        |                                           |
| <i>indomethacin er oral capsule extended release</i>                                                   | Tier-2        |                                           |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                          | Tier-1        |                                           |
| <i>ketorolac tromethamine oral tablet</i>                                                              | Tier-1        |                                           |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                            | Tier 4        | PA; SP; QL (2 auto-injectors per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                        | Tier 4        | PA; SP; QL (2 syringes per 28 days)       |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                        | Tier 4        | PA; QL (28 Syringes per 28 days)          |
| <i>leflunomide oral tablet</i>                                                                         | Tier-2        |                                           |
| <i>meclofenamate sodium oral capsule</i>                                                               | Tier-3        |                                           |
| <i>mefenamic acid oral capsule</i>                                                                     | Tier-3        |                                           |
| <i>meloxicam oral tablet</i>                                                                           | Tier-1        | ^ (LCG)                                   |
| <i>nabumetone oral tablet</i>                                                                          | Tier-1        |                                           |
| <i>naproxen oral suspension</i>                                                                        | Tier-3        |                                           |
| <i>naproxen oral tablet</i>                                                                            | Tier-1        | ^ (LCG)                                   |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                      | Tier-2        |                                           |

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| Drug                                                                                                                                                                      | Status          | Notes                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|
| OLUMIANT ORAL TABLET                                                                                                                                                      | Tier 4          | PA; SP                              |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                                     | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED                                                                                                                                | Medical Benefit | PA                                  |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                           | Tier 4          | PA; SP; QL (4 Syringes per 28 days) |
| OTEZLA ORAL TABLET                                                                                                                                                        | Tier 4          | PA; SP; QL (60 EA per 30 days)      |
| OTEZLA ORAL TABLET THERAPY PACK                                                                                                                                           | Tier 4          | PA; SP; ¥ (1 FILL PER LIFE OF PLAN) |
| <i>oxaprozin oral tablet</i>                                                                                                                                              | Tier-3          |                                     |
| <i>piroxicam oral capsule</i>                                                                                                                                             | Tier-1          |                                     |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | Tier-3          |                                     |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR                                                                                                                               | Tier 4          | PA; SP; QL (30 Tablets per 30 days) |
| SIMPONI ARIA INTRAVENOUS SOLUTION                                                                                                                                         | Medical Benefit | PA                                  |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                                               | Tier 4          | PA; SP; QL (1 Syringe per 28 days)  |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                           | Tier 4          | PA; SP; QL (1 Syringe per 28 days)  |
| <i>sulindac oral tablet</i>                                                                                                                                               | Tier-1          |                                     |
| <i>tolmetin sodium oral capsule</i>                                                                                                                                       | Tier-1          |                                     |
| <i>tolmetin sodium oral tablet 600 mg</i>                                                                                                                                 | Tier-1          |                                     |
| XELJANZ ORAL TABLET                                                                                                                                                       | Tier 4          | PA; SP; QL (60 TABLETS per 30 Days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR                                                                                                                           | Tier 4          | PA; SP; QL (30 Tablets per 30 days) |
| <b>*ANALGESICS - NONNARCOTIC*</b>                                                                                                                                         |                 |                                     |
| BUPAP ORAL TABLET 50-300 MG                                                                                                                                               | Tier-3          |                                     |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                                                                                                     | Tier-1          |                                     |
| <i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>                                                                                                                  | Tier-3          |                                     |
| <i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>                                                                                                                   | Tier-3          |                                     |
| <i>butalbital-asa-cafeine oral capsule</i>                                                                                                                                | Tier-1          |                                     |
| <i>butalbital-aspirin-cafeine oral tablet</i>                                                                                                                             | Tier-1          |                                     |

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| Drug                                                                       | Status | Notes                               |
|----------------------------------------------------------------------------|--------|-------------------------------------|
| <i>diflunisal oral tablet</i>                                              | Tier-1 |                                     |
| ESGIC ORAL CAPSULE                                                         | Tier-3 |                                     |
| <b>*ANALGESICS - OPIOID*</b>                                               |        |                                     |
| <i>acetaminophen-codeine #2 oral tablet</i>                                | Tier-1 | QL (12 Tablets per 1 day)           |
| <i>acetaminophen-codeine #3 oral tablet</i>                                | Tier-1 | QL (12 Tablets per 1 day)           |
| <i>acetaminophen-codeine #4 oral tablet</i>                                | Tier-1 | QL (6 Tablets per 1 day)            |
| <i>acetaminophen-codeine oral solution</i>                                 | Tier-1 | QL (150 ML per 1 day)               |
| <i>apap-caff-dihydrocodeine oral capsule</i>                               | Tier-2 | QL (10 Capsules per 1 day)          |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>                   | Tier-2 | QL (10 Tablets per 1 day)           |
| BELBUCA BUCCAL FILM                                                        | Tier-3 | PA; QL (60 Films per 30 days)       |
| BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG                                  | Tier-3 | PA                                  |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>                 | Tier-1 | QL (90 EA per 30 days)              |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>                 | Tier-1 | QL (120 EA per 30 days)             |
| <i>buprenorphine hcl-naloxone hcl sublingual film</i>                      | Tier-2 |                                     |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>         | Tier-1 |                                     |
| <i>buprenorphine transdermal patch weekly</i>                              | Tier-2 | PA; QL (4 EA per 30 days)           |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>               | Tier-2 | QL (360 Capsules per 30 days)       |
| <i>butalbital-asa-caff-codeine oral capsule</i>                            | Tier-1 |                                     |
| <i>butorphanol tartrate nasal solution</i>                                 | Tier-1 |                                     |
| <i>codeine sulfate oral tablet 15 mg</i>                                   | Tier-1 | QL (24 tablets per 1 day)           |
| <i>codeine sulfate oral tablet 30 mg</i>                                   | Tier-1 | QL (12 tablets per 1 day)           |
| <i>codeine sulfate oral tablet 60 mg</i>                                   | Tier-1 | QL (6 tablets per 1 day)            |
| <i>fentanyl citrate buccal lozenge on a handle</i>                         | Tier-1 | QL (120 UNITS per 30 Days)          |
| <i>fentanyl citrate buccal tablet</i>                                      | Tier-2 | QL (120 buccal tablets per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier-1 | PA; QL (10 PATCHES per 30 days)     |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>             | Tier-1 | QL (10 PATCHES per 30 Days)         |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hr</i>                      | Tier-2 | QL (10 patches per 30 days)         |
| <i>fentanyl transdermal patch 72 hour 62.5 mcg/hr, 87.5 mcg/hr</i>         | Tier-2 | PA; QL (10 patches per 30 days)     |

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| <b>Drug</b>                                                                                              | <b>Status</b> | <b>Notes</b>                 |
|----------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>            | Tier-1        | QL (90 ML per 1 day)         |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>                | Tier-1        | QL (6 Tablets per 1 day)     |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>                                          | Tier-1        | QL (8 Tablets per 1 day)     |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                 | Tier-1        | QL (5 Tablets per 1 day)     |
| <i>hydromorphone hcl oral liquid</i>                                                                     | Tier-1        | QL (20 ML per 1 day)         |
| <i>hydromorphone hcl oral tablet 2 mg</i>                                                                | Tier-1        | QL (10 tablets per 1 day)    |
| <i>hydromorphone hcl oral tablet 4 mg</i>                                                                | Tier-1        | QL (5 tablets per 1 day)     |
| <i>hydromorphone hcl oral tablet 8 mg</i>                                                                | Tier-1        | QL (2 tablets per 1 day)     |
| <i>hydromorphone hcl rectal suppository</i>                                                              | Tier-1        | QL (4 EA per 1 day)          |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG                                        | Tier-3        | PA; QL (2 tablets per 1 day) |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                     | Tier-3        | QL (2 tablets per 1 day)     |
| <i>meperidine hcl oral solution</i>                                                                      | Tier-1        | QL (90 ML per 1 day)         |
| <i>meperidine hcl oral tablet 50 mg</i>                                                                  | Tier-1        | QL (18 tablets per 1 day)    |
| <i>methadone hcl injection solution</i>                                                                  | Tier-1        | PA; QL (2 ML per 1 day)      |
| METHADONE HCL INTENSOL ORAL CONCENTRATE                                                                  | Tier-1        | PA; QL (2 ML per 1 day)      |
| <i>methadone hcl oral solution 10 mg/5ml</i>                                                             | Tier-1        | PA; QL (10 ML per 1 day)     |
| <i>methadone hcl oral solution 5 mg/5ml</i>                                                              | Tier-1        | PA; QL (20 ML per 1 day)     |
| <i>methadone hcl oral tablet 10 mg</i>                                                                   | Tier-1        | PA; QL (2 tablets per 1 day) |
| <i>methadone hcl oral tablet 5 mg</i>                                                                    | Tier-1        | PA; QL (4 tablets per 1 day) |
| <i>methadone hcl oral tablet soluble</i>                                                                 | Tier-1        |                              |
| METHADOSE ORAL CONCENTRATE 10 MG/ML                                                                      | Tier-1        | PA; QL (2 ML per 1 day)      |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>                                 | Tier-1        | QL (4.5 ML per 1 day)        |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>                            | Tier-1        | PA; QL (1 capsule per 1 day) |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | Tier-1        | QL (1 capsule per 1 day)     |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg</i>                                   | Tier-1        | QL (60 EA per 30 days)       |

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| <b>Drug</b>                                                                          | <b>Status</b> | <b>Notes</b>                     |
|--------------------------------------------------------------------------------------|---------------|----------------------------------|
| <i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>              | Tier-1        | PA; QL (60 EA per 30 days)       |
| <i>morphine sulfate er oral capsule extended release 24 hour 20 mg, 30 mg</i>        | Tier-1        | QL (60 CAPSULES per 30 Days)     |
| <i>morphine sulfate er oral capsule extended release 24 hour 40 mg</i>               | Tier-1        | QL (60 capsules per 30 days)     |
| <i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i> | Tier-1        | PA; QL (60 CAPSULES per 30 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>        | Tier-1        | PA; QL (90 TABLETS per 30 days)  |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>                 | Tier-1        | QL (90 TABLETS per 30 Days)      |
| <i>morphine sulfate oral solution 10 mg/5ml</i>                                      | Tier-1        | QL (45 ML per 1 day)             |
| <i>morphine sulfate oral solution 20 mg/5ml</i>                                      | Tier-1        | QL (22.5 ML per 1 day)           |
| <i>morphine sulfate oral tablet 15 mg</i>                                            | Tier-1        | QL (6 tablets per 1 day)         |
| <i>morphine sulfate oral tablet 30 mg</i>                                            | Tier-1        | QL (3 tablets per 1 day)         |
| <i>morphine sulfate rectal suppository 10 mg, 5 mg</i>                               | Tier-1        | QL (6 suppositories per 1 day)   |
| <i>morphine sulfate rectal suppository 20 mg</i>                                     | Tier-1        | QL (4 suppositories per 1 day)   |
| <i>morphine sulfate rectal suppository 30 mg</i>                                     | Tier-2        | QL (3 suppositories per 1 day)   |
| <b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>                               | Tier-3        | QL (60 EA per 30 days)           |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>                       | Tier-2        | QL (2 tablets per 1 day)         |
| <i>oxycodone hcl oral capsule</i>                                                    | Tier-1        | QL (12 capsules per 1 day)       |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                     | Tier-1        | QL (3 ML per 1 day)              |
| <i>oxycodone hcl oral solution</i>                                                   | Tier-1        | QL (60 ML per 1 day)             |
| <i>oxycodone hcl oral tablet 10 mg</i>                                               | Tier-1        | QL (6 tablets per 1 day)         |
| <i>oxycodone hcl oral tablet 15 mg</i>                                               | Tier-1        | QL (4 tablets per 1 day)         |
| <i>oxycodone hcl oral tablet 20 mg</i>                                               | Tier-1        | QL (3 tablets per 1 day)         |
| <i>oxycodone hcl oral tablet 30 mg</i>                                               | Tier-1        | QL (2 tablets per 1 day)         |
| <i>oxycodone hcl oral tablet 5 mg</i>                                                | Tier-1        | QL (12 tablets per 1 day)        |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>                                 | Tier-1        | QL (6 Tablets per 1 day)         |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>                      | Tier-1        | QL (12 Tablets per 1 day)        |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>                                | Tier-1        | QL (8 Tablets per 1 day)         |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>                                   | Tier-1        | QL (12 Tablets per 1 day)        |
| <b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>                              | Tier-2        | QL (2 tablets per 1 day)         |

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| <b>Drug</b>                                                                                              | <b>Status</b> | <b>Notes</b>                  |
|----------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i>                                           | Tier-2        | QL (2 tablets per 1 day)      |
| <i>oxymorphone hcl oral tablet 10 mg</i>                                                                 | Tier-1        | QL (3 tablets per 1 day)      |
| <i>oxymorphone hcl oral tablet 5 mg</i>                                                                  | Tier-1        | QL (6 tablets per 1 day)      |
| <i>pentazocine-naloxone hcl oral tablet</i>                                                              | Tier-1        | QL (4 tablets per 1 day)      |
| SUBSYS SUBLINGUAL LIQUID                                                                                 | Tier-3        | QL (30 Bottles per 30 Days)   |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>            | Tier-1        | QL (1 tablet per 1 day)       |
| <i>tramadol hcl er oral tablet extended release 24 hour</i>                                              | Tier-1        | QL (1 tablet per 1 day)       |
| <i>tramadol hcl oral tablet 100 mg</i>                                                                   | Tier-1        | QL (4 tablets per 1 day)      |
| <i>tramadol hcl oral tablet 50 mg</i>                                                                    | Tier-1        | QL (8 tablets per 1 day)      |
| <i>tramadol-acetaminophen oral tablet</i>                                                                | Tier-1        | QL (8 Tablets per 1 day)      |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT                                                       | Tier-3        | QL (60 Capsules per 30 days)  |
| ZUBSOLV SUBLINGUAL TABLET<br>SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG    | Tier-3        | PA                            |
| <b>*ANDROGENS-ANABOLIC*</b>                                                                              |               |                               |
| <i>danazol oral capsule</i>                                                                              | Tier-1        |                               |
| JATENZO ORAL CAPSULE 158 MG, 237 MG                                                                      | Tier-3        | PA; QL (2 capsules per 1 day) |
| JATENZO ORAL CAPSULE 198 MG                                                                              | Tier-3        | PA; QL (4 capsules per 1 day) |
| <i>methitest oral tablet</i>                                                                             | Tier-3        |                               |
| <i>oxandrolone oral tablet</i>                                                                           | Tier-2        |                               |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                | Tier-1        |                               |
| <i>testosterone enanthate intramuscular solution</i>                                                     | Tier-1        |                               |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%)</i>                                     | Tier-2        |                               |
| <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | Tier-3        |                               |
| <i>testosterone transdermal solution</i>                                                                 | Tier-2        |                               |
| <b>*ANORECTAL AND RELATED PRODUCTS*</b>                                                                  |               |                               |
| <i>hydrocortisone rectal enema</i>                                                                       | Tier-1        |                               |
| RECTIV RECTAL OINTMENT                                                                                   | Tier-3        | QL (1 TUBE per 30 Days)       |
| UCERIS RECTAL FOAM                                                                                       | Tier-2        |                               |

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| Drug                                                                  | Status | Notes   |
|-----------------------------------------------------------------------|--------|---------|
| <b>*ANTHELMINTICS*</b>                                                |        |         |
| <i>albendazole oral tablet</i>                                        | Tier-2 |         |
| <i>benznidazole oral tablet</i>                                       | Tier-2 |         |
| EMVERM ORAL TABLET CHEWABLE                                           | Tier-3 |         |
| <i>ivermectin oral tablet</i>                                         | Tier-1 |         |
| <i>praziquantel oral tablet</i>                                       | Tier-2 |         |
| <b>*ANTIANGINAL AGENTS*</b>                                           |        |         |
| DILATRATE-SR ORAL CAPSULE<br>EXTENDED RELEASE                         | Tier-3 |         |
| ISORDIL TITRADOSE ORAL TABLET 40 MG                                   | Tier-3 |         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>     | Tier-1 |         |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour</i> | Tier-1 |         |
| <i>isosorbide mononitrate oral tablet</i>                             | Tier-1 |         |
| MINITRAN TRANSDERMAL PATCH 24 HOUR                                    | Tier-1 |         |
| NITRO-BID TRANSDERMAL OINTMENT                                        | Tier-3 |         |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR              | Tier-3 |         |
| <i>nitroglycerin er oral capsule extended release 2.5 mg</i>          | Tier-1 |         |
| <i>nitroglycerin sublingual tablet sublingual</i>                     | Tier-1 |         |
| <i>nitroglycerin transdermal patch 24 hour</i>                        | Tier-1 |         |
| <i>nitroglycerin translingual solution</i>                            | Tier-1 |         |
| <i>ranolazine er oral tablet extended release 12 hour</i>             | Tier-2 |         |
| <b>*ANTIANGIETY AGENTS*</b>                                           |        |         |
| <i>alprazolam oral tablet</i>                                         | Tier-1 | ^ (LCG) |
| <i>alprazolam oral tablet dispersible</i>                             | Tier-1 |         |
| <i>buspirone hcl oral tablet</i>                                      | Tier-1 |         |
| <i>chlordiazepoxide hcl oral capsule</i>                              | Tier-1 | ^ (LCG) |
| <i>clorazepate dipotassium oral tablet</i>                            | Tier-2 |         |
| <i>diazepam oral tablet</i>                                           | Tier-1 | ^ (LCG) |
| <i>hydroxyzine hcl oral syrup</i>                                     | Tier-1 |         |
| <i>hydroxyzine hcl oral tablet</i>                                    | Tier-1 |         |
| <i>hydroxyzine pamoate oral capsule</i>                               | Tier-1 |         |

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| <b>Drug</b>                                                                                             | <b>Status</b> | <b>Notes</b>                                                                                                    |
|---------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|
| LORAZEPAM INTENSOL ORAL CONCENTRATE                                                                     | Tier-1        |                                                                                                                 |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                               | Tier-1        |                                                                                                                 |
| <i>lorazepam oral tablet</i>                                                                            | Tier-1        | ^ (LCG)                                                                                                         |
| <i>meprobamate oral tablet</i>                                                                          | Tier-1        |                                                                                                                 |
| <i>oxazepam oral capsule</i>                                                                            | Tier-1        |                                                                                                                 |
| <b>*ANTIARRHYTHMICS*</b>                                                                                |               |                                                                                                                 |
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i>                                                        | Tier-1        |                                                                                                                 |
| <i>disopyramide phosphate oral capsule</i>                                                              | Tier-1        |                                                                                                                 |
| <i>dofetilide oral capsule</i>                                                                          | Tier-2        |                                                                                                                 |
| <i>flecainide acetate oral tablet</i>                                                                   | Tier-1        |                                                                                                                 |
| <i>mexiletine hcl oral capsule</i>                                                                      | Tier-1        |                                                                                                                 |
| MULTAQ ORAL TABLET                                                                                      | Tier-3        |                                                                                                                 |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR                                                        | Tier-3        |                                                                                                                 |
| <b>PACERONE ORAL TABLET 100 MG</b>                                                                      | Tier-2        |                                                                                                                 |
| PACERONE ORAL TABLET 200 MG, 400 MG                                                                     | Tier-1        |                                                                                                                 |
| <i>propafenone hcl er oral capsule extended release 12 hour</i>                                         | Tier-2        |                                                                                                                 |
| <i>propafenone hcl oral tablet</i>                                                                      | Tier-1        |                                                                                                                 |
| <i>quinidine gluconate er oral tablet extended release</i>                                              | Tier-2        |                                                                                                                 |
| <i>quinidine sulfate oral tablet</i>                                                                    | Tier-1        |                                                                                                                 |
| <b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>                                                        |               |                                                                                                                 |
| <b>ADVAIR HFA INHALATION AEROSOL</b>                                                                    | Tier-2        | QL (6 UNITS per 90 Days)                                                                                        |
| <i>albuterol sulfate er oral tablet extended release 12 hour</i>                                        | Tier-1        |                                                                                                                 |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                          | Tier-1        | ¥ (Generic for Proair HFA and Ventolin HFA. Generic Proventil HFA is Non-covered.); QL (6 inhalers per 90 days) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i> | Tier-1        | QL (360 vials per 90 Days)                                                                                      |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>                                | Tier-1        | QL (360 vials per 90 days)                                                                                      |
| <i>albuterol sulfate oral syrup</i>                                                                     | Tier-1        | ^ (LCG)                                                                                                         |
| <i>albuterol sulfate oral tablet</i>                                                                    | Tier-1        |                                                                                                                 |

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| <b>Drug</b>                                                                                                   | <b>Status</b>   | <b>Notes</b>                |
|---------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| <b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                                               | Tier-2          | QL (1 INHALER per 30 days)  |
| <b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                                             | Tier-2          | QL (3 Inhalers per 90 days) |
| <b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>                                                               | Tier-2          | QL (6 EA per 90 Days)       |
| <b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                                                | Tier-2          | QL (3 Inhalers per 90 days) |
| <b>BROVANA INHALATION NEBULIZATION SOLUTION</b>                                                               | Tier-3          | QL (180 vials per 90 Days)  |
| <i>budesonide inhalation suspension</i>                                                                       | Tier-1          | QL (180 VIALS per 90 Days)  |
| <b>CINQAIR INTRAVENOUS SOLUTION</b>                                                                           | Medical Benefit | PA                          |
| <b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>                                                         | Tier-2          | QL (6 EA per 90 Days)       |
| <i>cromolyn sodium inhalation nebulization solution</i>                                                       | Tier-1          | QL (360 Vials per 90 Days)  |
| <b>DALIRESPI ORAL TABLET</b>                                                                                  | Tier-3          |                             |
| <b>ELIXOPHYLLIN ORAL ELIXIR</b>                                                                               | Tier-2          |                             |
| <b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                                                        | Tier 4          | PA; SP                      |
| <b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                                                        | Medical Benefit | PA                          |
| <b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>                                              | Tier-2          | QL (6 UNITS per 90 Days)    |
| <b>FLOVENT HFA INHALATION AEROSOL</b>                                                                         | Tier-2          | QL (6 UNITS per 90 Days)    |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>                                      | Tier-1          | QL (3 Diskus per 90 days)   |
| <i>ipratropium bromide inhalation solution</i>                                                                | Tier-1          | QL (360 vials per 90 Days)  |
| <i>ipratropium-albuterol inhalation solution</i>                                                              | Tier-1          | QL (360 vials per 90 Days)  |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | Tier-1          | QL (270 VIALS per 90 Days)  |
| <i>levalbuterol tartrate inhalation aerosol</i>                                                               | Tier-1          | QL (6 inhalers per 90 days) |
| <i>montelukast sodium oral tablet</i>                                                                         | Tier-1          | ^ (LCG)                     |
| <i>montelukast sodium oral tablet chewable</i>                                                                | Tier-1          | ^ (LCG)                     |
| <b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>                                                             | Tier 4          | PA; SP                      |

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| <b>Drug</b>                                                                                   | <b>Status</b>   | <b>Notes</b>                |
|-----------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| NUCALA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                             | Tier 4          | PA; SP                      |
| NUCALA SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                                                 | Medical Benefit | PA                          |
| <b>PERFOROMIST INHALATION<br/>NEBULIZATION SOLUTION</b>                                       | Tier-2          | QL (180 VIALS per 90 Days)  |
| <b>PULMICORT FLEXHALER INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED</b>                 | Tier-2          | QL (6 UNITS per 90 days)    |
| <b>SEREVENT DISKUS INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED</b>                     | Tier-2          | QL (3 UNITS per 90 days)    |
| <b>SPIRIVA HANDIHALER INHALATION<br/>CAPSULE</b>                                              | Tier-2          | QL (3 UNITS per 90 Days)    |
| <b>SPIRIVA RESPIMAT INHALATION<br/>AEROSOL SOLUTION 2.5 MCG/ACT</b>                           | Tier-2          | QL (3 UNITS per 90 days)    |
| <b>STIOLTO RESPIMAT INHALATION<br/>AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>                       | Tier-2          | QL (6 Inhalers per 90 days) |
| <b>STRIVERDI RESPIMAT INHALATION<br/>AEROSOL SOLUTION</b>                                     | Tier-2          | QL (3 UNITS per 90 days)    |
| <b>SYMBICORT INHALATION AEROSOL</b>                                                           | Tier-2          | QL (6 UNITS per 90 days)    |
| <i>terbutaline sulfate oral tablet</i>                                                        | Tier-1          |                             |
| <b>THEO-24 ORAL CAPSULE EXTENDED<br/>RELEASE 24 HOUR</b>                                      | Tier-2          |                             |
| <i>theophylline er oral tablet extended release 12<br/>hour 300 mg, 450 mg</i>                | Tier-1          |                             |
| <i>theophylline er oral tablet extended release 24<br/>hour</i>                               | Tier-1          |                             |
| <i>theophylline oral solution</i>                                                             | Tier-1          |                             |
| <b>TRELEGY ELLIPTA INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED 100-62.5-25 MCG/INH</b> | Tier-2          | QL (3 inhalers per 90 days) |
| <b>TRELEGY ELLIPTA INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED 200-62.5-25 MCG/INH</b> | Tier-2          |                             |
| <b>WIXELA INHUB INHALATION AEROSOL<br/>POWDER BREATH ACTIVATED</b>                            | Tier-1          | QL (3 Diskus per 90 days)   |
| XOLAIR SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                             | Medical Benefit | PA                          |
| XOLAIR SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                                                 | Medical Benefit | PA                          |

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| <b>Drug</b>                                                                                                                                                                         | <b>Status</b> | <b>Notes</b>                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| <i>zafirlukast oral tablet</i>                                                                                                                                                      | Tier-1        |                               |
| <i>zileuton er oral tablet extended release 12 hour</i>                                                                                                                             | Tier-2        |                               |
| ZYFLO ORAL TABLET                                                                                                                                                                   | Tier-3        |                               |
| <b>*ANTICOAGULANTS*</b>                                                                                                                                                             |               |                               |
| <b>ELIQUIS ORAL TABLET</b>                                                                                                                                                          | Tier-2        |                               |
| <i>enoxaparin sodium injection solution</i>                                                                                                                                         | Tier-1        |                               |
| <i>enoxaparin sodium subcutaneous solution</i>                                                                                                                                      | Tier-1        |                               |
| <i>fondaparinux sodium subcutaneous solution</i>                                                                                                                                    | Tier-2        |                               |
| FRAGMIN SUBCUTANEOUS SOLUTION<br>10000 UNIT/ML, 12500 UNIT/0.5ML, 15000<br>UNIT/0.6ML, 18000 UNIT/0.72ML, 2500<br>UNIT/0.2ML, 5000 UNIT/0.2ML, 7500<br>UNIT/0.3ML, 95000 UNIT/3.8ML | Tier-3        |                               |
| <i>heparin sodium (porcine) injection solution 1000<br/>unit/ml, 10000 unit/ml</i>                                                                                                  | Tier-1        |                               |
| JANTOVEN ORAL TABLET                                                                                                                                                                | Tier-1        |                               |
| <i>warfarin sodium oral tablet</i>                                                                                                                                                  | Tier-1        |                               |
| <b>XARELTO ORAL TABLET</b>                                                                                                                                                          | Tier-2        |                               |
| <b>XARELTO STARTER PACK ORAL<br/>TABLET THERAPY PACK</b>                                                                                                                            | Tier-2        | ¥ (1 FILL PER LIFE OF PLAN)   |
| <b>*ANTICONVULSANTS*</b>                                                                                                                                                            |               |                               |
| <b>APTIOM ORAL TABLET</b>                                                                                                                                                           | Tier-2        |                               |
| <b>BANZEL ORAL TABLET 200 MG</b>                                                                                                                                                    | Tier-2        | QL (1440 TABLETS per 90 Days) |
| <b>BANZEL ORAL TABLET 400 MG</b>                                                                                                                                                    | Tier-2        | QL (720 TABLETS per 90 Days)  |
| BRIVIACT ORAL SOLUTION                                                                                                                                                              | Tier-3        |                               |
| BRIVIACT ORAL TABLET                                                                                                                                                                | Tier-3        |                               |
| <i>carbamazepine er oral capsule extended release<br/>12 hour</i>                                                                                                                   | Tier-1        |                               |
| <i>carbamazepine er oral tablet extended release 12<br/>hour</i>                                                                                                                    | Tier-1        |                               |
| <i>carbamazepine oral suspension</i>                                                                                                                                                | Tier-1        |                               |
| <i>carbamazepine oral tablet</i>                                                                                                                                                    | Tier-1        |                               |
| <i>carbamazepine oral tablet chewable</i>                                                                                                                                           | Tier-1        |                               |
| CELONTIN ORAL CAPSULE                                                                                                                                                               | Tier-3        |                               |
| <i>clobazam oral suspension</i>                                                                                                                                                     | Tier-2        |                               |
| <i>clobazam oral tablet</i>                                                                                                                                                         | Tier-2        |                               |
| <i>clonazepam oral tablet</i>                                                                                                                                                       | Tier-1        | ^ (LCG)                       |
| <i>clonazepam oral tablet dispersible</i>                                                                                                                                           | Tier-1        |                               |

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|---------------------------------------------------------------------------------|---------------|-------------------------|
| DIACOMIT ORAL CAPSULE                                                           | Tier 4        | PA                      |
| DIACOMIT ORAL PACKET                                                            | Tier 4        | PA                      |
| DIASTAT ACUDIAL RECTAL GEL                                                      | Tier-3        | QL (1 kit per 1 fill)   |
| DIASTAT PEDIATRIC RECTAL GEL                                                    | Tier-3        | QL (1 kit per 1 fill)   |
| <i>diazepam rectal gel</i>                                                      | Tier-2        | QL (1 kit per 1 fill)   |
| DILANTIN ORAL CAPSULE 30 MG                                                     | Tier-3        |                         |
| <i>divalproex sodium er oral tablet extended release 24 hour</i>                | Tier-1        |                         |
| <i>divalproex sodium oral capsule delayed release sprinkle</i>                  | Tier-2        |                         |
| <i>divalproex sodium oral tablet delayed release</i>                            | Tier-1        |                         |
| EPIDIOLEX ORAL SOLUTION                                                         | Tier 4        | PA; SP                  |
| EPITOL ORAL TABLET                                                              | Tier-1        |                         |
| <i>ethosuximide oral capsule</i>                                                | Tier-1        |                         |
| <i>ethosuximide oral solution</i>                                               | Tier-1        |                         |
| <i>felbamate oral suspension</i>                                                | Tier-1        |                         |
| <i>felbamate oral tablet</i>                                                    | Tier-1        |                         |
| FINTEPLA ORAL SOLUTION                                                          | Tier-3        | PA                      |
| <b>FYCOMPA ORAL SUSPENSION</b>                                                  | Tier-2        |                         |
| <b>FYCOMPA ORAL TABLET</b>                                                      | Tier-2        |                         |
| <i>gabapentin oral capsule</i>                                                  | Tier-1        |                         |
| <i>gabapentin oral solution 250 mg/5ml</i>                                      | Tier-1        |                         |
| <i>gabapentin oral tablet</i>                                                   | Tier-1        |                         |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | Tier-2        | QL (90 EA per 90 days)  |
| <i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>               | Tier-2        | QL (270 EA per 90 days) |
| <i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>       | Tier-2        | QL (180 EA per 90 days) |
| <i>lamotrigine oral tablet</i>                                                  | Tier-1        | ^ (LCG)                 |
| <i>lamotrigine oral tablet chewable</i>                                         | Tier-1        |                         |
| <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-1        |                         |

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|------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|
| <i>levetiracetam oral solution</i>                                                 | Tier-1        |                                                                     |
| <i>levetiracetam oral tablet</i>                                                   | Tier-1        |                                                                     |
| NAYZILAM NASAL SOLUTION                                                            | Tier-3        | PA; ¥ (PA applies to members 11 and younger); QL (1 box per 1 Fill) |
| <i>oxcarbazepine oral suspension</i>                                               | Tier-1        |                                                                     |
| <i>oxcarbazepine oral tablet</i>                                                   | Tier-1        |                                                                     |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG                    | Tier-3        | QL (30 TABLETS per 30 Days)                                         |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG                            | Tier-3        | QL (120 TABLETS per 30 Days)                                        |
| <i>phenytoin oral suspension 125 mg/5ml</i>                                        | Tier-1        |                                                                     |
| <i>phenytoin oral tablet chewable</i>                                              | Tier-1        |                                                                     |
| <i>phenytoin sodium extended oral capsule</i>                                      | Tier-1        |                                                                     |
| <i>pregabalin oral capsule</i>                                                     | Tier-1        | STPA                                                                |
| <i>pregabalin oral solution</i>                                                    | Tier-1        | STPA                                                                |
| <i>primidone oral tablet</i>                                                       | Tier-1        |                                                                     |
| <i>rufinamide oral suspension</i>                                                  | Tier-2        | QL (4 bottles per 30 days)                                          |
| SYMPAZAN ORAL FILM                                                                 | Tier-3        | PA                                                                  |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg</i>                                      | Tier-2        |                                                                     |
| <i>tiagabine hcl oral tablet 2 mg, 4 mg</i>                                        | Tier-1        |                                                                     |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier-2        |                                                                     |
| <i>topiramate oral capsule sprinkle</i>                                            | Tier-1        |                                                                     |
| <i>topiramate oral tablet</i>                                                      | Tier-1        | ^ (LCG)                                                             |
| <i>valproic acid oral capsule</i>                                                  | Tier-1        |                                                                     |
| VALTOCO 10 MG DOSE NASAL LIQUID                                                    | Tier-3        | PA; QL (2 blister packs per 1 fill)                                 |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK                                       | Tier-3        | PA; QL (2 blister packs per 1 fill)                                 |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK                                       | Tier-3        | PA; QL (2 blister packs per 1 fill)                                 |
| VALTOCO 5 MG DOSE NASAL LIQUID                                                     | Tier-3        | PA; QL (2 blister packs per 1 fill)                                 |
| <i>vigabatrin oral packet</i>                                                      | Tier 4        |                                                                     |
| <i>vigabatrin oral tablet</i>                                                      | Tier 4        |                                                                     |
| <b>VIMPAT ORAL SOLUTION</b>                                                        | Tier-2        |                                                                     |
| <b>VIMPAT ORAL TABLET</b>                                                          | Tier-2        |                                                                     |
| <b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>                         | Tier-2        |                                                                     |

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| Drug                                                                             | Status | Notes                                                  |
|----------------------------------------------------------------------------------|--------|--------------------------------------------------------|
| <b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>                       | Tier-2 |                                                        |
| <b>XCOPRI ORAL TABLET</b>                                                        | Tier-2 |                                                        |
| <b>XCOPRI ORAL TABLET THERAPY PACK</b>                                           | Tier-2 |                                                        |
| <i>zonisamide oral capsule</i>                                                   | Tier-1 |                                                        |
| <b>*ANTIDEPRESSANTS*</b>                                                         |        |                                                        |
| <i>amitriptyline hcl oral tablet</i>                                             | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>amoxapine oral tablet</i>                                                     | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                             | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger)     |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>                | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>         | Tier-2 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>bupropion hcl oral tablet</i>                                                 | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>citalopram hydrobromide oral solution</i>                                     | Tier-1 |                                                        |
| <i>citalopram hydrobromide oral tablet</i>                                       | Tier-1 | ^ (LCG)                                                |
| <i>clomipramine hcl oral capsule</i>                                             | Tier-2 |                                                        |
| <i>desipramine hcl oral tablet</i>                                               | Tier-2 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>             | Tier-3 | PA; STPA; ¥ (PA applies to members 12 and younger); MM |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>          | Tier-2 | PA; STPA; ¥ (PA applies to members 12 and younger); MM |
| <i>doxepin hcl oral capsule</i>                                                  | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <i>doxepin hcl oral concentrate</i>                                              | Tier-1 | PA; ¥ (PA applies to members 12 and younger)           |
| <b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>      | Tier-3 | STPA; QL (60 capsules per 30 days)                     |
| <b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>      | Tier-3 | STPA; QL (90 capsules per 30 days)                     |

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| <b>Drug</b>                                                               | <b>Status</b> | <b>Notes</b>                                          |
|---------------------------------------------------------------------------|---------------|-------------------------------------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | Tier-1        | QL (60 EA per 30 Days)                                |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i>        | Tier-1        | QL (90 EA per 30 Days)                                |
| EMSAM TRANSDERMAL PATCH 24 HOUR                                           | Tier-3        | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| <i>escitalopram oxalate oral solution</i>                                 | Tier-1        |                                                       |
| <i>escitalopram oxalate oral tablet</i>                                   | Tier-1        | ^ (LCG)                                               |
| <i>fluoxetine hcl oral capsule</i>                                        | Tier-1        | ^ (LCG)                                               |
| <i>fluoxetine hcl oral solution</i>                                       | Tier-1        | ^ (LCG)                                               |
| <i>fluoxetine hcl oral tablet</i>                                         | Tier-2        | PA                                                    |
| <i>fluvoxamine maleate oral tablet</i>                                    | Tier-1        |                                                       |
| <i>imipramine hcl oral tablet</i>                                         | Tier-1        |                                                       |
| <i>imipramine pamoate oral capsule</i>                                    | Tier-2        |                                                       |
| <i>maprotiline hcl oral tablet</i>                                        | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| MARPLAN ORAL TABLET                                                       | Tier-3        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>mirtazapine oral tablet</i>                                            | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>mirtazapine oral tablet dispersible</i>                                | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>nefazodone hcl oral tablet</i>                                         | Tier-2        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>nortriptyline hcl oral capsule</i>                                     | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>nortriptyline hcl oral solution</i>                                    | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>paroxetine hcl er oral tablet extended release 24 hour</i>             | Tier-2        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>paroxetine hcl oral tablet</i>                                         | Tier-1        | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| PEXEVA ORAL TABLET                                                        | Tier-3        | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| <i>phenelzine sulfate oral tablet</i>                                     | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>protriptyline hcl oral tablet</i>                                      | Tier-1        | PA; ¥ (PA applies to members 12 and younger)          |
| <i>sertraline hcl oral concentrate</i>                                    | Tier-1        |                                                       |

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| <b>Drug</b>                                                           | <b>Status</b>   | <b>Notes</b>                                          |
|-----------------------------------------------------------------------|-----------------|-------------------------------------------------------|
| <i>sertraline hcl oral tablet</i>                                     | Tier-1          | ^ (LCG)                                               |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK                     | Medical Benefit | PA                                                    |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK                     | Medical Benefit | PA                                                    |
| <i>tranylcypromine sulfate oral tablet</i>                            | Tier-2          | PA; ¥ (PA applies to members 12 and younger)          |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                | Tier-1          | PA; ¥ (PA applies to members 12 and younger); ^ (LCG) |
| <i>trazodone hcl oral tablet 300 mg</i>                               | Tier-1          | PA; ¥ (PA applies to members 12 and younger)          |
| <i>trimipramine maleate oral capsule</i>                              | Tier-3          | PA; ¥ (PA applies to members 12 and younger)          |
| TRINTELLIX ORAL TABLET                                                | Tier-3          | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i>       | Tier-1          |                                                       |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i> | Tier-3          |                                                       |
| <i>venlafaxine hcl oral tablet</i>                                    | Tier-1          |                                                       |
| VIIBRYD ORAL TABLET                                                   | Tier-3          | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| VIIBRYD STARTER PACK ORAL KIT                                         | Tier-3          | PA; STPA; ¥ (PA applies to members 12 and younger)    |
| ZULRESSO INTRAVENOUS SOLUTION                                         | Medical Benefit | PA                                                    |
| <b>*ANTIDIABETICS*</b>                                                |                 |                                                       |
| <i>acarbose oral tablet</i>                                           | Tier-1          |                                                       |
| <i>alogliptin benzoate oral tablet</i>                                | Tier-1          |                                                       |
| <i>alogliptin-metformin hcl oral tablet</i>                           | Tier-1          |                                                       |
| <i>alogliptin-pioglitazone oral tablet</i>                            | Tier-1          |                                                       |
| <b>BAQSIMI ONE PACK NASAL POWDER</b>                                  | Tier-2          | QL (2 devices per 1 fill)                             |
| <b>BAQSIMI TWO PACK NASAL POWDER</b>                                  | Tier-2          | QL (2 devices per 1 fill)                             |
| <b>CYCLOSET ORAL TABLET</b>                                           | Tier-2          |                                                       |
| <i>diazoxide oral suspension</i>                                      | Tier-2          |                                                       |
| <b>FARXIGA ORAL TABLET</b>                                            | Tier-2          |                                                       |
| <i>glimepiride oral tablet</i>                                        | Tier-1          | ^ (LCG)                                               |
| <i>glipizide er oral tablet extended release 24 hour</i>              | Tier-1          |                                                       |
| <i>glipizide oral tablet</i>                                          | Tier-1          | ^ (LCG)                                               |

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| <b>Drug</b>                                                                        | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------------------------------|---------------|--------------|
| <i>glipizide xl oral tablet extended release 24 hour</i>                           | Tier-1        |              |
| <i>glipizide-metformin hcl oral tablet</i>                                         | Tier-1        |              |
| <b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>                           | Tier-2        |              |
| <i>glucagon emergency injection kit</i>                                            | Tier-2        |              |
| <i>glucagon emergency injection solution reconstituted</i>                         | Tier-2        |              |
| <i>glyburide micronized oral tablet</i>                                            | Tier-1        | ^ (LCG)      |
| <i>glyburide oral tablet</i>                                                       | Tier-1        | ^ (LCG)      |
| <i>glyburide-metformin oral tablet</i>                                             | Tier-1        |              |
| <b>GLYXAMBI ORAL TABLET</b>                                                        | Tier-2        |              |
| <b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b> | Tier-2        |              |
| <b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>              | Tier-2        |              |
| <b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</b>                                   | Tier-2        |              |
| <b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>              | Tier-2        |              |
| <b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</b>                                   | Tier-2        |              |
| <b>HUMALOG SUBCUTANEOUS SOLUTION</b>                                               | Tier-2        |              |
| <b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>                                     | Tier-2        |              |
| <b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</b>                                       | Tier-2        |              |
| <b>HUMULIN N SUBCUTANEOUS SUSPENSION</b>                                           | Tier-2        |              |
| <b>HUMULIN R INJECTION SOLUTION</b>                                                | Tier-2        |              |
| <b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</b>                        | Tier-2        |              |
| <b>JANUMET ORAL TABLET</b>                                                         | Tier-2        |              |
| <b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                             | Tier-2        |              |
| <b>JANUVIA ORAL TABLET</b>                                                         | Tier-2        |              |
| <b>JARDIANCE ORAL TABLET</b>                                                       | Tier-2        |              |

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| <b>Drug</b>                                                                        | <b>Status</b> | <b>Notes</b>                     |
|------------------------------------------------------------------------------------|---------------|----------------------------------|
| KORLYM ORAL TABLET                                                                 | Tier 4        | PA; QL (120 TABLETS per 30 Days) |
| <b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                          | Tier-2        |                                  |
| <b>LANTUS SUBCUTANEOUS SOLUTION</b>                                                | Tier-2        |                                  |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour</i>                 | Tier-3        | PA                               |
| <i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i> | Tier-3        | PA                               |
| <i>metformin hcl er oral tablet extended release 24 hour</i>                       | Tier-1        |                                  |
| <i>metformin hcl oral solution</i>                                                 | Tier-2        |                                  |
| <i>metformin hcl oral tablet</i>                                                   | Tier-1        | ^ (LCG)                          |
| <i>miglitol oral tablet</i>                                                        | Tier-2        |                                  |
| <i>nateglinide oral tablet</i>                                                     | Tier-1        |                                  |
| <b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>            | Tier-2        |                                  |
| <b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</b>           | Tier-2        |                                  |
| <i>pioglitazone hcl oral tablet</i>                                                | Tier-1        | ^ (LCG)                          |
| <i>pioglitazone hcl-glimepiride oral tablet</i>                                    | Tier-1        |                                  |
| <i>pioglitazone hcl-metformin hcl oral tablet</i>                                  | Tier-1        |                                  |
| <i>repaglinide oral tablet</i>                                                     | Tier-1        |                                  |
| <b>RYBELSUS ORAL TABLET</b>                                                        | Tier-2        | QL (30 tablets per 30 days)      |
| <b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                            | Tier-3        |                                  |
| <b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                             | Tier-3        |                                  |
| <b>SYNJARDY ORAL TABLET</b>                                                        | Tier-2        |                                  |
| <b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                            | Tier-2        |                                  |
| <i>tolbutamide oral tablet</i>                                                     | Tier-1        |                                  |
| <b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>                          | Tier-2        |                                  |
| <b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>    | Tier-2        |                                  |

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| Drug                                                          | Status          | Notes                                                |
|---------------------------------------------------------------|-----------------|------------------------------------------------------|
| <b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>             | Tier-2          |                                                      |
| <b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>         | Tier-2          |                                                      |
| <b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>                       |                 |                                                      |
| <i>diphenoxylate-atropine oral liquid</i>                     | Tier-1          |                                                      |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>        | Tier-1          |                                                      |
| <i>loperamide hcl oral capsule</i>                            | Tier-1          |                                                      |
| <b>MOTOFEN ORAL TABLET</b>                                    | Tier-3          |                                                      |
| <b>MYTESI ORAL TABLET DELAYED RELEASE</b>                     | Tier-2          | PA                                                   |
| <b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>                   |                 |                                                      |
| <b>CHEMET ORAL CAPSULE</b>                                    | Tier-3          |                                                      |
| <i>deferasirox granules oral packet</i>                       | Tier-2          |                                                      |
| <i>deferasirox oral tablet</i>                                | Tier-2          |                                                      |
| <i>deferasirox oral tablet soluble</i>                        | Tier 4          |                                                      |
| <b>FERRIPROX ORAL SOLUTION</b>                                | Tier-2          | QL (150 ML per 30 days)                              |
| <b>FERRIPROX ORAL TABLET</b>                                  | Tier-2          | QL (30 tablets per 30 days)                          |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>              | No Copayment    |                                                      |
| <i>naloxone hcl injection solution cartridge</i>              | No Copayment    |                                                      |
| <i>naltrexone hcl oral tablet</i>                             | Tier-1          |                                                      |
| <b>NARCAN NASAL LIQUID</b>                                    | No Copayment    | ¥ (Max of 4 units per 30 days); QL (2 EA per 1 Fill) |
| <b>VISTOGARD ORAL PACKET</b>                                  | Tier-2          | QL (20 Packets per 30 days)                          |
| <b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>        | Medical Benefit |                                                      |
| <b>*ANTIEMETICS*</b>                                          |                 |                                                      |
| <b>AKYNZEO ORAL CAPSULE</b>                                   | Tier-3          | ¥ (1 capsule per fill); QL (3 EA per 28 days)        |
| <b>ANZEMET ORAL TABLET</b>                                    | Tier-2          | QL (3 TABLETS per 7 Days)                            |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg</i> | Tier-2          | QL (1 EA per 7 days)                                 |
| <i>aprepitant oral capsule 80 mg</i>                          | Tier-2          | QL (2 EA per 7 days)                                 |
| <i>dronabinol oral capsule</i>                                | Tier-2          |                                                      |
| <b>EMEND ORAL SUSPENSION RECONSTITUTED</b>                    | Tier-3          | QL (3 Units per 7 days)                              |
| <i>granisetron hcl oral tablet</i>                            | Tier-2          | QL (6 TABLETS per 7 days)                            |

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| Drug                                              | Status | Notes                                             |
|---------------------------------------------------|--------|---------------------------------------------------|
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>   | Tier-1 |                                                   |
| <i>ondansetron hcl oral solution</i>              | Tier-1 | QL (90 ML per 7 Days)                             |
| <i>ondansetron hcl oral tablet 24 mg</i>          | Tier-1 | QL (1 TABLET per 7 Days)                          |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>     | Tier-1 | QL (9 TABLETS per 7 Days)                         |
| <i>ondansetron oral tablet dispersible</i>        | Tier-1 | QL (9 EA per 7 Days)                              |
| SANCUSO TRANSDERMAL PATCH                         | Tier 4 | QL (1 PATCH per 7 Days)                           |
| <i>scopolamine transdermal patch 72 hour</i>      | Tier-2 |                                                   |
| <i>trimethobenzamide hcl oral capsule</i>         | Tier-1 |                                                   |
| ZUPLENZ ORAL FILM                                 | Tier-3 | QL (10 FILMS per 7 Days)                          |
| <b>*ANTIFUNGALS*</b>                              |        |                                                   |
| CRESEMBA ORAL CAPSULE                             | Tier-3 |                                                   |
| <i>fluconazole oral suspension reconstituted</i>  | Tier-1 |                                                   |
| <i>fluconazole oral tablet</i>                    | Tier-1 |                                                   |
| <i>flucytosine oral capsule</i>                   | Tier-1 |                                                   |
| <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 | PA                                                |
| <i>itraconazole oral solution</i>                 | Tier-2 |                                                   |
| <i>ketoconazole oral tablet</i>                   | Tier-1 |                                                   |
| <i>nystatin oral tablet</i>                       | Tier-1 |                                                   |
| <i>terbinafine hcl oral tablet</i>                | Tier-1 | ¥ (90 DAYS PER YEAR); QL (30 TABLETS per 30 Days) |
| <i>voriconazole oral suspension reconstituted</i> | Tier-1 | QL (150 ML per 14 Days)                           |
| <i>voriconazole oral tablet 200 mg</i>            | Tier-2 | QL (28 TABLETS per 14 days)                       |
| <i>voriconazole oral tablet 50 mg</i>             | Tier-2 | QL (56 TABLETS per 14 days)                       |
| <b>*ANTIHIISTAMINES*</b>                          |        |                                                   |
| <i>clemastine fumarate oral tablet</i>            | Tier-1 |                                                   |
| <i>cyproheptadine hcl oral syrup</i>              | Tier-1 |                                                   |
| <i>cyproheptadine hcl oral tablet</i>             | Tier-1 |                                                   |
| <i>desloratadine oral tablet</i>                  | Tier-1 |                                                   |
| <i>diphenhydramine hcl oral capsule</i>           | Tier-1 |                                                   |
| <i>promethazine hcl oral solution</i>             | Tier-1 | ^ (LCG)                                           |
| <i>promethazine hcl oral syrup</i>                | Tier-1 | ^ (LCG)                                           |
| <i>promethazine hcl oral tablet</i>               | Tier-1 | ^ (LCG)                                           |

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| Drug                                                                    | Status | Notes                                                  |
|-------------------------------------------------------------------------|--------|--------------------------------------------------------|
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>               | Tier-2 |                                                        |
| PROMETHEGAN RECTAL SUPPOSITORY                                          | Tier-1 |                                                        |
| <b>*ANTIHYPERLIPIDEMICS*</b>                                            |        |                                                        |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                    | Tier-1 | ^ (ACA); QL (90 EA per 90 days)                        |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                    | Tier-1 | ^ (ACA)                                                |
| <i>colesevelam hcl oral packet</i>                                      | Tier-2 |                                                        |
| <i>colesevelam hcl oral tablet</i>                                      | Tier-2 |                                                        |
| <i>colestipol hcl oral packet</i>                                       | Tier-1 |                                                        |
| <i>colestipol hcl oral tablet</i>                                       | Tier-1 |                                                        |
| <i>ezetimibe oral tablet</i>                                            | Tier-1 |                                                        |
| <i>ezetimibe-simvastatin oral tablet</i>                                | Tier-2 |                                                        |
| <i>fenofibrate micronized oral capsule 130 mg</i>                       | Tier-2 |                                                        |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier-1 |                                                        |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                           | Tier-2 |                                                        |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>             | Tier-1 |                                                        |
| <i>fenofibric acid oral capsule delayed release</i>                     | Tier-1 |                                                        |
| <i>fenofibric acid oral tablet 105 mg</i>                               | Tier-1 |                                                        |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i>       | Tier-2 | ^ (ACA); QL (90 EA per 90 days)                        |
| <i>fluvastatin sodium oral capsule</i>                                  | Tier-1 | ^ (ACA); QL (90 EA per 90 days)                        |
| <i>gemfibrozil oral tablet</i>                                          | Tier-1 |                                                        |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                         | Tier 4 | PA; QL (30 Capsules per 30 days)                       |
| <i>lovastatin oral tablet</i>                                           | Tier-1 | ^ (ACA); QL (90 EA per 90 days)                        |
| <i>niacin er (antihyperlipidemic) oral tablet extended release</i>      | Tier-2 |                                                        |
| NIACOR ORAL TABLET                                                      | Tier-1 |                                                        |
| <i>omega-3-acid ethyl esters oral capsule</i>                           | Tier-2 |                                                        |
| <i>pravastatin sodium oral tablet</i>                                   | Tier-1 | ^ (ACA); QL (90 EA per 90 days)                        |
| PREVALITE ORAL POWDER                                                   | Tier-1 |                                                        |
| <b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE</b>        | Tier-2 | PA; # (Preferred product); QL (1 System per 28 days)   |
| <b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>                  | Tier-2 | PA; # (Preferred product); QL (2 Syringes per 28 days) |

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| Drug                                                         | Status | Notes                                                       |
|--------------------------------------------------------------|--------|-------------------------------------------------------------|
| <b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b> | Tier-2 | PA; # (Preferred product); QL (2 Autoinjectors per 28 days) |
| <i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>          | Tier-2 | ^ (ACA); QL (90 EA per 90 days)                             |
| <i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>         | Tier-2 | ^ (ACA)                                                     |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>     | Tier-1 | ^ (ACA); QL (90 EA per 90 days)                             |
| <i>simvastatin oral tablet 80 mg</i>                         | Tier-1 | ^ (ACA)                                                     |
| <b>VASCEPA ORAL CAPSULE</b>                                  | Tier-2 | PA                                                          |
| <b>*ANTIHYPERTENSIVES*</b>                                   |        |                                                             |
| <i>aliskiren fumarate oral tablet</i>                        | Tier-2 |                                                             |
| <i>amlodipine besy-benazepril hcl oral capsule</i>           | Tier-1 |                                                             |
| <i>amlodipine besylate-valsartan oral tablet</i>             | Tier-1 |                                                             |
| <i>amlodipine-olmesartan oral tablet</i>                     | Tier-2 |                                                             |
| <i>amlodipine-valsartan-hctz oral tablet</i>                 | Tier-1 |                                                             |
| <i>atenolol-chlorthalidone oral tablet</i>                   | Tier-1 |                                                             |
| <i>benazepril hcl oral tablet</i>                            | Tier-1 | ^ (LCG)                                                     |
| <i>benazepril-hydrochlorothiazide oral tablet</i>            | Tier-1 |                                                             |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i>            | Tier-1 | ^ (LCG)                                                     |
| <i>candesartan cilexetil oral tablet</i>                     | Tier-2 |                                                             |
| <i>candesartan cilexetil-hctz oral tablet</i>                | Tier-2 |                                                             |
| <i>captopril oral tablet</i>                                 | Tier-2 |                                                             |
| <i>captopril-hydrochlorothiazide oral tablet</i>             | Tier-1 |                                                             |
| <i>clonidine hcl oral tablet</i>                             | Tier-1 | ^ (LCG)                                                     |
| <i>doxazosin mesylate oral tablet</i>                        | Tier-1 |                                                             |
| <b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>         | Tier-3 |                                                             |
| <i>enalapril maleate oral tablet</i>                         | Tier-1 |                                                             |
| <i>enalapril-hydrochlorothiazide oral tablet</i>             | Tier-1 |                                                             |
| <i>eplerenone oral tablet</i>                                | Tier-2 |                                                             |
| <i>fosinopril sodium oral tablet</i>                         | Tier-1 |                                                             |
| <i>fosinopril sodium-hctz oral tablet</i>                    | Tier-1 |                                                             |
| <i>guanfacine hcl oral tablet</i>                            | Tier-1 | ^ (LCG)                                                     |
| <i>hydralazine hcl oral tablet</i>                           | Tier-1 |                                                             |
| <i>irbesartan oral tablet</i>                                | Tier-1 |                                                             |
| <i>irbesartan-hydrochlorothiazide oral tablet</i>            | Tier-1 |                                                             |
| <i>lisinopril oral tablet</i>                                | Tier-1 |                                                             |
| <i>lisinopril-hydrochlorothiazide oral tablet</i>            | Tier-1 |                                                             |

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| Drug                                                              | Status | Notes                      |
|-------------------------------------------------------------------|--------|----------------------------|
| <i>losartan potassium oral tablet</i>                             | Tier-1 | ^ (LCG)                    |
| <i>losartan potassium-hctz oral tablet</i>                        | Tier-1 |                            |
| <i>methyldopa oral tablet</i>                                     | Tier-1 |                            |
| <i>metoprolol-hydrochlorothiazide oral tablet</i>                 | Tier-1 |                            |
| <i>metyrosine oral capsule</i>                                    | Tier-2 |                            |
| <i>minoxidil oral tablet</i>                                      | Tier-1 |                            |
| <i>moexipril hcl oral tablet</i>                                  | Tier-1 |                            |
| <i>olmesartan medoxomil oral tablet</i>                           | Tier-2 |                            |
| <i>olmesartan medoxomil-hctz oral tablet</i>                      | Tier-2 |                            |
| <i>olmesartan-amlodipine-hctz oral tablet</i>                     | Tier-2 |                            |
| <i>perindopril erbumine oral tablet</i>                           | Tier-1 |                            |
| <i>phenoxybenzamine hcl oral capsule</i>                          | Tier-1 |                            |
| <i>prazosin hcl oral capsule</i>                                  | Tier-1 |                            |
| <i>quinapril hcl oral tablet</i>                                  | Tier-1 | ^ (LCG)                    |
| <i>quinapril-hydrochlorothiazide oral tablet</i>                  | Tier-1 |                            |
| <i>ramipril oral capsule</i>                                      | Tier-1 | ^ (LCG)                    |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG   | Tier-3 |                            |
| <i>telmisartan oral tablet</i>                                    | Tier-1 |                            |
| <i>telmisartan-amlodipine oral tablet</i>                         | Tier-2 |                            |
| <i>telmisartan-hctz oral tablet</i>                               | Tier-2 |                            |
| <i>terazosin hcl oral capsule</i>                                 | Tier-1 |                            |
| <i>trandolapril oral tablet</i>                                   | Tier-1 |                            |
| <i>trandolapril-verapamil hcl er oral tablet extended release</i> | Tier-1 |                            |
| <i>valsartan oral tablet</i>                                      | Tier-1 |                            |
| <i>valsartan-hydrochlorothiazide oral tablet</i>                  | Tier-1 |                            |
| VECAMEYL ORAL TABLET                                              | Tier-3 |                            |
| <b>*ANTI-INFECTIVE AGENTS - MISC.*</b>                            |        |                            |
| AEMCOLO ORAL TABLET DELAYED RELEASE                               | Tier-3 | QL (12 tablets per 1 Fill) |
| ALINIA ORAL SUSPENSION RECONSTITUTED                              | Tier-3 |                            |
| ALINIA ORAL TABLET                                                | Tier-3 |                            |
| <i>atovaquone oral suspension</i>                                 | Tier-2 |                            |
| CAYSTON INHALATION SOLUTION RECONSTITUTED                         | Tier 4 | SP                         |

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| Drug                                                               | Status          | Notes                           |
|--------------------------------------------------------------------|-----------------|---------------------------------|
| <i>clindamycin hcl oral capsule</i>                                | Tier-1          |                                 |
| <i>clindamycin palmitate hcl oral solution reconstituted</i>       | Tier-1          |                                 |
| <i>dapsone oral tablet</i>                                         | Tier-1          |                                 |
| FIRVANQ ORAL SOLUTION RECONSTITUTED                                | Tier-3          | QL (2 ML per 10 days)           |
| <i>fosfomycin tromethamine oral packet</i>                         | Tier-2          |                                 |
| <b>IMPAVIDO ORAL CAPSULE</b>                                       | Tier-2          |                                 |
| LAMPIT ORAL TABLET                                                 | Tier-3          |                                 |
| <i>linezolid oral suspension reconstituted</i>                     | Tier-3          |                                 |
| <i>linezolid oral tablet</i>                                       | Tier-1          |                                 |
| MACRODANTIN ORAL CAPSULE 25 MG                                     | Tier-3          |                                 |
| <i>methenamine hippurate oral tablet</i>                           | Tier-1          |                                 |
| <i>metronidazole oral capsule</i>                                  | Tier-3          |                                 |
| <i>metronidazole oral tablet</i>                                   | Tier-1          |                                 |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED                         | Tier-3          |                                 |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>      | Tier-1          |                                 |
| <i>nitrofurantoin monohyd macro oral capsule</i>                   | Tier-1          |                                 |
| <i>nitrofurantoin oral suspension</i>                              | Tier-3          |                                 |
| PRIMSOL ORAL SOLUTION                                              | Tier-3          |                                 |
| SIVEXTRO ORAL TABLET                                               | Tier-3          |                                 |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | Tier-1          |                                 |
| <i>sulfamethoxazole-trimethoprim oral tablet</i>                   | Tier-1          | ^ (LCG)                         |
| <i>tinidazole oral tablet</i>                                      | Tier-1          |                                 |
| <i>trimethoprim oral tablet</i>                                    | Tier-1          |                                 |
| URIBEL ORAL CAPSULE                                                | Tier-1          |                                 |
| <i>vancomycin hcl oral capsule</i>                                 | Tier-2          |                                 |
| XENLETA INTRAVENOUS SOLUTION                                       | Medical Benefit |                                 |
| XENLETA ORAL TABLET                                                | Tier-3          |                                 |
| <b>XIFAXAN ORAL TABLET 200 MG</b>                                  | Tier-2          | PA; QL (9 TABLETS per 30 days)  |
| <b>XIFAXAN ORAL TABLET 550 MG</b>                                  | Tier-2          | PA; QL (60 TABLETS per 30 days) |
| <b>*ANTIMALARIALS*</b>                                             |                 |                                 |
| <i>atovaquone-proguanil hcl oral tablet</i>                        | Tier-2          |                                 |

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| Drug                                                          | Status | Notes                                                                                |
|---------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <i>chloroquine phosphate oral tablet</i>                      | Tier-1 | PA; ¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection) |
| <b>COARTEM ORAL TABLET</b>                                    | Tier-2 | QL (24 TABLETS per 180 Days)                                                         |
| <i>hydroxychloroquine sulfate oral tablet</i>                 | Tier-1 | PA; ¥ (Coverage is limited to 28 tablets when used for treatment of COVID infection) |
| KRINTAFEL ORAL TABLET                                         | Tier-1 |                                                                                      |
| <i>mefloquine hcl oral tablet</i>                             | Tier-1 |                                                                                      |
| <i>primaquine phosphate oral tablet</i>                       | Tier-2 |                                                                                      |
| <i>pyrimethamine oral tablet</i>                              | Tier-2 |                                                                                      |
| <i>quinine sulfate oral capsule</i>                           | Tier-1 |                                                                                      |
| <b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>                    |        |                                                                                      |
| FIRDAPSE ORAL TABLET                                          | Tier 4 | PA                                                                                   |
| <i>guanidine hcl oral tablet</i>                              | Tier-1 |                                                                                      |
| <i>pyridostigmine bromide er oral tablet extended release</i> | Tier-2 |                                                                                      |
| <i>pyridostigmine bromide oral tablet</i>                     | Tier-1 |                                                                                      |
| RUZURGI ORAL TABLET                                           | Tier 4 | PA                                                                                   |
| <b>*ANTIMYCOBACTERIAL AGENTS*</b>                             |        |                                                                                      |
| <i>cycloserine oral capsule</i>                               | Tier-1 |                                                                                      |
| <i>ethambutol hcl oral tablet</i>                             | Tier-1 |                                                                                      |
| <i>isoniazid oral syrup</i>                                   | Tier-1 |                                                                                      |
| <i>isoniazid oral tablet 100 mg</i>                           | Tier-1 |                                                                                      |
| <i>isoniazid oral tablet 300 mg</i>                           | Tier-1 | ^ (LCG)                                                                              |
| PASER ORAL PACKET                                             | Tier-3 |                                                                                      |
| <i>pretomanid oral tablet</i>                                 | Tier-3 |                                                                                      |
| <b>PRIFTIN ORAL TABLET</b>                                    | Tier-2 |                                                                                      |
| <i>pyrazinamide oral tablet</i>                               | Tier-1 |                                                                                      |
| <i>rifabutin oral capsule</i>                                 | Tier-2 |                                                                                      |
| <i>rifampin oral capsule</i>                                  | Tier-1 |                                                                                      |
| <b>SIRTURO ORAL TABLET</b>                                    | Tier-2 | PA                                                                                   |
| TRECTOR ORAL TABLET                                           | Tier-3 |                                                                                      |
| <b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>             |        |                                                                                      |
| <i>abiraterone acetate oral tablet 250 mg</i>                 | Tier 4 | PA; SP; ^ (CM); QL (120 TABLETS per 30 days)                                         |

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| Drug                                   | Status | Notes                                        |
|----------------------------------------|--------|----------------------------------------------|
| ACTIMMUNE SUBCUTANEOUS SOLUTION        | Tier-2 |                                              |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE   | Tier 4 | PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)  |
| AFINITOR ORAL TABLET 10 MG             | Tier 4 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)  |
| ALECENSA ORAL CAPSULE                  | Tier 4 | PA; SP; ^ (CM)                               |
| ALUNBRIG ORAL TABLET                   | Tier 4 | PA; SP; ^ (CM)                               |
| ALUNBRIG ORAL TABLET THERAPY PACK      | Tier 4 | PA; SP; ^ (CM)                               |
| <i>anastrozole oral tablet</i>         | Tier-1 | ^ (CM); MM                                   |
| AYVAKIT ORAL TABLET                    | Tier 4 | PA; ^ (CM); QL (30 units per 30 days)        |
| BALVERSA ORAL TABLET                   | Tier 4 | PA; ^ (CM)                                   |
| <i>bexarotene oral capsule</i>         | Tier 4 | SP; ^ (CM)                                   |
| <i>bicalutamide oral tablet</i>        | Tier-1 | ^ (CM)                                       |
| BOSULIF ORAL TABLET 100 MG             | Tier 4 | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |
| BOSULIF ORAL TABLET 400 MG             | Tier 4 | PA; SP; ^ (CM); QL (30 TABLETS per 30 days)  |
| BOSULIF ORAL TABLET 500 MG             | Tier 4 | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)  |
| BRAFTOVI ORAL CAPSULE 75 MG            | Tier 4 | PA; ^ (CM)                                   |
| BRUKINSA ORAL CAPSULE                  | Tier 4 | PA; ^ (CM)                                   |
| CABOMETYX ORAL TABLET                  | Tier 4 | PA; SP; ^ (CM)                               |
| CALQUENCE ORAL CAPSULE                 | Tier 4 | PA; ^ (CM)                                   |
| <i>capecitabine oral tablet 150 mg</i> | Tier-1 | SP; ^ (CM); QL (84 TABLETS per 14 days)      |
| <i>capecitabine oral tablet 500 mg</i> | Tier-1 | SP; ^ (CM); QL (168 TABLETS per 14 days)     |
| CAPRELSA ORAL TABLET 100 MG            | Tier 4 | PA; ^ (CM); QL (60 TABLETS per 30 Days)      |
| CAPRELSA ORAL TABLET 300 MG            | Tier 4 | PA; ^ (CM); QL (30 TABLETS per 30 Days)      |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT   | Tier 4 | PA; ^ (CM)                                   |
| COPIKTRA ORAL CAPSULE                  | Tier 4 | PA; ^ (CM)                                   |
| COTELLIC ORAL TABLET                   | Tier 4 | PA; SP; ^ (CM)                               |
| <i>cyclophosphamide oral capsule</i>   | Tier-2 | SP; ^ (CM)                                   |
| DAURISMO ORAL TABLET                   | Tier 4 | PA; SP; ^ (CM)                               |

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| <b>Drug</b>                                        | <b>Status</b> | <b>Notes</b>                                 |
|----------------------------------------------------|---------------|----------------------------------------------|
| EMCYT ORAL CAPSULE                                 | Tier 4        | SP; ^ (CM)                                   |
| ERIVEDGE ORAL CAPSULE                              | Tier 4        | PA; SP; ^ (CM)                               |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg</i>    | Tier 4        | SP; ^ (CM); QL (30 Tablets per 30 days)      |
| <i>erlotinib hcl oral tablet 25 mg</i>             | Tier 4        | SP; ^ (CM); QL (90 Tablets per 30 days)      |
| <i>etoposide oral capsule</i>                      | Tier 4        | SP; ^ (CM)                                   |
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | Tier 4        | PA; SP; ^ (CM); QL (30 tablets per 30 days)  |
| <i>exemestane oral tablet</i>                      | Tier-1        | ^ (CM)                                       |
| FARYDAK ORAL CAPSULE 10 MG, 20 MG                  | Tier 4        | PA; SP; ^ (CM)                               |
| <i>flutamide oral capsule</i>                      | Tier-1        | ^ (CM)                                       |
| GILOTRIF ORAL TABLET                               | Tier 4        | PA; ^ (CM)                                   |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG        | Tier-3        | SP; ^ (CM)                                   |
| HYCAMTIN ORAL CAPSULE 0.25 MG                      | Tier 4        | PA; SP; ^ (CM); QL (15 CAPSULES per 21 Days) |
| HYCAMTIN ORAL CAPSULE 1 MG                         | Tier 4        | PA; SP; ^ (CM); QL (25 CAPSULES per 21 Days) |
| <i>hydroxyurea oral capsule</i>                    | Tier-1        | ^ (CM)                                       |
| <b>IBRANCE ORAL CAPSULE</b>                        | Tier-2        | SP; ^ (CM)                                   |
| <b>IBRANCE ORAL TABLET</b>                         | Tier-2        | PA; SP; ^ (CM)                               |
| ICLUSIG ORAL TABLET 15 MG                          | Tier 4        | PA; ^ (CM); QL (60 EA per 30 Days)           |
| ICLUSIG ORAL TABLET 45 MG                          | Tier 4        | PA; ^ (CM); QL (30 EA per 30 Days)           |
| IDHIFA ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM); QL (30 Tablets per 30 days)  |
| <i>imatinib mesylate oral tablet</i>               | Tier-1        | SP; ^ (CM)                                   |
| IMBRUVICA ORAL CAPSULE                             | Tier 4        | PA; ^ (CM)                                   |
| IMBRUVICA ORAL TABLET                              | Tier 4        | PA; ^ (CM)                                   |
| INLYTA ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM)                               |
| INQOVI ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM)                               |
| INREBIC ORAL CAPSULE                               | Tier 4        | PA; SP; ^ (CM)                               |
| INTRON A INJECTION SOLUTION                        | Tier 4        | SP                                           |
| INTRON A INJECTION SOLUTION RECONSTITUTED          | Tier 4        | SP                                           |
| <b>IRESSA ORAL TABLET</b>                          | Tier-2        | PA; ^ (CM)                                   |

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| <b>Drug</b>                                          | <b>Status</b> | <b>Notes</b>                                                                |
|------------------------------------------------------|---------------|-----------------------------------------------------------------------------|
| JAKAFI ORAL TABLET                                   | Tier 4        | PA; SP; ^ (CM)                                                              |
| KOSELUGO ORAL CAPSULE                                | Tier 4        | PA; ^ (CM)                                                                  |
| <i>lapatinib ditosylate oral tablet</i>              | Tier 4        | PA; SP; ^ (CM); QL (6 EA per 1 day)                                         |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier 4        | PA; SP; ^ (CM)                                                              |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK  | Tier 4        | PA; SP; ^ (CM)                                                              |
| <i>letrozole oral tablet</i>                         | Tier-1        | ^ (CM)                                                                      |
| <i>leucovorin calcium oral tablet</i>                | Tier-1        | ^ (CM)                                                                      |
| LEUKERAN ORAL TABLET                                 | Tier-3        | ^ (CM)                                                                      |
| <i>leuprolide acetate injection kit</i>              | Tier-1        | # (Lupron Depot and Lupron Depot-Ped are covered under the medical benefit) |
| LONSURF ORAL TABLET                                  | Tier 4        | PA; SP; ^ (CM)                                                              |
| LORBRENA ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM)                                                              |
| LYNPARZA ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM)                                                              |
| <b>LYSODREN ORAL TABLET</b>                          | Tier-2        | ^ (CM)                                                                      |
| MATULANE ORAL CAPSULE                                | Tier 4        | ^ (CM)                                                                      |
| <i>megestrol acetate oral suspension 40 mg/ml</i>    | Tier-1        |                                                                             |
| <i>megestrol acetate oral tablet</i>                 | Tier-1        | ^ (CM)                                                                      |
| MEKINIST ORAL TABLET                                 | Tier 4        | PA; SP; ^ (CM)                                                              |
| MEKTOVI ORAL TABLET                                  | Tier 4        | PA; ^ (CM)                                                                  |
| <i>melphalan oral tablet</i>                         | Tier-2        | ^ (CM)                                                                      |
| <i>mercaptopurine oral tablet</i>                    | Tier-1        |                                                                             |
| MESNEX ORAL TABLET                                   | Tier 4        | ^ (CM)                                                                      |

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| <b>Drug</b>                                         | <b>Status</b>   | <b>Notes</b>                                  |
|-----------------------------------------------------|-----------------|-----------------------------------------------|
| <i>methotrexate oral tablet</i>                     | Tier-1          |                                               |
| MYLERAN ORAL TABLET                                 | Tier 4          | ^ (CM)                                        |
| NERLYNX ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM)                                |
| NEXAVAR ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days)  |
| <i>nilutamide oral tablet</i>                       | Tier 4          | ^ (CM)                                        |
| NINLARO ORAL CAPSULE                                | Tier 4          | PA; SP; ^ (CM)                                |
| ODOMZO ORAL CAPSULE                                 | Tier 4          | PA; SP; ^ (CM)                                |
| ORGOVYX ORAL TABLET                                 | Tier 4          | PA                                            |
| PEMAZYRE ORAL TABLET                                | Tier 4          | PA; ^ (CM)                                    |
| PHESGO SUBCUTANEOUS SOLUTION                        | Medical Benefit | PA                                            |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 4          | PA; SP; ^ (CM)                                |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 4          | PA; SP; ^ (CM)                                |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | Tier 4          | PA; SP; ^ (CM)                                |
| POMALYST ORAL CAPSULE                               | Tier 4          | PA; SP; ^ (CM)                                |
| PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED        | Medical Benefit | PA                                            |
| PURIXAN ORAL SUSPENSION                             | Tier-3          |                                               |
| QINLOCK ORAL TABLET                                 | Tier 4          | PA; ^ (CM)                                    |
| RETEVMO ORAL CAPSULE 40 MG                          | Tier 4          | PA; SP; ^ (CM); QL (180 capsules per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG                          | Tier 4          | PA; SP; ^ (CM); QL (120 capsules per 30 days) |
| RIABNI INTRAVENOUS SOLUTION                         | Medical Benefit | PA                                            |
| RITUXAN INTRAVENOUS SOLUTION                        | Medical Benefit | PA                                            |
| ROZLYTREK ORAL CAPSULE                              | Tier 4          | PA; SP; ^ (CM)                                |
| RUBRACA ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM); QL (120 EA per 30 days)       |
| RUXIENCE INTRAVENOUS SOLUTION                       | Medical Benefit | PA                                            |
| RYDAPT ORAL CAPSULE                                 | Tier 4          | PA; SP; ^ (CM)                                |
| <b>SOLTAMOX ORAL SOLUTION</b>                       | Tier-2          | ^ (CM)                                        |
| SPRYCEL ORAL TABLET 100 MG, 140 MG                  | Tier 4          | PA; SP; ^ (CM); QL (30 TABLETS per 30 Days)   |
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG, 80 MG      | Tier 4          | PA; SP; ^ (CM); QL (60 TABLETS per 30 Days)   |

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|------------------------------------------------------|-----------------|----------------------------------------------|
| STIVARGA ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM); QL (84 TABLETS per 28 Days)  |
| SUTENT ORAL CAPSULE                                  | Tier 4          | PA; SP; ^ (CM)                               |
| <b>TABLOID ORAL TABLET</b>                           | Tier-2          | SP; ^ (CM)                                   |
| TABRECTA ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM)                               |
| TAFINLAR ORAL CAPSULE                                | Tier 4          | PA; SP; ^ (CM)                               |
| TAGRISSO ORAL TABLET 40 MG                           | Tier 4          | PA; ^ (CM); QL (30 EA per 30 days)           |
| TAGRISSO ORAL TABLET 80 MG                           | Tier 4          | PA; ^ (CM)                                   |
| TALZENNA ORAL CAPSULE                                | Tier 4          | PA; SP; ^ (CM)                               |
| <i>tamoxifen citrate oral tablet</i>                 | Tier-1          | ^ (CM)                                       |
| TASIGNA ORAL CAPSULE                                 | Tier 4          | PA; SP; ^ (CM)                               |
| TAZVERIK ORAL TABLET                                 | Tier 4          | PA; ^ (CM)                                   |
| <i>temozolomide oral capsule</i>                     | Tier-2          | SP; ^ (CM)                                   |
| TIBSOVO ORAL TABLET                                  | Tier 4          | PA; ^ (CM)                                   |
| <i>toremifene citrate oral tablet</i>                | Tier-2          | ^ (CM)                                       |
| <i>tretinoin oral capsule</i>                        | Tier 4          | SP; ^ (CM)                                   |
| <b>TREXALL ORAL TABLET</b>                           | Tier-2          |                                              |
| TRUXIMA INTRAVENOUS SOLUTION                         | Medical Benefit | PA                                           |
| TUKYSA ORAL TABLET                                   | Tier 4          | PA; ^ (CM)                                   |
| TURALIO ORAL CAPSULE                                 | Tier 4          | PA; ^ (CM)                                   |
| VENCLEXTA ORAL TABLET                                | Tier 4          | PA; ^ (CM)                                   |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK     | Tier 4          | PA; ^ (CM)                                   |
| VERZENIO ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM)                               |
| VITRAKVI ORAL CAPSULE                                | Tier 4          | PA; SP; ^ (CM)                               |
| VITRAKVI ORAL SOLUTION                               | Tier 4          | PA; SP; ^ (CM)                               |
| VIZIMPRO ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM)                               |
| VOTRIENT ORAL TABLET                                 | Tier 4          | PA; SP; ^ (CM); QL (120 TABLETS per 30 Days) |
| XALKORI ORAL CAPSULE                                 | Tier 4          | PA; SP; ^ (CM)                               |
| XATMEP ORAL SOLUTION                                 | Tier-3          | PA; ^ (CM)                                   |
| XOSPATA ORAL TABLET                                  | Tier 4          | PA; ^ (CM)                                   |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | Tier 4          | PA; ^ (CM)                                   |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK  | Tier 4          | PA; ^ (CM)                                   |

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| <b>Drug</b>                                                                    | <b>Status</b> | <b>Notes</b>                                  |
|--------------------------------------------------------------------------------|---------------|-----------------------------------------------|
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK                           | Tier 4        | PA; ^ (CM)                                    |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; ^ (CM)                                    |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK                           | Tier 4        | PA; ^ (CM)                                    |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; ^ (CM)                                    |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK                           | Tier 4        | PA; ^ (CM)                                    |
| XTANDI ORAL CAPSULE                                                            | Tier 4        | PA; SP; ^ (CM); QL (120 CAPSULES per 30 Days) |
| ZEJULA ORAL CAPSULE                                                            | Tier 4        | PA; ^ (CM)                                    |
| ZELBORAF ORAL TABLET                                                           | Tier 4        | PA; SP; ^ (CM)                                |
| ZOLINZA ORAL CAPSULE                                                           | Tier 4        | PA; SP; ^ (CM)                                |
| ZYDELIG ORAL TABLET                                                            | Tier 4        | PA; SP; ^ (CM)                                |
| ZYKADIA ORAL TABLET                                                            | Tier 4        | PA; SP                                        |
| <b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>                              |               |                                               |
| <i>amantadine hcl oral capsule</i>                                             | Tier-1        |                                               |
| <i>amantadine hcl oral syrup</i>                                               | Tier-1        |                                               |
| <i>amantadine hcl oral tablet</i>                                              | Tier-1        |                                               |
| <b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>                                  | Tier-2        |                                               |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg</i>                           | Tier-1        | ^ (LCG)                                       |
| <i>benztropine mesylate oral tablet 2 mg</i>                                   | Tier-1        |                                               |
| <i>bromocriptine mesylate oral capsule</i>                                     | Tier-1        |                                               |
| <i>bromocriptine mesylate oral tablet</i>                                      | Tier-1        |                                               |
| <i>carbidopa oral tablet</i>                                                   | Tier-1        |                                               |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier-1        |                                               |
| <i>carbidopa-levodopa oral tablet</i>                                          | Tier-1        |                                               |
| <i>carbidopa-levodopa oral tablet dispersible</i>                              | Tier-1        |                                               |
| <i>carbidopa-levodopa-entacapone oral tablet</i>                               | Tier-2        |                                               |
| <b>DUOPA ENTERAL SUSPENSION</b>                                                | Tier-2        |                                               |
| <i>entacapone oral tablet</i>                                                  | Tier-1        |                                               |
| INBRIJA INHALATION CAPSULE                                                     | Tier-3        | PA                                            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR                                               | Tier-3        | QL (30 PATCHES per 30 Days)                   |

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| Drug                                                                       | Status | Notes                              |
|----------------------------------------------------------------------------|--------|------------------------------------|
| NOURIANZ ORAL TABLET                                                       | Tier-3 | PA; QL (30 tablets per 30 days)    |
| ONGENTYS ORAL CAPSULE                                                      | Tier-3 | PA; QL (30 EA per 30 days)         |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i> | Tier-2 |                                    |
| <i>pramipexole dihydrochloride oral tablet</i>                             | Tier-1 |                                    |
| <i>rasagiline mesylate oral tablet</i>                                     | Tier-2 |                                    |
| <i>ropinirole hcl er oral tablet extended release 24 hour</i>              | Tier-1 | QL (90 TABLETS per 90 Days)        |
| <i>ropinirole hcl oral tablet</i>                                          | Tier-1 |                                    |
| <i>selegiline hcl oral capsule</i>                                         | Tier-1 |                                    |
| <i>selegiline hcl oral tablet</i>                                          | Tier-1 |                                    |
| <i>tolcapone oral tablet</i>                                               | Tier-1 |                                    |
| <i>trihexyphenidyl hcl oral tablet</i>                                     | Tier-1 |                                    |
| XADAGO ORAL TABLET                                                         | Tier-3 | PA                                 |
| <b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>                                   |        |                                    |
| ABILIFY MYCITE ORAL TABLET                                                 | Tier-3 | PA; QL (30 tablets per 30 days)    |
| <i>aripiprazole oral solution</i>                                          | Tier-2 | STPA; QL (900 ML per 90 days)      |
| <i>aripiprazole oral tablet</i>                                            | Tier-1 | STPA; QL (90 EA per 90 days)       |
| <i>aripiprazole oral tablet dispersible</i>                                | Tier-2 | STPA; QL (180 EA per 90 days)      |
| CAPLYTA ORAL CAPSULE                                                       | Tier-3 | STPA; QL (30 capsules per 30 days) |
| <i>chlorpromazine hcl oral tablet</i>                                      | Tier-2 |                                    |
| <i>clozapine oral tablet</i>                                               | Tier-1 |                                    |
| <i>clozapine oral tablet dispersible</i>                                   | Tier-1 |                                    |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR                              | Tier-3 |                                    |
| <i>fluphenazine hcl oral concentrate</i>                                   | Tier-1 |                                    |
| <i>fluphenazine hcl oral elixir</i>                                        | Tier-1 |                                    |
| <i>fluphenazine hcl oral tablet</i>                                        | Tier-2 |                                    |
| <i>haloperidol lactate oral concentrate</i>                                | Tier-1 |                                    |
| <i>haloperidol oral tablet</i>                                             | Tier-1 |                                    |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG                             | Tier-3 | STPA; QL (90 EA per 90 days)       |
| LATUDA ORAL TABLET 80 MG                                                   | Tier-3 | STPA; QL (180 EA per 90 days)      |
| <i>lithium carbonate er oral tablet extended release</i>                   | Tier-1 |                                    |
| <i>lithium carbonate oral capsule</i>                                      | Tier-1 | ^ (LCG)                            |

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| Drug                                                               | Status | Notes                                |
|--------------------------------------------------------------------|--------|--------------------------------------|
| <i>lithium carbonate oral tablet</i>                               | Tier-1 |                                      |
| <i>lithium oral solution</i>                                       | Tier-2 |                                      |
| <i>loxapine succinate oral capsule</i>                             | Tier-1 |                                      |
| NUPLAZID ORAL CAPSULE                                              | Tier 4 | PA; SP; QL (30 capsules per 30 days) |
| NUPLAZID ORAL TABLET 10 MG                                         | Tier 4 | PA; SP; QL (60 tablets per 30 days)  |
| <i>olanzapine oral tablet</i>                                      | Tier-1 |                                      |
| <i>olanzapine oral tablet dispersible</i>                          | Tier-1 | STPA                                 |
| <i>paliperidone er oral tablet extended release 24 hour</i>        | Tier-2 | STPA                                 |
| <i>perphenazine oral tablet</i>                                    | Tier-1 |                                      |
| <i>prochlorperazine maleate oral tablet</i>                        | Tier-1 | ^ (LCG)                              |
| <i>prochlorperazine rectal suppository</i>                         | Tier-1 |                                      |
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i> | Tier-2 | STPA                                 |
| <i>quetiapine fumarate oral tablet</i>                             | Tier-1 |                                      |
| REXULTI ORAL TABLET                                                | Tier-3 | STPA; QL (1 tablet per 1 day)        |
| <i>risperidone oral solution</i>                                   | Tier-1 |                                      |
| <i>risperidone oral tablet</i>                                     | Tier-1 |                                      |
| <i>risperidone oral tablet dispersible</i>                         | Tier-1 |                                      |
| SECUADO TRANSDERMAL PATCH 24 HOUR                                  | Tier-3 | STPA                                 |
| <i>thioridazine hcl oral tablet</i>                                | Tier-1 |                                      |
| <i>thiothixene oral capsule</i>                                    | Tier-1 |                                      |
| <i>trifluoperazine hcl oral tablet</i>                             | Tier-1 |                                      |
| VERSACLOZ ORAL SUSPENSION                                          | Tier-3 |                                      |
| VRAYLAR ORAL CAPSULE                                               | Tier-3 | STPA                                 |
| VRAYLAR ORAL CAPSULE THERAPY PACK                                  | Tier-3 | STPA                                 |
| <i>ziprasidone hcl oral capsule</i>                                | Tier-1 |                                      |
| <b>*ANTIVIRALS*</b>                                                |        |                                      |
| <i>abacavir sulfate oral solution</i>                              | Tier-2 |                                      |
| <i>abacavir sulfate oral tablet</i>                                | Tier-1 |                                      |
| <i>abacavir sulfate-lamivudine oral tablet</i>                     | Tier-2 |                                      |
| <i>abacavir-lamivudine-zidovudine oral tablet</i>                  | Tier-1 |                                      |
| <i>acyclovir oral capsule</i>                                      | Tier-1 | ^ (LCG)                              |

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| <b>Drug</b>                                       | <b>Status</b> | <b>Notes</b>                                                             |
|---------------------------------------------------|---------------|--------------------------------------------------------------------------|
| <i>acyclovir oral suspension</i>                  | Tier-2        |                                                                          |
| <i>acyclovir oral tablet</i>                      | Tier-1        | ^ (LCG)                                                                  |
| <i>adefovir dipivoxil oral tablet</i>             | Tier-1        |                                                                          |
| <b>APTIVUS ORAL CAPSULE</b>                       | Tier-2        |                                                                          |
| <b>APTIVUS ORAL SOLUTION</b>                      | Tier-2        |                                                                          |
| <i>atazanavir sulfate oral capsule</i>            | Tier-2        |                                                                          |
| <b>BARACLUDE ORAL SOLUTION</b>                    | Tier-2        |                                                                          |
| <b>BIKTARVY ORAL TABLET</b>                       | Tier-2        |                                                                          |
| <b>CIMDUO ORAL TABLET</b>                         | Tier-2        |                                                                          |
| <b>COMPLERA ORAL TABLET</b>                       | Tier-2        |                                                                          |
| <b>CRIXIVAN ORAL CAPSULE 400 MG</b>               | Tier-2        |                                                                          |
| <b>DELSTRIGO ORAL TABLET</b>                      | Tier-2        |                                                                          |
| <b>DESCOVY ORAL TABLET</b>                        | Tier-2        | PA; ^ (ACA)                                                              |
| <b>DOVATO ORAL TABLET</b>                         | Tier-2        |                                                                          |
| <b>EDURANT ORAL TABLET</b>                        | Tier-2        |                                                                          |
| <i>efavirenz oral capsule</i>                     | Tier-2        |                                                                          |
| <i>efavirenz oral tablet</i>                      | Tier-2        |                                                                          |
| <i>efavirenz-emtricitab-tenofovir oral tablet</i> | Tier-2        |                                                                          |
| <i>efavirenz-lamivudine-tenofovir oral tablet</i> | Tier-2        |                                                                          |
| <i>emtricitabine oral capsule</i>                 | Tier-2        |                                                                          |
| <i>emtricitabine-tenofovir df oral tablet</i>     | Tier-2        | ^ (ACA)                                                                  |
| <b>EMTRIVA ORAL SOLUTION</b>                      | Tier-2        |                                                                          |
| <i>entecavir oral tablet</i>                      | Tier-2        |                                                                          |
| EPCLUSA ORAL TABLET 200-50 MG                     | Tier 4        | PA; SP; QL (30 EA per 30 days)                                           |
| EPCLUSA ORAL TABLET 400-100 MG                    | Tier 4        | PA; SP; ¥ (Generic formulations are non-covered)                         |
| <b>EPIVIR HBV ORAL SOLUTION</b>                   | Tier-2        |                                                                          |
| <b>EVOTAZ ORAL TABLET</b>                         | Tier-2        |                                                                          |
| <i>famciclovir oral tablet</i>                    | Tier-1        |                                                                          |
| <i>fosamprenavir calcium oral tablet</i>          | Tier-2        |                                                                          |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED        | Tier 4        | SP                                                                       |
| <b>GENVOYA ORAL TABLET</b>                        | Tier-2        |                                                                          |
| HARVONI ORAL PACKET                               | Tier 4        | PA; SP; ¥ (Generic formulations are non-covered); QL (30 EA per 30 days) |

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| <b>Drug</b>                                                | <b>Status</b>   | <b>Notes</b>                                     |
|------------------------------------------------------------|-----------------|--------------------------------------------------|
| HARVONI ORAL TABLET                                        | Tier 4          | PA; SP; ¥ (Generic formulations are non-covered) |
| INTELENCE ORAL TABLET                                      | Tier-2          |                                                  |
| INVIRASE ORAL TABLET                                       | Tier-2          |                                                  |
| ISENTRESS HD ORAL TABLET                                   | Tier-2          | QL (60 EA per 30 days)                           |
| ISENTRESS ORAL PACKET                                      | Tier-2          | QL (60 EA per 30 days)                           |
| ISENTRESS ORAL TABLET                                      | Tier-2          | QL (120 EA per 30 days)                          |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG                      | Tier-2          | QL (180 EA per 30 days)                          |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG                       | Tier-2          | QL (720 EA per 30 days)                          |
| JULUCA ORAL TABLET                                         | Tier-2          |                                                  |
| KALETRA ORAL TABLET                                        | Tier-2          |                                                  |
| <i>lamivudine oral solution</i>                            | Tier-1          |                                                  |
| <i>lamivudine oral tablet</i>                              | Tier-1          |                                                  |
| <i>lamivudine-zidovudine oral tablet</i>                   | Tier-1          |                                                  |
| LEXIVA ORAL SUSPENSION                                     | Tier-2          |                                                  |
| <i>lopinavir-ritonavir oral solution</i>                   | Tier-2          |                                                  |
| <i>nevirapine er oral tablet extended release 24 hour</i>  | Tier-1          |                                                  |
| <i>nevirapine oral suspension</i>                          | Tier-1          |                                                  |
| <i>nevirapine oral tablet</i>                              | Tier-1          |                                                  |
| NORVIR ORAL PACKET                                         | Tier-2          |                                                  |
| NORVIR ORAL SOLUTION                                       | Tier-2          |                                                  |
| ODEFSEY ORAL TABLET                                        | Tier-2          |                                                  |
| <i>oseltamivir phosphate oral capsule</i>                  | Tier-2          | QL (10 EA per 365 days)                          |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | Tier-2          | ¥ (2 fills per 365 days); QL (180 ML per 1 Fill) |
| PEGASYS SUBCUTANEOUS SOLUTION                              | Tier 4          | SP; QL (4 VIALS per 28 Days)                     |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML                    | Tier 4          | SP; QL (4 EA per 28 days)                        |
| PIFELTRO ORAL TABLET                                       | Tier-2          |                                                  |
| PREVYMIS INTRAVENOUS SOLUTION                              | Medical Benefit | PA                                               |
| PREVYMIS ORAL TABLET                                       | Tier 4          | PA                                               |
| PREZCOBIX ORAL TABLET                                      | Tier-2          |                                                  |
| PREZISTA ORAL SUSPENSION                                   | Tier-2          |                                                  |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG         | Tier-2          |                                                  |

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| <b>Drug</b>                                                         | <b>Status</b> | <b>Notes</b>                                                     |
|---------------------------------------------------------------------|---------------|------------------------------------------------------------------|
| <b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b> | Tier-2        | QL (20 UNITS per 365 Days)                                       |
| <b>REYATAZ ORAL PACKET</b>                                          | Tier-2        |                                                                  |
| <i>ribavirin oral capsule</i>                                       | Tier-1        | SP; QL (7 EA per 1 day)                                          |
| <i>ribavirin oral tablet 200 mg</i>                                 | Tier-1        | SP; QL (7 EA per 1 day)                                          |
| <i>rimantadine hcl oral tablet</i>                                  | Tier-1        |                                                                  |
| <i>ritonavir oral tablet</i>                                        | Tier-2        |                                                                  |
| <i>rukobia oral tablet extended release 12 hour</i>                 | Tier-2        |                                                                  |
| <b>SELZENTRY ORAL SOLUTION</b>                                      | Tier-2        | QL (1800 ML per 30 days)                                         |
| <b>SELZENTRY ORAL TABLET 150 MG</b>                                 | Tier-2        | QL (60 TABLETS per 30 Days)                                      |
| <b>SELZENTRY ORAL TABLET 25 MG</b>                                  | Tier-2        | QL (120 TABLETS per 30 days)                                     |
| <b>SELZENTRY ORAL TABLET 300 MG</b>                                 | Tier-2        | QL (120 TABLETS per 30 Days)                                     |
| <b>SELZENTRY ORAL TABLET 75 MG</b>                                  | Tier-2        | QL (60 TABLETS per 30 days)                                      |
| <i>stavudine oral capsule</i>                                       | Tier-1        |                                                                  |
| <b>STRIBILD ORAL TABLET</b>                                         | Tier-2        |                                                                  |
| <b>SYMTUZA ORAL TABLET</b>                                          | Tier-2        |                                                                  |
| <i>tenofovir disoproxil fumarate oral tablet</i>                    | Tier-2        |                                                                  |
| <b>TIVICAY ORAL TABLET</b>                                          | Tier-2        |                                                                  |
| <b>TIVICAY PD ORAL TABLET SOLUBLE</b>                               | Tier-2        |                                                                  |
| <b>TRIUMEQ ORAL TABLET</b>                                          | Tier-2        |                                                                  |
| <b>TYBOST ORAL TABLET</b>                                           | Tier-2        |                                                                  |
| <i>valacyclovir hcl oral tablet</i>                                 | Tier-1        |                                                                  |
| <b>VALCYTE ORAL TABLET</b>                                          | Tier-2        |                                                                  |
| <i>valganciclovir hcl oral solution reconstituted</i>               | Tier-2        |                                                                  |
| <i>valganciclovir hcl oral tablet</i>                               | Tier-2        |                                                                  |
| <b>VEMLIDY ORAL TABLET</b>                                          | Tier-2        |                                                                  |
| <b>VIRACEPT ORAL TABLET</b>                                         | Tier-2        |                                                                  |
| <b>VIREAD ORAL POWDER</b>                                           | Tier-2        |                                                                  |
| <b>VOSEVI ORAL TABLET</b>                                           | Tier 4        | PA; SP                                                           |
| <b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK</b>                | Tier-3        | ¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail) |
| <b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK</b>                | Tier-3        | ¥ (2 fills per 365 days); QL (2 tablets Max Qty Per Fill Retail) |
| <i>zidovudine oral capsule</i>                                      | Tier-1        |                                                                  |
| <i>zidovudine oral syrup</i>                                        | Tier-1        |                                                                  |
| <i>zidovudine oral tablet</i>                                       | Tier-1        |                                                                  |

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| Drug                                                                       | Status | Notes   |
|----------------------------------------------------------------------------|--------|---------|
| <b>*BETA BLOCKERS*</b>                                                     |        |         |
| <i>acebutolol hcl oral capsule</i>                                         | Tier-1 |         |
| <i>atenolol oral tablet</i>                                                | Tier-1 | ^ (LCG) |
| <i>betaxolol hcl oral tablet</i>                                           | Tier-1 |         |
| <i>bisoprolol fumarate oral tablet</i>                                     | Tier-1 |         |
| BYSTOLIC ORAL TABLET                                                       | Tier-3 |         |
| <i>carvedilol oral tablet</i>                                              | Tier-1 | ^ (LCG) |
| <i>carvedilol phosphate er oral capsule extended release 24 hour</i>       | Tier-2 |         |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR                          | Tier-3 |         |
| <i>labetalol hcl oral tablet</i>                                           | Tier-1 |         |
| <i>metoprolol succinate er oral tablet extended release 24 hour</i>        | Tier-1 |         |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                | Tier-1 | ^ (LCG) |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>                      | Tier-3 |         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                             | Tier-2 |         |
| <i>pindolol oral tablet</i>                                                | Tier-1 |         |
| <i>propranolol hcl er oral capsule extended release 24 hour</i>            | Tier-1 |         |
| <i>propranolol hcl oral solution</i>                                       | Tier-1 |         |
| <i>propranolol hcl oral tablet</i>                                         | Tier-1 |         |
| <i>sotalol hcl oral tablet</i>                                             | Tier-1 |         |
| SOTYLIZE ORAL SOLUTION                                                     | Tier-3 |         |
| <i>timolol maleate oral tablet</i>                                         | Tier-1 |         |
| <b>*CALCIUM CHANNEL BLOCKERS*</b>                                          |        |         |
| <i>amlodipine besylate oral tablet</i>                                     | Tier-1 | ^ (LCG) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR                            | Tier-1 |         |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour</i>        | Tier-1 |         |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i> | Tier-1 |         |
| <i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>  | Tier-1 |         |
| <i>diltiazem hcl er oral capsule extended release 12 hour</i>              | Tier-1 |         |

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| <b>Drug</b>                                                                 | <b>Status</b> | <b>Notes</b> |
|-----------------------------------------------------------------------------|---------------|--------------|
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>        | Tier-1        |              |
| <i>diltiazem hcl oral tablet</i>                                            | Tier-1        |              |
| <i>dilt-xr oral capsule extended release 24 hour</i>                        | Tier-1        |              |
| <i>felodipine er oral tablet extended release 24 hour</i>                   | Tier-1        |              |
| <i>isradipine oral capsule</i>                                              | Tier-1        |              |
| <b>MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>                       | Tier-1        |              |
| <i>nicardipine hcl oral capsule</i>                                         | Tier-1        |              |
| <i>nifedipine er oral tablet extended release 24 hour</i>                   | Tier-1        |              |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i>   | Tier-1        |              |
| <i>nifedipine oral capsule</i>                                              | Tier-1        |              |
| <i>nimodipine oral capsule</i>                                              | Tier-1        |              |
| <i>nisoldipine er oral tablet extended release 24 hour</i>                  | Tier-1        |              |
| <b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>                                       | Tier-3        |              |
| <b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>                      | Tier-1        |              |
| <i>verapamil hcl er oral capsule extended release 24 hour</i>               | Tier-1        |              |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier-1        |              |
| <i>verapamil hcl oral tablet</i>                                            | Tier-1        |              |
| <b>*CARDIOTONICS*</b>                                                       |               |              |
| <i>digoxin oral solution</i>                                                | Tier-1        |              |
| <i>digoxin oral tablet</i>                                                  | Tier-1        |              |
| <b>LANOXIN ORAL TABLET 62.5 MCG</b>                                         | Tier-3        |              |
| <b>*CARDIOVASCULAR AGENTS - MISC.*</b>                                      |               |              |
| <b>ADEMPAS ORAL TABLET</b>                                                  | Tier 4        | PA; SP       |
| <i>ambrisentan oral tablet</i>                                              | Tier 4        | PA; SP       |
| <i>amlodipine-atorvastatin oral tablet</i>                                  | Tier-2        |              |
| <b>BIDIL ORAL TABLET</b>                                                    | Tier-2        |              |
| <i>bosentan oral tablet</i>                                                 | Tier 4        | PA; SP       |
| <b>CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG</b>              | Tier-3        |              |
| <b>CORLANOR ORAL TABLET</b>                                                 | Tier-2        |              |
| <b>EDEX INTRACAVERNOSAL KIT</b>                                             | Tier-3        |              |

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| Drug                                                                          | Status          | Notes                                                                                                                 |
|-------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|
| ENTRESTO ORAL TABLET                                                          | Tier-2          |                                                                                                                       |
| <i>epoprostenol sodium intravenous solution reconstituted</i>                 | Medical Benefit | PA; SI                                                                                                                |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED                                     | Medical Benefit | PA; SI                                                                                                                |
| MUSE URETHRAL PELLET                                                          | Tier-3          |                                                                                                                       |
| OPSUMIT ORAL TABLET                                                           | Tier 4          | PA; SP                                                                                                                |
| ORENITRAM ORAL TABLET EXTENDED RELEASE                                        | Tier 4          | PA; SP                                                                                                                |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | Medical Benefit | PA; SI                                                                                                                |
| <i>sildenafil citrate oral suspension reconstituted</i>                       | Tier-1          | PA; SP                                                                                                                |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>                    | Tier-2          | QL (4 EA per 30 days)                                                                                                 |
| <i>sildenafil citrate oral tablet 20 mg</i>                                   | Tier-1          | PA; SP                                                                                                                |
| <i>tadalafil (pah) oral tablet</i>                                            | Tier 4          | PA; SP                                                                                                                |
| <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>                             | Tier-3          | QL (4 Tablets per 30 days)                                                                                            |
| <i>tadalafil oral tablet 5 mg</i>                                             | Tier-3          | PA; ¥ (PA only applies for diagnosis of Symptomatic Benign Prostatic Hyperplasia (BPH).); QL (30 Tablets per 30 days) |
| TRACLEER ORAL TABLET SOLUBLE                                                  | Tier 4          | PA; SP                                                                                                                |
| TYVASO INHALATION SOLUTION                                                    | Medical Benefit | PA; SI                                                                                                                |
| TYVASO REFILL INHALATION SOLUTION                                             | Medical Benefit | PA; SI                                                                                                                |
| TYVASO STARTER INHALATION SOLUTION                                            | Medical Benefit | PA; SI                                                                                                                |
| UPTRAVI ORAL TABLET                                                           | Tier 4          | PA; SP                                                                                                                |
| UPTRAVI ORAL TABLET THERAPY PACK                                              | Tier 4          | PA; SP                                                                                                                |
| <i>vardenafil hcl oral tablet</i>                                             | Tier-2          | QL (4 tablets per 30 days)                                                                                            |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED                                    | Medical Benefit | PA; SI                                                                                                                |
| VENTAVIS INHALATION SOLUTION                                                  | Medical Benefit | PA; SI                                                                                                                |
| VYNDAMAX ORAL CAPSULE                                                         | Tier 4          | PA; SP; QL (30 capsules per 30 days)                                                                                  |
| VYNDAQEL ORAL CAPSULE                                                         | Tier 4          | PA; SP; QL (120 capsules per 30 days)                                                                                 |
| <b>*CEPHALOSPORINS*</b>                                                       |                 |                                                                                                                       |
| <i>cefaclor er oral tablet extended release 12 hour</i>                       | Tier-2          |                                                                                                                       |

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| <b>Drug</b>                                               | <b>Status</b> | <b>Notes</b>                   |
|-----------------------------------------------------------|---------------|--------------------------------|
| <i>cefaclor oral capsule</i>                              | Tier-1        |                                |
| <i>cefaclor oral suspension reconstituted</i>             | Tier-1        |                                |
| <i>cefadroxil oral capsule</i>                            | Tier-1        | ^ (LCG)                        |
| <i>cefadroxil oral suspension reconstituted</i>           | Tier-1        |                                |
| <i>cefadroxil oral tablet</i>                             | Tier-1        |                                |
| <i>cefdinir oral capsule</i>                              | Tier-1        |                                |
| <i>cefdinir oral suspension reconstituted</i>             | Tier-1        |                                |
| <i>cefixime oral capsule</i>                              | Tier-2        |                                |
| <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-1        |                                |
| <i>cefprozil oral tablet</i>                              | Tier-1        |                                |
| <i>cefuroxime axetil oral tablet</i>                      | Tier-1        |                                |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>             | Tier-1        | ^ (LCG)                        |
| <i>cephalexin oral capsule 750 mg</i>                     | Tier-1        |                                |
| <i>cephalexin oral suspension reconstituted</i>           | Tier-1        |                                |
| <i>cephalexin oral tablet</i>                             | Tier-2        |                                |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML           | Tier-3        |                                |
| SUPRAX ORAL TABLET CHEWABLE                               | Tier-3        |                                |
| <b>*CONTRACEPTIVES*</b>                                   |               |                                |
| AMETHIA ORAL TABLET                                       | Tier-1        | ^ (WH)                         |
| AMETHYST ORAL TABLET                                      | Tier-1        | ^ (WH)                         |
| ANNOVERA VAGINAL RING                                     | Tier-3        | ^ (WH); QL (1 Ring per 1 Year) |
| APRI ORAL TABLET                                          | Tier-1        | ^ (WH)                         |
| ARANELLE ORAL TABLET                                      | Tier-1        | ^ (WH)                         |
| AVIANE ORAL TABLET                                        | Tier-1        | ^ (WH)                         |
| AZURETTE ORAL TABLET                                      | Tier-1        | ^ (WH)                         |
| BALCOLTRA ORAL TABLET                                     | Tier-3        | ^ (WH)                         |
| BALZIVA ORAL TABLET                                       | Tier-1        | ^ (WH)                         |
| BEYAZ ORAL TABLET                                         | Tier-3        | PA; ^ (WH)                     |
| CAMILA ORAL TABLET                                        | Tier-1        | ^ (WH)                         |
| CAMRESE LO ORAL TABLET                                    | Tier-1        | ^ (WH)                         |
| CAMRESE ORAL TABLET                                       | Tier-1        | ^ (WH)                         |

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| <b>Drug</b>                                                       | <b>Status</b> | <b>Notes</b> |
|-------------------------------------------------------------------|---------------|--------------|
| CRYSSELLE-28 ORAL TABLET                                          | Tier-1        | ^ (WH)       |
| CYCLAFEM 1/35 ORAL TABLET                                         | Tier-1        | ^ (WH)       |
| CYCLAFEM 7/7/7 ORAL TABLET                                        | Tier-1        | ^ (WH)       |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i> | Tier-1        | ^ (WH)       |
| <i>drospirenone-ethinyl estradiol oral tablet</i>                 | Tier-1        | ^ (WH)       |
| ELLA ORAL TABLET                                                  | Tier-3        | ^ (WH)       |
| ELURYNG VAGINAL RING                                              | Tier-1        |              |
| ENPRESSE-28 ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| ERRIN ORAL TABLET                                                 | Tier-1        | ^ (WH)       |
| ESTROSTEP FE ORAL TABLET                                          | Tier-3        | PA; ^ (WH)   |
| <i>ethynodiol diac-eth estradiol oral tablet</i>                  | Tier-1        | ^ (WH)       |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i>                | Tier-1        |              |
| FAYOSIM ORAL TABLET                                               | Tier-1        | ^ (WH)       |
| GENERESS FE ORAL TABLET CHEWABLE                                  | Tier-3        | PA; ^ (WH)   |
| JOLESSA ORAL TABLET                                               | Tier-1        | ^ (WH)       |
| JUNEL 1.5/30 ORAL TABLET                                          | Tier-1        | ^ (WH)       |
| JUNEL 1/20 ORAL TABLET                                            | Tier-1        | ^ (WH)       |
| JUNEL FE 1.5/30 ORAL TABLET                                       | Tier-1        | ^ (WH)       |
| JUNEL FE 1/20 ORAL TABLET                                         | Tier-1        | ^ (WH)       |
| KARIVA ORAL TABLET                                                | Tier-1        | ^ (WH)       |
| KELNOR 1/35 ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| KELNOR 1/50 ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| LESSINA ORAL TABLET                                               | Tier-1        | ^ (WH)       |
| LEVORA 0.15/30 (28) ORAL TABLET                                   | Tier-1        | ^ (WH)       |
| <b>LO LOESTRIN FE ORAL TABLET</b>                                 | Tier-2        | ^ (WH)       |
| LOESTRIN 1.5/30 (21) ORAL TABLET                                  | Tier-3        | PA; ^ (WH)   |
| LOESTRIN 1/20 (21) ORAL TABLET                                    | Tier-3        | PA; ^ (WH)   |
| LOESTRIN FE 1.5/30 ORAL TABLET                                    | Tier-3        | PA; ^ (WH)   |
| LOESTRIN FE 1/20 ORAL TABLET                                      | Tier-3        | PA; ^ (WH)   |
| LOSEASONIQUE ORAL TABLET                                          | Tier-3        | PA; ^ (WH)   |
| LOW-OGESTREL ORAL TABLET                                          | Tier-1        | ^ (WH)       |
| LUTERA ORAL TABLET                                                | Tier-1        | ^ (WH)       |
| MICROGESTIN 1.5/30 ORAL TABLET                                    | Tier-1        | ^ (WH)       |
| MICROGESTIN 1/20 ORAL TABLET                                      | Tier-1        | ^ (WH)       |
| MICROGESTIN FE 1.5/30 ORAL TABLET                                 | Tier-1        | ^ (WH)       |

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| <b>Drug</b>                                                         | <b>Status</b> | <b>Notes</b> |
|---------------------------------------------------------------------|---------------|--------------|
| MICROGESTIN FE 1/20 ORAL TABLET                                     | Tier-1        | ^ (WH)       |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE                                | Tier-3        | PA; ^ (WH)   |
| MIRCETTE ORAL TABLET                                                | Tier-3        | PA; ^ (WH)   |
| <b>NATAZIA ORAL TABLET</b>                                          | Tier-2        | ^ (WH)       |
| NECON 0.5/35 (28) ORAL TABLET                                       | Tier-3        | ^ (WH)       |
| NECON 1/35 (28) ORAL TABLET                                         | Tier-1        | ^ (WH)       |
| NORA-BE ORAL TABLET                                                 | Tier-1        | ^ (WH)       |
| <i>norethin ace-eth estrad-fe oral capsule</i>                      | Tier-1        | ^ (WH)       |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>              | Tier-1        | ^ (WH)       |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i> | Tier-1        | ^ (WH)       |
| NORTREL 1/35 (21) ORAL TABLET                                       | Tier-1        | ^ (WH)       |
| NORTREL 1/35 (28) ORAL TABLET                                       | Tier-1        | ^ (WH)       |
| NORTREL 7/7/7 ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| NUVARING VAGINAL RING                                               | Tier-3        | PA; ^ (WH)   |
| OCELLA ORAL TABLET                                                  | Tier-1        | ^ (WH)       |
| ORSYTHIA ORAL TABLET                                                | Tier-1        | ^ (WH)       |
| ORTHO MICRONOR ORAL TABLET                                          | Tier-3        | PA; ^ (WH)   |
| ORTHO TRI-CYCLEN LO ORAL TABLET                                     | Tier-3        | PA; ^ (WH)   |
| PLAN B ONE-STEP ORAL TABLET                                         | Tier-3        | ^ (WH)       |
| PORTIA-28 ORAL TABLET                                               | Tier-1        | ^ (WH)       |
| PREVIFEM ORAL TABLET                                                | Tier-1        | ^ (WH)       |
| QUARTETTE ORAL TABLET                                               | Tier-3        | PA; ^ (WH)   |
| RECLIPSEN ORAL TABLET                                               | Tier-1        | ^ (WH)       |
| SAFYRAL ORAL TABLET                                                 | Tier-3        | PA; ^ (WH)   |
| SEASONIQUE ORAL TABLET                                              | Tier-3        | PA; ^ (WH)   |
| SLYND ORAL TABLET                                                   | Tier-3        | ^ (WH)       |
| SPRINTEC 28 ORAL TABLET                                             | Tier-1        | ^ (WH)       |
| TAYTULLA ORAL CAPSULE                                               | Tier-3        | PA; ^ (WH)   |
| TILIA FE ORAL TABLET                                                | Tier-1        | ^ (WH)       |
| TRI-ESTARYLLA ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| TRI-LEGEST FE ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| TRINESSA (28) ORAL TABLET                                           | Tier-1        | ^ (WH)       |
| TRI-PREVIFEM ORAL TABLET                                            | Tier-1        | ^ (WH)       |
| TRI-SPRINTEC ORAL TABLET                                            | Tier-1        | ^ (WH)       |

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| Drug                                                                                          | Status | Notes                           |
|-----------------------------------------------------------------------------------------------|--------|---------------------------------|
| TRIVORA (28) ORAL TABLET                                                                      | Tier-1 | ^ (WH)                          |
| TWIRLA TRANSDERMAL PATCH WEEKLY                                                               | Tier-3 | ^ (WH)                          |
| VELIVET ORAL TABLET                                                                           | Tier-1 | ^ (WH)                          |
| WYMZYA FE ORAL TABLET CHEWABLE                                                                | Tier-1 | ^ (WH)                          |
| YASMIN 28 ORAL TABLET                                                                         | Tier-3 | PA; ^ (WH)                      |
| YAZ ORAL TABLET                                                                               | Tier-3 | PA; ^ (WH)                      |
| ZOVIA 1/35E (28) ORAL TABLET                                                                  | Tier-1 | ^ (WH)                          |
| <b>*CORTICOSTEROIDS*</b>                                                                      |        |                                 |
| <i>budesonide er oral tablet extended release 24 hour</i>                                     | Tier-2 |                                 |
| <i>dexamethasone oral elixir</i>                                                              | Tier-1 |                                 |
| <i>dexamethasone oral tablet</i>                                                              | Tier-1 |                                 |
| <i>dexamethasone oral tablet therapy pack</i>                                                 | Tier-1 |                                 |
| EMFLAZA ORAL SUSPENSION                                                                       | Tier 4 | PA; QL (26 ML per 30 days)      |
| EMFLAZA ORAL TABLET                                                                           | Tier 4 | PA; QL (30 tablets per 30 days) |
| <i>fludrocortisone acetate oral tablet</i>                                                    | Tier-1 |                                 |
| <i>hydrocortisone oral tablet</i>                                                             | Tier-1 |                                 |
| MEDROL ORAL TABLET 2 MG                                                                       | Tier-3 |                                 |
| <i>methylprednisolone oral tablet</i>                                                         | Tier-1 |                                 |
| MILLIPRED ORAL TABLET                                                                         | Tier-3 |                                 |
| <i>prednisolone oral syrup 15 mg/5ml</i>                                                      | Tier-1 |                                 |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml</i> | Tier-1 |                                 |
| <i>prednisolone sodium phosphate oral tablet dispersible</i>                                  | Tier-2 |                                 |
| PREDNISONE INTENSOL ORAL CONCENTRATE                                                          | Tier-3 |                                 |
| <i>prednisone oral solution</i>                                                               | Tier-1 |                                 |
| <i>prednisone oral tablet</i>                                                                 | Tier-1 | ^ (LCG)                         |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21)</i>                  | Tier-1 |                                 |
| <b>*COUGH/COLD/ALLERGY*</b>                                                                   |        |                                 |
| <i>acetylcysteine inhalation solution</i>                                                     | Tier-1 |                                 |
| <i>benzonatate oral capsule 100 mg</i>                                                        | Tier-1 | ^ (LCG)                         |
| <i>benzonatate oral capsule 150 mg, 200 mg</i>                                                | Tier-1 |                                 |
| <i>coditussin ac oral liquid</i>                                                              | Tier-1 | QL (60 ML per 1 day)            |
| <i>coditussin dac oral liquid</i>                                                             | Tier-1 | QL (40 ML per 1 day)            |

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| Drug                                                                | Status | Notes                                      |
|---------------------------------------------------------------------|--------|--------------------------------------------|
| <i>guaiaatussin ac oral syrup</i>                                   | Tier-1 |                                            |
| <i>guaifenesin ac oral syrup</i>                                    | Tier-1 |                                            |
| <i>guaifenesin-codeine oral solution</i>                            | Tier-1 |                                            |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | Tier-1 | QL (10 ML per 1 day)                       |
| <i>hydrocodone-homatropine oral syrup</i>                           | Tier-1 |                                            |
| <i>hydrocodone-homatropine oral tablet</i>                          | Tier-1 |                                            |
| <i>hydromet oral syrup</i>                                          | Tier-1 | QL (30 ML per 1 day)                       |
| MAR-COF CG EXPECTORANT ORAL LIQUID                                  | Tier-1 | QL (45 ML per 1 day)                       |
| <i>promethazine vc/codeine oral syrup</i>                           | Tier-1 | QL (30 ML per 1 day)                       |
| <i>promethazine-codeine oral solution</i>                           | Tier-1 | QL (30 ML per 1 day)                       |
| <i>promethazine-dm oral syrup</i>                                   | Tier-1 | ^ (LCG)                                    |
| SSKI ORAL SOLUTION                                                  | Tier-3 |                                            |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG             | Tier-3 | QL (2 capsules per 1 day)                  |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE                        | Tier-3 | QL (20 ML per 1 day)                       |
| <i>virtussin dac oral solution</i>                                  | Tier-1 | QL (40 ML per 1 day)                       |
| <b>*DERMATOLOGICALS*</b>                                            |        |                                            |
| <i>acitretin oral capsule</i>                                       | Tier-1 |                                            |
| <i>acyclovir external cream</i>                                     | Tier-2 |                                            |
| <i>acyclovir external ointment</i>                                  | Tier-2 | QL (1 TUBE per 30 days)                    |
| <i>adapalene external cream</i>                                     | Tier-3 | PA                                         |
| <i>adapalene external gel</i>                                       | Tier-3 | PA                                         |
| <i>adapalene-benzoyl peroxide external gel</i>                      | Tier-2 |                                            |
| <i>ala-cort external cream 1 %</i>                                  | Tier-1 | ^ (LCG)                                    |
| <i>alclometasone dipropionate external cream</i>                    | Tier-1 |                                            |
| <i>alclometasone dipropionate external ointment</i>                 | Tier-1 |                                            |
| ALTABAX EXTERNAL OINTMENT                                           | Tier-3 |                                            |
| ALTRENO EXTERNAL LOTION                                             | Tier-3 | PA; ¥ (PA applies to members 26 and older) |
| <i>amcinonide external cream</i>                                    | Tier-2 | PA                                         |
| <i>amcinonide external lotion</i>                                   | Tier-2 | PA                                         |
| <i>amcinonide external ointment</i>                                 | Tier-2 | PA                                         |
| <i>ammonium lactate external cream</i>                              | Tier-1 |                                            |
| <i>ammonium lactate external lotion</i>                             | Tier-1 |                                            |

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| Drug                                                    | Status | Notes                   |
|---------------------------------------------------------|--------|-------------------------|
| APEXICON E EXTERNAL CREAM                               | Tier-3 |                         |
| AVITA EXTERNAL CREAM                                    | Tier-1 | PA                      |
| AVITA EXTERNAL GEL                                      | Tier-1 | PA                      |
| <i>azelaic acid external gel</i>                        | Tier-2 |                         |
| <i>bacitracin external ointment</i>                     | Tier-1 |                         |
| <i>bacitracin zinc external ointment</i>                | Tier-1 |                         |
| <i>bacitracin-polymyxin b external ointment</i>         | Tier-1 |                         |
| BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM          | Tier-1 |                         |
| BENZEPRO EXTERNAL FOAM 5.3 %                            | Tier-3 |                         |
| BENZEPRO FOAMING CLOTHS EXTERNAL                        | Tier-3 |                         |
| BENZEPRO SHORT CONTACT EXTERNAL FOAM                    | Tier-3 |                         |
| <i>benzoyl peroxide-erythromycin external gel</i>       | Tier-2 |                         |
| <i>betamethasone dipropionate aug external cream</i>    | Tier-1 |                         |
| <i>betamethasone dipropionate aug external gel</i>      | Tier-1 |                         |
| <i>betamethasone dipropionate aug external lotion</i>   | Tier-1 |                         |
| <i>betamethasone dipropionate aug external ointment</i> | Tier-1 |                         |
| <i>betamethasone dipropionate external cream</i>        | Tier-1 |                         |
| <i>betamethasone dipropionate external lotion</i>       | Tier-1 |                         |
| <i>betamethasone dipropionate external ointment</i>     | Tier-2 | PA                      |
| <i>betamethasone valerate external cream</i>            | Tier-1 |                         |
| <i>betamethasone valerate external foam</i>             | Tier-2 | PA                      |
| <i>betamethasone valerate external lotion</i>           | Tier-1 |                         |
| <i>betamethasone valerate external ointment</i>         | Tier-1 |                         |
| <i>bimatoprost external solution</i>                    | Tier-2 | STPA                    |
| BIONECT EXTERNAL CREAM                                  | Tier-3 |                         |
| BIONECT EXTERNAL GEL                                    | Tier-3 |                         |
| <i>calcipotriene external cream</i>                     | Tier-2 | QL (120 GM per 30 days) |
| <i>calcipotriene external ointment</i>                  | Tier-1 | QL (120 GM per 30 days) |
| <i>calcipotriene external solution</i>                  | Tier-1 | QL (120 ML per 30 days) |
| <i>calcipotriene-betameth diprop external ointment</i>  | Tier-2 |                         |
| CALCITRENE EXTERNAL OINTMENT                            | Tier-3 |                         |
| <i>calcitriol external ointment</i>                     | Tier-2 |                         |
| CAPEX EXTERNAL SHAMPOO                                  | Tier-3 | PA                      |

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| <b>Drug</b>                                                             | <b>Status</b> | <b>Notes</b>                        |
|-------------------------------------------------------------------------|---------------|-------------------------------------|
| <i>ciclopirox external gel</i>                                          | Tier-1        |                                     |
| <i>ciclopirox external shampoo</i>                                      | Tier-2        |                                     |
| <i>ciclopirox external solution</i>                                     | Tier-1        | QL (1 BOTTLE per 30 Days)           |
| <i>ciclopirox olamine external cream</i>                                | Tier-1        |                                     |
| <i>ciclopirox olamine external suspension</i>                           | Tier-1        |                                     |
| CLARAVIS ORAL CAPSULE                                                   | Tier-3        |                                     |
| CLINDACIN-P EXTERNAL SWAB                                               | Tier-3        |                                     |
| <i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>              | Tier-1        |                                     |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i>                | Tier-3        |                                     |
| <i>clindamycin phosphate external foam</i>                              | Tier-3        |                                     |
| <i>clindamycin phosphate external gel</i>                               | Tier-2        |                                     |
| <i>clindamycin phosphate external lotion</i>                            | Tier-2        |                                     |
| <i>clindamycin phosphate external solution</i>                          | Tier-1        |                                     |
| <i>clobetasol propionate e external cream</i>                           | Tier-2        | PA                                  |
| <i>clobetasol propionate emulsion external foam</i>                     | Tier-2        | PA                                  |
| <i>clobetasol propionate external cream</i>                             | Tier-2        | PA                                  |
| <i>clobetasol propionate external foam</i>                              | Tier-2        | PA                                  |
| <i>clobetasol propionate external gel</i>                               | Tier-2        | PA                                  |
| <i>clobetasol propionate external liquid</i>                            | Tier-2        | PA                                  |
| <i>clobetasol propionate external lotion</i>                            | Tier-2        | PA                                  |
| <i>clobetasol propionate external ointment</i>                          | Tier-2        | PA                                  |
| <i>clobetasol propionate external shampoo</i>                           | Tier-2        | PA                                  |
| <i>clobetasol propionate external solution</i>                          | Tier-2        | PA                                  |
| <i>clocortolone pivalate external cream</i>                             | Tier-2        | PA                                  |
| <i>clotrimazole-betamethasone external cream</i>                        | Tier-1        |                                     |
| <i>clotrimazole-betamethasone external lotion</i>                       | Tier-2        |                                     |
| CONDYLOX EXTERNAL GEL                                                   | Tier-3        |                                     |
| CORDRAN EXTERNAL TAPE                                                   | Tier-3        | PA                                  |
| COSENTYX (300 MG DOSE)<br>SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE    | Tier 4        | PA; SP; QL (2 Syringes per 28 days) |
| COSENTYX SENSOREADY (300 MG)<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR | Tier 4        | PA; SP; QL (2 Syringes per 28 days) |

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| <b>Drug</b>                                                                  | <b>Status</b> | <b>Notes</b>                        |
|------------------------------------------------------------------------------|---------------|-------------------------------------|
| COSENTYX SENSOREADY PEN<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 150 MG/ML | Tier 4        | PA; SP; QL (1 Syringe per 28 days)  |
| COSENTYX SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                          | Tier 4        | PA; SP; QL (1 Syringe per 28 days)  |
| <b>CROTAN EXTERNAL LOTION</b>                                                | Tier-2        |                                     |
| <i>dapsone external gel 5 %</i>                                              | Tier-2        |                                     |
| <i>dapsone external gel 7.5 %</i>                                            | Tier-3        |                                     |
| DENAVIR EXTERNAL CREAM                                                       | Tier-3        | PA                                  |
| <i>desonide external cream</i>                                               | Tier-2        | PA                                  |
| <i>desonide external gel</i>                                                 | Tier-2        |                                     |
| <i>desonide external lotion</i>                                              | Tier-2        | PA                                  |
| <i>desonide external ointment</i>                                            | Tier-2        |                                     |
| <i>desoximetasone external cream</i>                                         | Tier-2        | PA                                  |
| <i>desoximetasone external gel</i>                                           | Tier-2        | PA                                  |
| <i>desoximetasone external ointment</i>                                      | Tier-2        | PA                                  |
| DIFFERIN GEL 0.1 % EXTERNAL (OTC)                                            | Tier-1        | PA; # (OTC)                         |
| <i>diflorasone diacetate external cream</i>                                  | Tier-2        | PA                                  |
| <i>diflorasone diacetate external ointment</i>                               | Tier-2        | PA                                  |
| <i>doxepin hcl external cream</i>                                            | Tier-2        | QL (90 GM per 30 days)              |
| DRYSOL EXTERNAL SOLUTION                                                     | Tier-1        |                                     |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PEN-INJECTOR                               | Tier 4        | PA; SP; QL (2 pens per 28 days)     |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 200 MG/1.14ML            | Tier 4        | PA; SP; QL (2 syringes per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 300 MG/2ML               | Tier 4        | PA; SP; QL (4 ML per 28 days)       |
| <i>econazole nitrate external cream</i>                                      | Tier-1        |                                     |
| ELETONE EXTERNAL CREAM                                                       | Tier-3        |                                     |
| ERTACZO EXTERNAL CREAM                                                       | Tier-3        |                                     |
| <i>ery external pad</i>                                                      | Tier-1        |                                     |
| <i>erythromycin external gel</i>                                             | Tier-2        |                                     |
| <i>erythromycin external solution</i>                                        | Tier-1        |                                     |
| EUCRISA EXTERNAL OINTMENT                                                    | Tier-3        | PA                                  |
| EXELDERM EXTERNAL CREAM                                                      | Tier-3        |                                     |
| EXELDERM EXTERNAL SOLUTION                                                   | Tier-3        |                                     |
| FABIOR EXTERNAL FOAM                                                         | Tier-3        | PA                                  |

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|------------------------------------------------------|---------------|-----------------------------|
| <b>FINACEA EXTERNAL FOAM</b>                         | Tier-2        |                             |
| <i>fluocinolone acetonide body external oil</i>      | Tier-2        | PA                          |
| <i>fluocinolone acetonide external cream</i>         | Tier-1        |                             |
| <i>fluocinolone acetonide external ointment</i>      | Tier-1        |                             |
| <i>fluocinolone acetonide external solution</i>      | Tier-2        | PA                          |
| <i>fluocinolone acetonide scalp external oil</i>     | Tier-2        | PA                          |
| <i>fluocinonide external cream 0.05 %</i>            | Tier-1        | QL (60 GM per 30 days)      |
| <i>fluocinonide external cream 0.1 %</i>             | Tier-2        | PA; QL (240 GM per 30 days) |
| <i>fluocinonide external gel</i>                     | Tier-2        | PA; QL (60 GM per 30 days)  |
| <i>fluocinonide external ointment</i>                | Tier-2        | PA; QL (60 GM per 30 days)  |
| <i>fluocinonide external solution</i>                | Tier-2        | PA; QL (60 ML per 30 days)  |
| <b>FLUOROPLEX EXTERNAL CREAM</b>                     | Tier-3        |                             |
| <i>fluorouracil external cream 0.5 %</i>             | Tier-3        |                             |
| <i>fluorouracil external cream 5 %</i>               | Tier-1        |                             |
| <i>fluorouracil external solution</i>                | Tier-1        |                             |
| <i>flurandrenolide external cream</i>                | Tier-2        | PA                          |
| <i>flurandrenolide external lotion</i>               | Tier-2        | PA                          |
| <i>flurandrenolide external ointment</i>             | Tier-2        | PA                          |
| <i>fluticasone propionate external cream</i>         | Tier-1        |                             |
| <i>fluticasone propionate external lotion</i>        | Tier-2        | PA                          |
| <i>fluticasone propionate external ointment</i>      | Tier-1        |                             |
| <i>gentamicin sulfate external cream</i>             | Tier-1        |                             |
| <i>gentamicin sulfate external ointment</i>          | Tier-1        |                             |
| <i>halcinonide external cream</i>                    | Tier-2        | PA                          |
| <i>halobetasol propionate external cream</i>         | Tier-2        |                             |
| <i>halobetasol propionate external ointment</i>      | Tier-2        | PA                          |
| <b>HALOG EXTERNAL OINTMENT</b>                       | Tier-3        | PA                          |
| <i>hydrocortisone butyr lipo base external cream</i> | Tier-2        | PA                          |
| <i>hydrocortisone butyrate external cream</i>        | Tier-2        | PA                          |
| <i>hydrocortisone butyrate external lotion</i>       | Tier-2        | PA                          |
| <i>hydrocortisone butyrate external ointment</i>     | Tier-1        | PA                          |
| <i>hydrocortisone butyrate external solution</i>     | Tier-2        | PA                          |
| <i>hydrocortisone external cream 2.5 %</i>           | Tier-1        | ^ (LCG)                     |
| <i>hydrocortisone external lotion 2.5 %</i>          | Tier-1        |                             |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>   | Tier-1        | ^ (LCG)                     |
| <i>hydrocortisone valerate external cream</i>        | Tier-2        | PA                          |

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| <b>Drug</b>                                       | <b>Status</b>   | <b>Notes</b>                                                              |
|---------------------------------------------------|-----------------|---------------------------------------------------------------------------|
| <i>hydrocortisone valerate external ointment</i>  | Tier-2          | PA                                                                        |
| ILUMYA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE | Medical Benefit | PA                                                                        |
| <i>imiquimod external cream 5 %</i>               | Tier-1          |                                                                           |
| <i>imiquimod pump external cream</i>              | Tier-2          | QL (1 BOTTLE per 30 days)                                                 |
| KERALYT EXTERNAL GEL 3 %                          | Tier-3          |                                                                           |
| <i>ketoconazole external cream</i>                | Tier-1          |                                                                           |
| <i>ketoconazole external foam</i>                 | Tier-3          |                                                                           |
| <i>ketoconazole external shampoo 2 %</i>          | Tier-1          |                                                                           |
| <i>lidocaine external ointment 5 %</i>            | Tier-2          | QL (50 GM per 30 days)                                                    |
| <i>lidocaine external patch 5 %</i>               | Tier-3          | PA; QL (30 PATCHES per 30 days)                                           |
| <i>lidocaine pain relief external patch</i>       | Tier-2          | # (All lidocaine 4% OTC patches are covered); QL (30 patches per 30 days) |
| <i>lidocaine-prilocaine external cream</i>        | Tier-1          |                                                                           |
| <i>lidocaine-prilocaine external kit</i>          | Tier-1          |                                                                           |
| <i>lidocaine-tetracaine external cream 7-7 %</i>  | Tier-3          | QL (1 tube per 1 Fill)                                                    |
| <i>lindane external shampoo</i>                   | Tier-1          |                                                                           |
| <i>luliconazole external cream</i>                | Tier-2          |                                                                           |
| <i>mafenide acetate external packet</i>           | Tier-2          |                                                                           |
| <i>malathion external lotion</i>                  | Tier-2          |                                                                           |
| MENTAX EXTERNAL CREAM                             | Tier-3          |                                                                           |
| <i>methoxsalen rapid oral capsule</i>             | Tier-1          |                                                                           |
| <i>metronidazole external cream</i>               | Tier-1          |                                                                           |
| <i>metronidazole external gel 0.75 %</i>          | Tier-1          |                                                                           |
| <i>metronidazole external gel 1 %</i>             | Tier-2          |                                                                           |
| <i>metronidazole external lotion</i>              | Tier-2          |                                                                           |
| <i>mometasone furoate external cream</i>          | Tier-1          |                                                                           |
| <i>mometasone furoate external ointment</i>       | Tier-1          |                                                                           |
| <i>mometasone furoate external solution</i>       | Tier-1          | ¥ (*This product is a lotion); ^ (LCG)                                    |
| <i>mupirocin calcium external cream</i>           | Tier-2          |                                                                           |
| <i>mupirocin external ointment</i>                | Tier-1          |                                                                           |
| <i>naftifine hcl external cream</i>               | Tier-2          |                                                                           |
| <i>naftifine hcl external gel</i>                 | Tier-2          |                                                                           |
| NAFTIN EXTERNAL GEL 2 %                           | Tier-3          |                                                                           |

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|-------------------------------------------------------------|-----------------|-------------------------------------|
| NATROBA EXTERNAL SUSPENSION                                 | Tier-3          |                                     |
| NUCORT EXTERNAL LOTION                                      | Tier-3          |                                     |
| <i>nystatin external cream</i>                              | Tier-1          |                                     |
| <i>nystatin external ointment</i>                           | Tier-1          |                                     |
| <i>nystatin external powder</i>                             | Tier-1          |                                     |
| <i>nystatin-triamcinolone external cream</i>                | Tier-1          |                                     |
| <i>nystatin-triamcinolone external ointment</i>             | Tier-1          |                                     |
| NYSTOP EXTERNAL POWDER                                      | Tier-1          |                                     |
| <i>oxiconazole nitrate external cream</i>                   | Tier-2          |                                     |
| <b>OXISTAT EXTERNAL LOTION</b>                              | Tier-2          |                                     |
| PANDEL EXTERNAL CREAM                                       | Tier-3          | PA                                  |
| PANRETIN EXTERNAL GEL                                       | Tier-3          |                                     |
| <i>permethrin external cream</i>                            | Tier-1          |                                     |
| PICATO EXTERNAL GEL 0.015 %                                 | Tier-3          | QL (1 CARTON per 3 Days)            |
| PICATO EXTERNAL GEL 0.05 %                                  | Tier-3          | QL (1 CARTON per 2 Days)            |
| <i>pimecrolimus external cream</i>                          | Tier-2          | STPA                                |
| <i>podofilox external solution</i>                          | Tier-1          |                                     |
| <i>prednicarbate external cream</i>                         | Tier-2          | PA                                  |
| <i>prednicarbate external ointment</i>                      | Tier-1          |                                     |
| QBREXZA EXTERNAL PAD                                        | Tier-3          | PA; QL (30 pads per 30 days)        |
| <b>REGRANEX EXTERNAL GEL</b>                                | Tier-2          |                                     |
| ROSADAN EXTERNAL CREAM                                      | Tier-1          |                                     |
| ROSADAN EXTERNAL GEL                                        | Tier-1          |                                     |
| <i>salicylic acid external foam</i>                         | Tier-3          |                                     |
| SANTYL EXTERNAL OINTMENT                                    | Tier-3          |                                     |
| SCENESSE SUBCUTANEOUS IMPLANT                               | Medical Benefit | PA                                  |
| <i>selenium sulfide external lotion</i>                     | Tier-1          |                                     |
| SILIQ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE            | Tier 4          | PA; SP; QL (2 Syringes per 28 days) |
| <i>silver sulfadiazine external cream</i>                   | Tier-1          |                                     |
| SILVRSTAT WOUND DRESSING EXTERNAL<br>GEL                    | Tier-3          |                                     |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS<br>PREFILLED SYRINGE KIT | Tier 4          | PA; SP; QL (2 syringes per 84 days) |
| SOOLANTRA EXTERNAL CREAM                                    | Tier-3          |                                     |
| <i>spinosad external suspension</i>                         | Tier-2          | QL (1 Bottle per 1 Fill)            |

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|----------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|
| SSD EXTERNAL CREAM                                                   | Tier-1        |                                                                                       |
| STELARA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 45 MG/0.5ML       | Tier 4        | PA; SP; QL (1 Syringe per 84 days)                                                    |
| STELARA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 90 MG/ML          | Tier 4        | PA; SP; ¥ (1 injection every 54 days for Crohn's Disease); QL (1 Syringe per 84 days) |
| SULFAMYLOX EXTERNAL CREAM                                            | Tier-3        |                                                                                       |
| <i>tacrolimus external ointment</i>                                  | Tier-2        | STPA                                                                                  |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR                        | Tier 4        | PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)         |
| TALTZ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                     | Tier 4        | PA; SP; ¥ (One 80mg autoinjector/syringe per 28 days); QL (80 mg per 28 days)         |
| TARGRETIN EXTERNAL GEL                                               | Tier 4        | SP                                                                                    |
| <i>tazarotene external cream</i>                                     | Tier-2        | PA; ¥ (PA applies to members 26 and older)                                            |
| <b>TAZORAC EXTERNAL CREAM 0.05 %</b>                                 | Tier-2        | PA                                                                                    |
| <b>TAZORAC EXTERNAL GEL</b>                                          | Tier-2        | PA                                                                                    |
| TEXACORT EXTERNAL SOLUTION                                           | Tier-3        | PA                                                                                    |
| THERMAZENE EXTERNAL CREAM                                            | Tier-1        |                                                                                       |
| TREMFYA SUBCUTANEOUS SOLUTION<br>PEN-INJECTOR                        | Tier 4        | PA; SP; QL (1 Pen per 54 days)                                                        |
| TREMFYA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                   | Tier 4        | PA; SP; QL (1 Syringes per 54 days)                                                   |
| <i>tretinoin external cream</i>                                      | Tier-2        | PA                                                                                    |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                        | Tier-1        | PA                                                                                    |
| <i>tretinoin external gel 0.05 %</i>                                 | Tier-3        | PA                                                                                    |
| <i>tretinoin microsphere external gel</i>                            | Tier-3        | PA                                                                                    |
| <i>tretinoin microsphere pump external gel</i>                       | Tier-3        | PA                                                                                    |
| <i>triamcinolone acetate external aerosol solution</i>               | Tier-2        | PA                                                                                    |
| <i>triamcinolone acetate external cream 0.025 %, 0.5 %</i>           | Tier-1        |                                                                                       |
| <i>triamcinolone acetate external lotion</i>                         | Tier-1        |                                                                                       |
| <i>triamcinolone acetate external ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier-1        |                                                                                       |
| <i>urea external cream 39 %, 40 %, 45 %</i>                          | Tier-2        |                                                                                       |
| VALCHLOR EXTERNAL GEL                                                | Tier 4        | PA                                                                                    |
| XEPI EXTERNAL CREAM                                                  | Tier-3        |                                                                                       |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|
| ZYCLARA EXTERNAL CREAM                                                                                                                                                    | Tier-3        | QL (1 BOX per 30 Days)    |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %                                                                                                                                         | Tier-3        | QL (1 BOTTLE per 30 Days) |
| <b>*DIAGNOSTIC PRODUCTS*</b>                                                                                                                                              |               |                           |
| ONETOUCH ULTRA IN VITRO STRIP                                                                                                                                             | Tier-2        |                           |
| ONETOUCH VERIO IN VITRO STRIP                                                                                                                                             | Tier-2        |                           |
| <b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*</b>                                                                                                                     |               |                           |
| <i>l-methylfolate oral tablet</i>                                                                                                                                         | Tier-3        |                           |
| <b>*DIGESTIVE AIDS*</b>                                                                                                                                                   |               |                           |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                              | Tier-2        |                           |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT                                                                            | Tier-3        |                           |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES                                                                                                                            | Tier-3        |                           |
| SUCRAID ORAL SOLUTION                                                                                                                                                     | Tier-3        |                           |
| VIOKACE ORAL TABLET                                                                                                                                                       | Tier-3        |                           |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | Tier-3        |                           |
| <b>*DIURETICS*</b>                                                                                                                                                        |               |                           |
| <i>acetazolamide er oral capsule extended release 12 hour</i>                                                                                                             | Tier-1        |                           |
| <i>acetazolamide oral tablet</i>                                                                                                                                          | Tier-1        |                           |
| <i>amiloride hcl oral tablet</i>                                                                                                                                          | Tier-1        |                           |
| <i>amiloride-hydrochlorothiazide oral tablet</i>                                                                                                                          | Tier-1        |                           |
| <i>bumetanide oral tablet</i>                                                                                                                                             | Tier-1        |                           |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                                                                                            | Tier-1        |                           |
| DIURIL ORAL SUSPENSION                                                                                                                                                    | Tier-3        |                           |
| <i>ethacrynic acid oral tablet</i>                                                                                                                                        | Tier-3        |                           |
| <i>furosemide oral solution 10 mg/ml</i>                                                                                                                                  | Tier-1        |                           |
| <i>furosemide oral solution 8 mg/ml</i>                                                                                                                                   | Tier-3        |                           |
| <i>furosemide oral tablet</i>                                                                                                                                             | Tier-1        | ^ (LCG)                   |
| <i>hydrochlorothiazide oral capsule</i>                                                                                                                                   | Tier-1        | ^ (LCG)                   |
| <i>hydrochlorothiazide oral tablet</i>                                                                                                                                    | Tier-1        | ^ (LCG)                   |

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|--------------------------------------------------------------------|-----------------|--------------|
| <i>indapamide oral tablet</i>                                      | Tier-1          | ^ (LCG)      |
| KEVEYIS ORAL TABLET                                                | Tier-3          | PA           |
| <i>methazolamide oral tablet</i>                                   | Tier-1          |              |
| <i>metolazone oral tablet</i>                                      | Tier-1          |              |
| <i>spironolactone oral tablet</i>                                  | Tier-1          | ^ (LCG)      |
| <i>spironolactone-hctz oral tablet</i>                             | Tier-1          |              |
| <i>toremide oral tablet</i>                                        | Tier-1          |              |
| <i>triamterene oral capsule</i>                                    | Tier-2          |              |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                    | Tier-1          | ^ (LCG)      |
| <i>triamterene-hctz oral tablet</i>                                | Tier-1          | ^ (LCG)      |
| <b>*ENDOCRINE AND METABOLIC AGENTS<br/>- MISC.*</b>                |                 |              |
| ACTHAR INJECTION GEL                                               | Tier 4          | PA; SP       |
| ALDURAZYME INTRAVENOUS SOLUTION                                    | Medical Benefit | SI           |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>    | Tier-1          | ^ (LCG)      |
| BUPHENYL ORAL TABLET                                               | Tier-3          |              |
| <i>cabergoline oral tablet</i>                                     | Tier-1          |              |
| <i>calcitonin (salmon) nasal solution</i>                          | Tier-1          |              |
| <i>calcitriol oral capsule</i>                                     | Tier-1          |              |
| <i>calcitriol oral solution</i>                                    | Tier-1          |              |
| <b>CARBAGLU ORAL TABLET</b>                                        | Tier-2          |              |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG                                 | Tier 4          | PA; SP       |
| <i>chorionic gonadotropin intramuscular solution reconstituted</i> | Tier-3          | SP           |
| <i>cinacalcet hcl oral tablet</i>                                  | Tier-2          |              |
| <i>clomiphene citrate oral tablet</i>                              | Tier-1          |              |
| CRYSVITA SUBCUTANEOUS SOLUTION                                     | Medical Benefit | PA           |
| CYSTADANE ORAL POWDER                                              | Tier-3          |              |
| <i>desmopressin ace spray refrig nasal solution</i>                | Tier-1          |              |
| <i>desmopressin acetate oral tablet</i>                            | Tier-1          |              |
| <i>doxercalciferol oral capsule</i>                                | Tier-2          |              |
| ELAPRASE INTRAVENOUS SOLUTION                                      | Medical Benefit | SI           |
| EVENITY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                 | Medical Benefit | PA           |
| FABRAZYME INTRAVENOUS SOLUTION<br>RECONSTITUTED                    | Medical Benefit | PA; SI       |

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|---------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------|
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION                                                                      | Tier 4          | PA; SP                                                                                                            |
| GALAFOLD ORAL CAPSULE                                                                                   | Tier 4          | PA                                                                                                                |
| GONAL-F INJECTION SOLUTION RECONSTITUTED                                                                | Tier 4          | PA; SP                                                                                                            |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED                                                         | Tier 4          | PA; SP                                                                                                            |
| <i>ibandronate sodium oral tablet</i>                                                                   | Tier-1          |                                                                                                                   |
| INCRELEX SUBCUTANEOUS SOLUTION                                                                          | Tier 4          | PA; SP                                                                                                            |
| ISTURISA ORAL TABLET                                                                                    | Tier-3          | PA                                                                                                                |
| JYNARQUE ORAL TABLET                                                                                    | Tier 4          |                                                                                                                   |
| JYNARQUE ORAL TABLET THERAPY PACK                                                                       | Tier 4          |                                                                                                                   |
| KANUMA INTRAVENOUS SOLUTION                                                                             | Medical Benefit | PA; SI                                                                                                            |
| <i>levocarnitine oral solution</i>                                                                      | Tier-1          |                                                                                                                   |
| <i>levocarnitine oral tablet</i>                                                                        | Tier-1          |                                                                                                                   |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED                                                             | Medical Benefit | SI                                                                                                                |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED                                                             | Tier 4          | PA; SP                                                                                                            |
| <b>MIACALCIN INJECTION SOLUTION</b>                                                                     | Tier-2          |                                                                                                                   |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED                                                             | Tier-3          | PA; QL (30 Injections per 30 days)                                                                                |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE                                                                   | Tier 4          | PA                                                                                                                |
| NAGLAZYME INTRAVENOUS SOLUTION                                                                          | Medical Benefit | SI                                                                                                                |
| NATPARA SUBCUTANEOUS CARTRIDGE                                                                          | Tier 4          | SP; QL (2 Cartridges per 28 days)                                                                                 |
| <i>nitisinone oral capsule</i>                                                                          | Tier 4          |                                                                                                                   |
| NITYR ORAL TABLET                                                                                       | Tier 4          |                                                                                                                   |
| NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR                                                  | Tier 4          | PA; SP; ¥ (Coverage applies to all Norditropin products including Norditropin Flexpro and Norditropin Nordiflex.) |
| <b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</b>                                          | Tier-2          | PA; SP                                                                                                            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | Tier-2          | SP; ¥ (Covered under the Prescription Drug Benefit when self-administered); ^ (CM)                                |
| ORFADIN ORAL CAPSULE 20 MG                                                                              | Tier 4          |                                                                                                                   |
| ORFADIN ORAL SUSPENSION                                                                                 | Tier 4          |                                                                                                                   |

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| <b>Drug</b>                                                                      | <b>Status</b>   | <b>Notes</b>                    |
|----------------------------------------------------------------------------------|-----------------|---------------------------------|
| ORILISSA ORAL TABLET 150 MG                                                      | Tier-3          | PA; QL (30 tablets per 30 days) |
| ORILISSA ORAL TABLET 200 MG                                                      | Tier-3          | PA; QL (60 tablets per 30 days) |
| OSPHENA ORAL TABLET                                                              | Tier-3          |                                 |
| <b>OVIDREL SUBCUTANEOUS INJECTABLE</b>                                           | Tier-2          | SP                              |
| PALYNZIQ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 10 MG/0.5ML, 2.5<br>MG/0.5ML | Tier 4          | PA                              |
| PALYNZIQ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 20 MG/ML                     | Tier 4          | PA; QL (1 syringe per 1 day)    |
| <i>paricalcitol oral capsule</i>                                                 | Tier-1          |                                 |
| <b>PREGNYL INTRAMUSCULAR SOLUTION<br/>RECONSTITUTED</b>                          | Tier-2          | PA; SP                          |
| PROLIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                | Medical Benefit | PA                              |
| <i>raloxifene hcl oral tablet</i>                                                | Tier-1          | ^ (ACA)                         |
| RAVICTI ORAL LIQUID                                                              | Tier 4          | PA; SP                          |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35<br/>mg, 5 mg</i>             | Tier-2          |                                 |
| <i>risedronate sodium oral tablet delayed release</i>                            | Tier-2          |                                 |
| SAMSCA ORAL TABLET 15 MG                                                         | Tier-3          | QL (14 TABLETS per 7 Days)      |
| <i>sapropterin dihydrochloride oral packet</i>                                   | Tier 4          | PA; SP                          |
| <i>sapropterin dihydrochloride oral tablet</i>                                   | Tier 4          | PA; SP                          |
| SEROSTIM SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 4 MG, 5 MG, 6 MG                 | Tier 4          | PA; SP                          |
| SIGNIFOR LAR INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED ER 10 MG,<br>30 MG        | Medical Benefit | PA                              |
| SIGNIFOR SUBCUTANEOUS SOLUTION                                                   | Tier 4          | PA; QL (60 Ampules per 30 Days) |
| <i>sodium phenylbutyrate oral tablet</i>                                         | Tier-2          |                                 |
| SOMAVERT SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                                  | Tier 4          | PA; SP                          |
| STIMATE NASAL SOLUTION                                                           | Tier-3          | SP                              |
| <b>STRENSIQ SUBCUTANEOUS SOLUTION</b>                                            | Tier-2          | PA; QL (24 VIALS per 28 days)   |
| SYNAREL NASAL SOLUTION                                                           | Tier-3          |                                 |
| TEPEZZA INTRAVENOUS SOLUTION<br>RECONSTITUTED                                    | Medical Benefit | PA                              |
| <i>teriparatide (recombinant) subcutaneous solution<br/>pen-injector</i>         | Tier 4          | PA; SP                          |
| <i>tolvaptan oral tablet</i>                                                     | Tier-2          | QL (14 EA per 7 days)           |

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| Drug                                                          | Status          | Notes                                |
|---------------------------------------------------------------|-----------------|--------------------------------------|
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR                     | Tier 4          | PA; SP                               |
| VIMIZIM INTRAVENOUS SOLUTION                                  | Medical Benefit | PA; SI                               |
| XGEVA SUBCUTANEOUS SOLUTION                                   | Medical Benefit | PA                                   |
| <b>XURIDEN ORAL PACKET</b>                                    | Tier-2          | QL (120 Packets per 30 days)         |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED                  | Tier 4          | PA; SP                               |
| <b>*ESTROGENS*</b>                                            |                 |                                      |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY                          | Tier-3          |                                      |
| ANGELIQ ORAL TABLET                                           | Tier-3          |                                      |
| <b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>                   | Tier-2          |                                      |
| <b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</b>              | Tier-2          |                                      |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML                        | Tier-3          |                                      |
| DIVIGEL TRANSDERMAL GEL                                       | Tier-3          |                                      |
| <b>DUAVEE ORAL TABLET</b>                                     | Tier-2          |                                      |
| ELESTRIN TRANSDERMAL GEL                                      | Tier-3          |                                      |
| <i>estradiol oral tablet</i>                                  | Tier-1          | ^ (LCG)                              |
| <i>estradiol transdermal patch twice weekly</i>               | Tier-2          |                                      |
| <i>estradiol transdermal patch weekly</i>                     | Tier-1          |                                      |
| <i>estradiol-norethindrone acet oral tablet</i>               | Tier-1          |                                      |
| ESTROGEL TRANSDERMAL GEL                                      | Tier-3          |                                      |
| EVAMIST TRANSDERMAL SOLUTION                                  | Tier-3          | QL (1 Bottle per 1 Fill)             |
| JINTELI ORAL TABLET                                           | Tier-1          |                                      |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG                  | Tier-3          |                                      |
| MENOSTAR TRANSDERMAL PATCH WEEKLY                             | Tier-3          |                                      |
| MIMVEY ORAL TABLET                                            | Tier-1          |                                      |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | Tier-1          |                                      |
| ORIAHNN ORAL CAPSULE THERAPY PACK                             | Tier-3          | PA; QL (4 blister packs per 28 days) |
| <b>PREFEST ORAL TABLET</b>                                    | Tier-2          |                                      |

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| Drug                                                        | Status          | Notes                                 |
|-------------------------------------------------------------|-----------------|---------------------------------------|
| PREMARIN INJECTION SOLUTION RECONSTITUTED                   | Tier-3          |                                       |
| PREMARIN ORAL TABLET                                        | Tier-3          |                                       |
| PREMPHASE ORAL TABLET                                       | Tier-3          |                                       |
| <b>PREMPRO ORAL TABLET</b>                                  | Tier-2          |                                       |
| <b>*FLUOROQUINOLONES*</b>                                   |                 |                                       |
| BAXDELA ORAL TABLET                                         | Tier-3          |                                       |
| <i>ciprofloxacin hcl oral tablet 100 mg</i>                 | Tier-1          |                                       |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier-1          | ^ (LCG)                               |
| <i>levofloxacin oral solution</i>                           | Tier-1          |                                       |
| <i>levofloxacin oral tablet</i>                             | Tier-1          | ^ (LCG)                               |
| <i>moxifloxacin hcl oral tablet</i>                         | Tier-2          |                                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                 | Tier-1          |                                       |
| <b>*GASTROINTESTINAL AGENTS - MISC.*</b>                    |                 |                                       |
| <i>alosetron hcl oral tablet</i>                            | Tier-2          |                                       |
| <b>AMITIZA ORAL CAPSULE</b>                                 | Tier-2          |                                       |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED                   | Medical Benefit | PA                                    |
| <i>balsalazide disodium oral capsule</i>                    | Tier-1          |                                       |
| <i>calcium acetate (phos binder) oral capsule</i>           | Tier-1          |                                       |
| <i>calcium acetate (phos binder) oral tablet</i>            | Tier-1          |                                       |
| <b>CHOLBAM ORAL CAPSULE</b>                                 | Tier-2          |                                       |
| CIMZIA PREFILLED SUBCUTANEOUS KIT                           | Tier 4          | PA; SP; QL (2 Injections per 28 Days) |
| CIMZIA STARTER KIT SUBCUTANEOUS KIT                         | Tier 4          | PA; SP; QL (2 Injections per 28 Days) |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                          | Tier 4          | PA; SP; QL (2 Injections per 28 days) |
| <i>cromolyn sodium oral concentrate</i>                     | Tier-1          |                                       |
| <b>DIPENTUM ORAL CAPSULE</b>                                | Tier-2          |                                       |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED                  | Medical Benefit | PA                                    |
| <i>enulose oral solution</i>                                | Tier-1          |                                       |
| GATTEX SUBCUTANEOUS KIT                                     | Tier 4          | SP; QL (30 Vials per 30 Days)         |
| <i>generlac oral solution</i>                               | Tier-1          |                                       |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED                | Medical Benefit | PA                                    |

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| <b>Drug</b>                                                  | <b>Status</b>   | <b>Notes</b>                        |
|--------------------------------------------------------------|-----------------|-------------------------------------|
| <i>lanthanum carbonate oral tablet chewable</i>              | Tier-3          |                                     |
| <b>LINZESS ORAL CAPSULE</b>                                  | Tier-2          | QL (30 CAPSULES per 30 Days)        |
| <i>mesalamine er oral capsule extended release 24 hour</i>   | Tier-2          |                                     |
| <i>mesalamine oral capsule delayed release</i>               | Tier-2          |                                     |
| <i>mesalamine oral tablet delayed release</i>                | Tier-2          |                                     |
| <i>mesalamine rectal suppository</i>                         | Tier-2          |                                     |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | Tier-1          |                                     |
| <i>metoclopramide hcl oral tablet</i>                        | Tier-1          | ^ (LCG)                             |
| <i>metoclopramide hcl oral tablet dispersible 10 mg</i>      | Tier-3          | QL (120 EA per 30 days)             |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>       | Tier-1          | QL (120 EA per 30 days)             |
| <b>MOVANTIK ORAL TABLET</b>                                  | Tier-2          |                                     |
| OICALIVA ORAL TABLET                                         | Tier 4          | PA; SP; QL (30 Tablets per 30 days) |
| <b>PENTASA ORAL CAPSULE EXTENDED RELEASE</b>                 | Tier-2          |                                     |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED                  | Medical Benefit | PA                                  |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED                 | Medical Benefit | PA                                  |
| <i>sevelamer carbonate oral packet 0.8 gm</i>                | Tier-2          |                                     |
| <b>SFROWASA RECTAL ENEMA</b>                                 | Tier-2          |                                     |
| STELARA INTRAVENOUS SOLUTION                                 | Medical Benefit | PA                                  |
| <i>sulfasalazine oral tablet</i>                             | Tier-1          |                                     |
| <i>sulfasalazine oral tablet delayed release</i>             | Tier-1          |                                     |
| <i>ursodiol oral capsule</i>                                 | Tier-2          |                                     |
| <i>ursodiol oral tablet</i>                                  | Tier-1          |                                     |
| <b>VIBERZI ORAL TABLET</b>                                   | Tier-2          | PA; QL (60 tablets per 30 days)     |
| XERMELO ORAL TABLET                                          | Tier 4          |                                     |
| <b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>                |                 |                                     |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i> | Tier-1          |                                     |
| CYSTAGON ORAL CAPSULE                                        | Tier-3          |                                     |
| <i>dutasteride oral capsule</i>                              | Tier-1          |                                     |
| <i>dutasteride-tamsulosin hcl oral capsule</i>               | Tier-1          |                                     |
| ELMIRON ORAL CAPSULE                                         | Tier-3          |                                     |

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| Drug                                                                                                              | Status          | Notes                   |
|-------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------|
| <i>finasteride oral tablet 5 mg</i>                                                                               | Tier-1          |                         |
| OXLUMO SUBCUTANEOUS SOLUTION                                                                                      | Medical Benefit | PA                      |
| <i>potassium citrate er oral tablet extended release</i>                                                          | Tier-2          |                         |
| <i>tamsulosin hcl oral capsule</i>                                                                                | Tier-1          | ^ (LCG)                 |
| THIOLA EC ORAL TABLET DELAYED RELEASE                                                                             | Tier-3          |                         |
| <b>*GOUT AGENTS*</b>                                                                                              |                 |                         |
| <i>allopurinol oral tablet</i>                                                                                    | Tier-1          | ^ (LCG)                 |
| <i>colchicine oral capsule</i>                                                                                    | Tier-2          | QL (180 EA per 90 days) |
| <i>colchicine oral tablet</i>                                                                                     | Tier-2          | QL (180 EA per 90 days) |
| <i>colchicine-probenecid oral tablet</i>                                                                          | Tier-1          |                         |
| <i>febuxostat oral tablet</i>                                                                                     | Tier-2          | STPA                    |
| KRYSTEXXA INTRAVENOUS SOLUTION                                                                                    | Medical Benefit | PA                      |
| <i>probenecid oral tablet</i>                                                                                     | Tier-1          |                         |
| <b>*HEMATOLOGICAL AGENTS - MISC.*</b>                                                                             |                 |                         |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                         | Medical Benefit | PA; SI                  |
| <i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 500 unit, 750 unit</i> | Medical Benefit | PA; SI                  |
| <i>adynovate intravenous solution reconstituted 3000 unit</i>                                                     | Medical Benefit | PA                      |
| AFSTYLA INTRAVENOUS KIT                                                                                           | Medical Benefit | PA; SI                  |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                  | Medical Benefit | PA; SI                  |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED                                                                   | Medical Benefit | PA; SI                  |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT                   | Medical Benefit | PA; SI                  |
| <i>anagrelide hcl oral capsule</i>                                                                                | Tier-1          |                         |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>                                              | Tier-2          |                         |
| BENEFIX INTRAVENOUS KIT                                                                                           | Medical Benefit | PA; SI                  |
| BERINERT INTRAVENOUS KIT                                                                                          | Medical Benefit | SI                      |
| BRILINTA ORAL TABLET                                                                                              | Tier-3          |                         |
| CABLIVI INJECTION KIT                                                                                             | Tier 4          |                         |

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| <b>Drug</b>                                                                                                          | <b>Status</b>   | <b>Notes</b>                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------|
| <i>cilostazol oral tablet</i>                                                                                        | Tier-1          | ^ (LCG)                        |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED                                                                           | Medical Benefit | PA; SI                         |
| <i>clopidogrel bisulfate oral tablet 300 mg</i>                                                                      | Tier-1          |                                |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>                                                                       | Tier-1          | ^ (LCG)                        |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | PA; SI                         |
| CORIFACT INTRAVENOUS KIT                                                                                             | Medical Benefit | PA; SI                         |
| <i>dipyridamole oral tablet</i>                                                                                      | Tier-1          |                                |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT | Medical Benefit | PA; SI                         |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | PA; SI                         |
| GIVLAARI SUBCUTANEOUS SOLUTION                                                                                       | Medical Benefit | PA                             |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED                                                                         | Tier 4          | PA; SP                         |
| HEMLIBRA SUBCUTANEOUS SOLUTION                                                                                       | Tier 4          | PA; SP                         |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT                                | Medical Benefit | PA; SI                         |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT                              | Medical Benefit | PA; SI                         |
| <i>icatibant acetate subcutaneous solution</i>                                                                       | Tier 4          | PA; SP; QL (6 ML per 30 Fills) |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | PA; SI                         |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT                                            | Medical Benefit | PA; SI                         |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED                                                                              | Medical Benefit | PA; SI                         |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED                                                                         | Medical Benefit | PA; SI                         |
| KOGENATE FS INTRAVENOUS KIT                                                                                          | Medical Benefit | PA; SI                         |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | PA; SI                         |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT                                                                | Medical Benefit | PA; SI                         |

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| Drug                                                                                                                 | Status          | Notes                       |
|----------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED                                                                         | Medical Benefit | PA; SI                      |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED                                                                      | Medical Benefit | PA; SI                      |
| NUWIQ INTRAVENOUS KIT                                                                                                | Medical Benefit | PA; SI                      |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED                                                                             | Medical Benefit | PA; SI                      |
| <i>obizur intravenous solution reconstituted</i>                                                                     | Medical Benefit | PA; SI                      |
| <i>pentoxifylline er oral tablet extended release</i>                                                                | Tier-1          |                             |
| <i>prasugrel hcl oral tablet</i>                                                                                     | Tier-2          |                             |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED                                                                        | Medical Benefit | PA; SI                      |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED                                                                           | Medical Benefit | PA; SI                      |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED                                                                       | Medical Benefit | PA; SI                      |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED                                                                           | Medical Benefit | PA; SI                      |
| <i>rixubis intravenous solution reconstituted</i>                                                                    | Medical Benefit | PA; SI                      |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | SI                          |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                                                                       | Tier 4          | PA; SP                      |
| TAVALISSE ORAL TABLET                                                                                                | Tier-3          | QL (60 tablets per 30 days) |
| TRETEN INTRAVENOUS SOLUTION RECONSTITUTED                                                                            | Medical Benefit | PA; SI                      |
| ULTOMIRIS INTRAVENOUS SOLUTION                                                                                       | Medical Benefit | PA                          |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED                                                                          | Medical Benefit | PA; SI                      |
| WILATE INTRAVENOUS KIT                                                                                               | Medical Benefit | PA; SI                      |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT                                                      | Medical Benefit | PA; SI                      |
| XYNTHA SOLOFUSE INTRAVENOUS KIT                                                                                      | Medical Benefit | PA; SI                      |
| ZONTIVITY ORAL TABLET                                                                                                | Tier-3          |                             |
| <b>*HEMATOPOIETIC AGENTS*</b>                                                                                        |                 |                             |
| ADAKVEO INTRAVENOUS SOLUTION                                                                                         | Medical Benefit | PA                          |
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b> | Tier-2          | SP; QL (4 ML per 30 days)   |

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| Drug                                                                                                                                                                                 | Status          | Notes                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------|
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b> | Tier-2          | SP; QL (4 ML per 30 days)            |
| CERDELGA ORAL CAPSULE                                                                                                                                                                | Tier 4          | SP                                   |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT                                                                                                                                 | Medical Benefit | PA; SI                               |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>                                                                                                                                 | Tier-1          | ^ (LCG)                              |
| <i>cyanocobalamin injection solution 2000 mcg/ml</i>                                                                                                                                 | Tier-1          |                                      |
| DOPTLET ORAL TABLET 20 MG                                                                                                                                                            | Tier 4          | PA; SP                               |
| <b>DROXIA ORAL CAPSULE</b>                                                                                                                                                           | Tier-2          | ^ (CM)                               |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED                                                                                                                                           | Medical Benefit | PA                                   |
| ENDARI ORAL PACKET                                                                                                                                                                   | Tier 4          | PA                                   |
| <b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>                                                                              | Tier-2          | SP; QL (10 vials per 14 Days)        |
| FERRALET 90 ORAL TABLET                                                                                                                                                              | Tier-3          |                                      |
| <i>folic acid oral tablet 1 mg</i>                                                                                                                                                   | Tier-1          | ^ (ACA)                              |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                                     | Tier 4          | PA; SP; QL (1 ML per 14 days)        |
| FUSION PLUS ORAL CAPSULE                                                                                                                                                             | Tier-3          |                                      |
| GRANIX SUBCUTANEOUS SOLUTION                                                                                                                                                         | Tier 4          | PA; SP; QL (10 vials per 14 days)    |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                                       | Tier 4          | PA; SP; QL (10 Syringes per 14 days) |
| INTEGRA F ORAL CAPSULE                                                                                                                                                               | Tier-3          |                                      |
| INTEGRA PLUS ORAL CAPSULE                                                                                                                                                            | Tier-3          |                                      |
| IROSPAN 24/6 ORAL                                                                                                                                                                    | Tier-3          |                                      |
| <i>miglustat oral capsule</i>                                                                                                                                                        | Tier-3          | PA                                   |
| <b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>                                                                                                                                  | Tier-2          | QL (2 ML per 28 days)                |
| MULPLETA ORAL TABLET                                                                                                                                                                 | Tier 4          | PA; SP                               |
| <b>NASCOBAL NASAL SOLUTION</b>                                                                                                                                                       | Tier-2          |                                      |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                                     | Tier 4          | PA; SP; QL (1 Syringe per 14 days)   |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML                                                                                                                                | Tier 4          | PA; SP; QL (10 VIALS per 14 days)    |

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| Drug                                                                                                      | Status          | Notes                                |
|-----------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------|
| NEUPOGEN INJECTION SOLUTION<br>PREFILLED SYRINGE                                                          | Tier 4          | PA; SP; QL (10 Syringes per 14 days) |
| NIVESTYM INJECTION SOLUTION                                                                               | Tier 4          | PA; SP; QL (10 syringes per 14 days) |
| NIVESTYM INJECTION SOLUTION<br>PREFILLED SYRINGE                                                          | Tier 4          | PA; SP; QL (10 syringes per 14 days) |
| NPLATE SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                                                             | Medical Benefit |                                      |
| NYVEPRIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                                       | Tier 4          | PA; SP; QL (1 syringe per 14 days)   |
| OXBRYTA ORAL TABLET                                                                                       | Tier 4          | PA                                   |
| <b>PROCRIT INJECTION SOLUTION</b>                                                                         | Tier-2          | SP; QL (10 vials per 14 Days)        |
| PROMACTA ORAL PACKET                                                                                      | Tier 4          | SP; QL (60 packets per 30 days)      |
| PROMACTA ORAL TABLET 12.5 MG, 75 MG                                                                       | Tier 4          | SP; QL (30 TABLETS per 30 days)      |
| PROMACTA ORAL TABLET 25 MG                                                                                | Tier 4          | SP; QL (30 TABLETS per 30 Days)      |
| PROMACTA ORAL TABLET 50 MG                                                                                | Tier 4          | SP; QL (60 TABLETS per 30 days)      |
| REBLOZYL SUBCUTANEOUS SOLUTION<br>RECONSTITUTED                                                           | Medical Benefit | PA                                   |
| <b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b> | Tier-2          | SP; QL (10 vials per 14 days)        |
| <b>SIKLOS ORAL TABLET</b>                                                                                 | Tier-2          | PA; ^ (CM)                           |
| UDENYCA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                                        | Tier 4          | PA; SP; QL (0.6 mL per 14 days)      |
| VPRIV INTRAVENOUS SOLUTION<br>RECONSTITUTED                                                               | Medical Benefit | PA; SI                               |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE                                                               | Tier 4          | SP; QL (10 Syringes per 14 days)     |
| ZIEXTENZO SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE                                                      | Tier 4          | PA; SP; QL (1 syringe per 14 days)   |
| <b>*HEMOSTATICS*</b>                                                                                      |                 |                                      |
| <i>aminocaproic acid oral solution</i>                                                                    | Tier-2          |                                      |
| <i>aminocaproic acid oral tablet</i>                                                                      | Tier-2          |                                      |
| <i>tranexamic acid oral tablet</i>                                                                        | Tier-1          | QL (30 TABLETS per 28 Days)          |
| <b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*</b>                                                        |                 |                                      |
| BELSOMRA ORAL TABLET                                                                                      | Tier-3          | STPA; QL (10 EA per 30 days)         |

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| <b>Drug</b>                                                            | <b>Status</b> | <b>Notes</b>                                                     |
|------------------------------------------------------------------------|---------------|------------------------------------------------------------------|
| DAYVIGO ORAL TABLET                                                    | Tier-3        | STPA; QL (10 EA per 30 days)                                     |
| <i>estazolam oral tablet</i>                                           | Tier-1        |                                                                  |
| <i>eszopiclone oral tablet</i>                                         | Tier-1        | QL (10 TABLETS per 30 days)                                      |
| <i>flurazepam hcl oral capsule</i>                                     | Tier-1        | ^ (LCG)                                                          |
| HETLIOZ ORAL CAPSULE                                                   | Tier 4        | PA; QL (30 EA per 30 days)                                       |
| <i>phenobarbital oral elixir</i>                                       | Tier-1        |                                                                  |
| <i>phenobarbital oral tablet</i>                                       | Tier-1        |                                                                  |
| <i>ramelteon oral tablet</i>                                           | Tier-2        | STPA; QL (10 tablets per 30 days)                                |
| <i>temazepam oral capsule</i>                                          | Tier-1        |                                                                  |
| <i>triazolam oral tablet</i>                                           | Tier-1        |                                                                  |
| <i>zaleplon oral capsule</i>                                           | Tier-1        | QL (10 CAPSULES per 30 Days)                                     |
| <i>zolpidem tartrate er oral tablet extended release</i>               | Tier-1        | STPA; QL (10 TABLETS per 30 Days)                                |
| <i>zolpidem tartrate oral tablet</i>                                   | Tier-1        | ^ (LCG); QL (10 TABLETS per 30 Days)                             |
| <i>zolpidem tartrate sublingual tablet sublingual</i>                  | Tier-2        | STPA; QL (10 Tablets per 30 days)                                |
| ZOLPIMIST ORAL SOLUTION                                                | Tier-3        | STPA; QL (1 Unit per 30 Days)                                    |
| <b>*LAXATIVES*</b>                                                     |               |                                                                  |
| CLENPIQ ORAL SOLUTION                                                  | Tier-3        | ^ (May be covered at no copayment for members age 50 through 74) |
| <i>constulose oral solution</i>                                        | Tier-1        |                                                                  |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED                                 | Tier-1        | ^ (May be covered at no copayment for members age 50 through 74) |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED                                 | Tier-1        | ^ (May be covered at no copayment for members age 50 through 74) |
| <b>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</b>                     | Tier-2        | ^ (May be covered at no copayment for members age 50 through 74) |
| KRISTALOSE ORAL PACKET                                                 | Tier-3        |                                                                  |
| <i>lactulose oral solution</i>                                         | Tier-1        |                                                                  |
| OSMOPREP ORAL TABLET                                                   | Tier-3        |                                                                  |
| <i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted</i> | Tier-2        | ^ (ACA)                                                          |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>        | Tier-2        | ^ (ACA)                                                          |

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| <b>Drug</b>                                                      | <b>Status</b> | <b>Notes</b>                                                     |
|------------------------------------------------------------------|---------------|------------------------------------------------------------------|
| PLENVU ORAL SOLUTION<br>RECONSTITUTED                            | Tier-3        | ^ (May be covered at no copayment for members age 50 through 74) |
| SUPREP BOWEL PREP KIT ORAL<br>SOLUTION                           | Tier-3        | ^ (ACA)                                                          |
| <b>*MACROLIDES*</b>                                              |               |                                                                  |
| <i>azithromycin oral packet</i>                                  | Tier-1        |                                                                  |
| <i>azithromycin oral suspension reconstituted</i>                | Tier-1        |                                                                  |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>           | Tier-1        |                                                                  |
| <i>clarithromycin er oral tablet extended release 24 hour</i>    | Tier-1        |                                                                  |
| <i>clarithromycin oral suspension reconstituted</i>              | Tier-2        |                                                                  |
| <i>clarithromycin oral tablet</i>                                | Tier-1        |                                                                  |
| DIFICID ORAL SUSPENSION<br>RECONSTITUTED                         | Tier-3        | PA                                                               |
| DIFICID ORAL TABLET                                              | Tier-3        | PA                                                               |
| E.E.S. 400 ORAL TABLET                                           | Tier-1        |                                                                  |
| <b>ERYPED 200 ORAL SUSPENSION<br/>RECONSTITUTED</b>              | Tier-2        |                                                                  |
| <b>ERY-TAB ORAL TABLET DELAYED<br/>RELEASE</b>                   | Tier-2        |                                                                  |
| ERYTHROCIN STEARATE ORAL TABLET<br>250 MG                        | Tier-1        |                                                                  |
| <i>erythromycin base oral capsule delayed release particles</i>  | Tier-2        |                                                                  |
| <i>erythromycin base oral tablet</i>                             | Tier-2        |                                                                  |
| <i>erythromycin ethylsuccinate oral suspension reconstituted</i> | Tier-2        |                                                                  |
| <i>erythromycin ethylsuccinate oral tablet</i>                   | Tier-2        |                                                                  |
| <i>erythromycin stearate oral tablet 250 mg</i>                  | Tier-2        |                                                                  |
| <b>*MEDICAL DEVICES AND SUPPLIES*</b>                            |               |                                                                  |
| <b>BD AUTOSHIELD 29G X 5MM , 29G X 8MM</b>                       | Tier-2        |                                                                  |
| <b>BD AUTOSHIELD DUO</b>                                         | Tier-2        |                                                                  |
| <b>BD INSULIN SYR ULTRAFINE II 31G X<br/>5/16" 0.5 ML</b>        | Tier-2        |                                                                  |

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| Drug                                                                                                                                                                      | Status | Notes                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | Tier-2 |                                                                                             |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML                                                                                          | Tier-2 |                                                                                             |
| BD INSULIN SYRINGE U/F                                                                                                                                                    | Tier-2 |                                                                                             |
| BD INSULIN SYRINGE U/F 1/2UNIT                                                                                                                                            | Tier-2 |                                                                                             |
| BD INSULIN SYRINGE U-500                                                                                                                                                  | Tier-2 |                                                                                             |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML                              | Tier-2 |                                                                                             |
| BD PEN NEEDLE MICRO U/F                                                                                                                                                   | Tier-2 |                                                                                             |
| BD PEN NEEDLE MINI U/F                                                                                                                                                    | Tier-2 |                                                                                             |
| BD PEN NEEDLE NANO 2ND GEN                                                                                                                                                | Tier-2 |                                                                                             |
| BD PEN NEEDLE NANO U/F                                                                                                                                                    | Tier-2 |                                                                                             |
| BD PEN NEEDLE ORIGINAL U/F                                                                                                                                                | Tier-2 |                                                                                             |
| BD PEN NEEDLE SHORT U/F                                                                                                                                                   | Tier-2 |                                                                                             |
| BD SAFETYGLIDE INSULIN SYRINGE                                                                                                                                            | Tier-2 |                                                                                             |
| BD SAFETY-LOK INSULIN SYRINGE                                                                                                                                             | Tier-2 |                                                                                             |
| BD VEO INSULIN SYR U/F 1/2UNIT                                                                                                                                            | Tier-2 |                                                                                             |
| BD VEO INSULIN SYRINGE U/F                                                                                                                                                | Tier-2 |                                                                                             |
| COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML                                                                                                                             | Tier-2 |                                                                                             |
| OMNIPOD DASH 5 PACK PODS                                                                                                                                                  | Tier-2 | ¥ (only Omnipod DASH Pods are covered under the pharmacy benefit); QL (10 pods per 30 days) |
| <b>*MIGRAINE PRODUCTS*</b>                                                                                                                                                |        |                                                                                             |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                                               | Tier-2 | PA; QL (1 injector per 30 days)                                                             |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                                                                                 | Tier-2 | PA; QL (3 pens per 90 days)                                                                 |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                                                                             | Tier-2 | PA; QL (3 pens per 90 days)                                                                 |
| <i>almotriptan malate oral tablet</i>                                                                                                                                     | Tier-2 | QL (6 TABLETS per 30 days)                                                                  |
| <i>dihydroergotamine mesylate nasal solution</i>                                                                                                                          | Tier-3 | QL (1 Box per 30 days)                                                                      |

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| <b>Drug</b>                                                                                 | <b>Status</b> | <b>Notes</b>                                                                                                                     |
|---------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>eletriptan hydrobromide oral tablet</i>                                                  | Tier-2        | QL (6 EA per 30 days)                                                                                                            |
| <b>EMGALITY (300 MG DOSE)<br/>SUBCUTANEOUS SOLUTION PREFILLED<br/>SYRINGE</b>               | Tier-2        | PA; QL (3 syringes per 30 days)                                                                                                  |
| <b>EMGALITY SUBCUTANEOUS SOLUTION<br/>AUTO-INJECTOR</b>                                     | Tier-2        | PA; ¥ ( 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 pen per 30 days)     |
| <b>EMGALITY SUBCUTANEOUS SOLUTION<br/>PREFILLED SYRINGE</b>                                 | Tier-2        | PA; ¥ ( 2 auto-injectors/ syringes (240 mg) as a single loading dose, followed by 120 mg / 30 days.); QL (1 syringe per 30 days) |
| ERGOMAR SUBLINGUAL TABLET<br>SUBLINGUAL                                                     | Tier-3        |                                                                                                                                  |
| <i>ergotamine-caffeine oral tablet</i>                                                      | Tier-2        |                                                                                                                                  |
| <i>frovatriptan succinate oral tablet</i>                                                   | Tier-3        | QL (9 EA per 30 days)                                                                                                            |
| MIGERGOT RECTAL SUPPOSITORY                                                                 | Tier-3        |                                                                                                                                  |
| MIGRANAL NASAL SOLUTION                                                                     | Tier-3        | QL (1 Box per 30 Days)                                                                                                           |
| <i>naratriptan hcl oral tablet</i>                                                          | Tier-1        | QL (9 TABLETS per 30 Days)                                                                                                       |
| <b>NURTEC ORAL TABLET DISPERSIBLE</b>                                                       | Tier-2        | PA; QL (8 tablets per 30 days)                                                                                                   |
| ONZETRA XSAIL NASAL EXHALER<br>POWDER                                                       | Tier-3        | STPA; ¥ (Max of 1 kit (8 units) per 30 days); QL (16 Units per 30 days)                                                          |
| <b>REYVOW ORAL TABLET 100 MG</b>                                                            | Tier-2        | PA; QL (8 tablets per 30 days)                                                                                                   |
| <b>REYVOW ORAL TABLET 50 MG</b>                                                             | Tier-2        | PA; QL (4 tablets per 30 days)                                                                                                   |
| <i>rizatriptan benzoate oral tablet</i>                                                     | Tier-1        | QL (9 TABLETS per 30 Days)                                                                                                       |
| <i>rizatriptan benzoate oral tablet dispersible</i>                                         | Tier-1        | QL (9 TABLETS per 30 Days)                                                                                                       |
| <i>sumatriptan nasal solution 20 mg/act</i>                                                 | Tier-2        | QL (1 Box per 30 Days)                                                                                                           |
| <i>sumatriptan nasal solution 5 mg/act</i>                                                  | Tier-2        | QL (2 Boxes per 30 Days)                                                                                                         |
| <i>sumatriptan succinate oral tablet</i>                                                    | Tier-1        | QL (9 TABLETS per 30 Days)                                                                                                       |
| <i>sumatriptan succinate refill subcutaneous<br/>solution cartridge</i>                     | Tier-2        | QL (4 INJECTIONS per 30 days)                                                                                                    |
| <i>sumatriptan succinate subcutaneous solution 6<br/>mg/0.5ml</i>                           | Tier-2        | QL (4 Injections per 30 Days)                                                                                                    |
| <i>sumatriptan succinate subcutaneous solution<br/>auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> | Tier-2        | QL (4 INJECTIONS per 30 days)                                                                                                    |
| <i>sumatriptan succinate subcutaneous solution<br/>prefilled syringe 6 mg/0.5ml</i>         | Tier-2        | QL (4 INJECTIONS per 30 days)                                                                                                    |
| <i>sumatriptan-naproxen sodium oral tablet</i>                                              | Tier-3        | PA; QL (9 EA per 30 days)                                                                                                        |

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|------------------------------------------------------------------------------|-----------------|---------------------------------|
| VYEPTI INTRAVENOUS SOLUTION                                                  | Medical Benefit | PA                              |
| <i>zolmitriptan nasal solution</i>                                           | Tier-2          | STPA; QL (6 sprays per 30 days) |
| <i>zolmitriptan oral tablet</i>                                              | Tier-2          | QL (6 TABLETS per 30 Days)      |
| <i>zolmitriptan oral tablet dispersible</i>                                  | Tier-2          | QL (6 TABLETS per 30 Days)      |
| ZOMIG NASAL SOLUTION                                                         | Tier-3          | STPA; QL (1 Box per 30 Days)    |
| <b>*MINERALS &amp; ELECTROLYTES*</b>                                         |                 |                                 |
| EFFER-K ORAL TABLET EFFERVESCENT                                             | Tier-3          |                                 |
| <b>GALZIN ORAL CAPSULE</b>                                                   | Tier-2          |                                 |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE                                     | Tier-1          |                                 |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE                                    | Tier-1          |                                 |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE                                    | Tier-3          |                                 |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE                                    | Tier-1          |                                 |
| KLOR-CON ORAL TABLET EXTENDED RELEASE                                        | Tier-1          |                                 |
| <i>potassium chloride crys er oral tablet extended release</i>               | Tier-1          |                                 |
| <i>potassium chloride er oral capsule extended release</i>                   | Tier-1          |                                 |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>      | Tier-1          |                                 |
| <i>potassium chloride oral packet</i>                                        | Tier-2          |                                 |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | Tier-2          |                                 |
| <i>sodium fluoride oral solution</i>                                         | Tier-1          | ^ (ACA)                         |
| <i>sodium fluoride oral tablet</i>                                           | Tier-1          | ^ (ACA)                         |
| <i>sodium fluoride oral tablet chewable</i>                                  | Tier-1          | ^ (ACA)                         |
| <b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>                                   |                 |                                 |
| <b>AZASAN ORAL TABLET</b>                                                    | Tier-2          |                                 |
| <i>azathioprine oral tablet</i>                                              | Tier-1          |                                 |
| <i>azathioprine sodium injection solution reconstituted</i>                  | Tier-1          |                                 |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED                                  | Medical Benefit | PA                              |

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| Drug                                                       | Status          | Notes                        |
|------------------------------------------------------------|-----------------|------------------------------|
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR               | Tier 4          | PA; SP                       |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE           | Tier 4          | PA; SP                       |
| <i>cyclosporine modified oral capsule</i>                  | Tier-1          |                              |
| <i>cyclosporine modified oral solution</i>                 | Tier-1          |                              |
| <i>cyclosporine oral capsule</i>                           | Tier-1          |                              |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>     | Tier-2          | QL (180 tablets per 90 days) |
| <b>LOKELMA ORAL PACKET</b>                                 | Tier-2          |                              |
| <i>mycophenolate mofetil oral capsule</i>                  | Tier-1          |                              |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | Tier-2          |                              |
| <i>mycophenolate mofetil oral tablet</i>                   | Tier-1          |                              |
| <i>mycophenolate sodium oral tablet delayed release</i>    | Tier-2          |                              |
| MYFORTIC ORAL TABLET DELAYED RELEASE                       | Tier 4          |                              |
| <i>penicillamine oral capsule</i>                          | Tier-2          |                              |
| <i>penicillamine oral tablet</i>                           | Tier-2          |                              |
| PROGRAF ORAL PACKET                                        | Tier-3          |                              |
| RAPAMUNE ORAL TABLET                                       | Tier 4          |                              |
| REVLIMID ORAL CAPSULE                                      | Tier 4          | PA; SP; ^ (CM)               |
| <i>sirolimus oral solution</i>                             | Tier-1          |                              |
| <i>sirolimus oral tablet</i>                               | Tier-1          |                              |
| <i>tacrolimus oral capsule</i>                             | Tier-1          |                              |
| THALOMID ORAL CAPSULE                                      | Tier 4          | SP; ^ (CM)                   |
| <i>trientine hcl oral capsule</i>                          | Tier-2          |                              |
| UPLIZNA INTRAVENOUS SOLUTION                               | Medical Benefit | PA                           |
| <b>VELTASSA ORAL PACKET</b>                                | Tier-2          |                              |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED                   | Medical Benefit | PA                           |
| ZOKINVY ORAL CAPSULE                                       | Tier 4          | PA                           |
| <b>*MOUTH/THROAT/DENTAL AGENTS*</b>                        |                 |                              |
| <i>cevimeline hcl oral capsule</i>                         | Tier-2          |                              |
| <i>chlorhexidine gluconate mouth/throat solution</i>       | Tier-1          | ^ (LCG)                      |
| <i>clotrimazole mouth/throat troche</i>                    | Tier-1          |                              |
| <b>EPISIL MOUTH/THROAT LIQUID</b>                          | Tier-2          | QL (4 Bottles per 30 Days)   |
| <b>GELCLAIR MOUTH/THROAT GEL</b>                           | Tier-2          |                              |

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| Drug                                                                | Status          | Notes                 |
|---------------------------------------------------------------------|-----------------|-----------------------|
| <i>lidocaine hcl mouth/throat solution</i>                          | Tier-1          |                       |
| NUMOISYN MOUTH/THROAT LIQUID                                        | Tier-3          |                       |
| <i>nystatin mouth/throat suspension</i>                             | Tier-1          |                       |
| ORALONE MOUTH/THROAT PASTE                                          | Tier-1          |                       |
| PERIOGARD MOUTH/THROAT SOLUTION                                     | Tier-1          | ^ (LCG)               |
| <i>pilocarpine hcl oral tablet</i>                                  | Tier-1          |                       |
| <i>triamcinolone acetonide mouth/throat paste</i>                   | Tier-1          |                       |
| <b>*MULTIVITAMINS*</b>                                              |                 |                       |
| ATABEX EC ORAL TABLET DELAYED RELEASE                               | Tier-3          |                       |
| <i>mynephrocaps oral capsule</i>                                    | Tier-1          |                       |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG                                   | Tier-3          |                       |
| <i>pnv-dha+docusate oral capsule</i>                                | Tier-1          |                       |
| <i>prenatal plus iron oral tablet</i>                               | Tier-3          |                       |
| SELECT-OB+DHA ORAL                                                  | Tier-3          |                       |
| VITAFOL-OB+DHA ORAL                                                 | Tier-3          |                       |
| <b>*MUSCULOSKELETAL THERAPY AGENTS*</b>                             |                 |                       |
| <i>baclofen oral tablet</i>                                         | Tier-1          |                       |
| <i>carisoprodol oral tablet</i>                                     | Tier-1          |                       |
| <i>carisoprodol-aspirin-codeine oral tablet</i>                     | Tier-1          |                       |
| <i>chlorzoxazone oral tablet</i>                                    | Tier-1          |                       |
| <i>cyclobenzaprine hcl oral tablet</i>                              | Tier-1          |                       |
| <i>dantrolene sodium oral capsule</i>                               | Tier-2          |                       |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE                 | Medical Benefit | PA                    |
| <i>metaxalone oral tablet 800 mg</i>                                | Tier-2          |                       |
| <i>methocarbamol oral tablet</i>                                    | Tier-1          | ^ (LCG)               |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i> | Tier-1          |                       |
| OZOBAX ORAL SOLUTION                                                | Tier 4          | PA                    |
| <i>tizanidine hcl oral capsule</i>                                  | Tier-2          |                       |
| <i>tizanidine hcl oral tablet</i>                                   | Tier-1          |                       |
| <b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>                        |                 |                       |
| <i>azelastine hcl nasal solution 0.1 %</i>                          | Tier-1          | QL (3 EA per 90 Days) |
| <i>azelastine hcl nasal solution 0.15 %</i>                         | Tier-1          | QL (3 EA per 90 days) |

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| <b>Drug</b>                                                   | <b>Status</b>   | <b>Notes</b>             |
|---------------------------------------------------------------|-----------------|--------------------------|
| <i>budesonide nasal suspension</i>                            | Tier-2          | QL (3 EA per 90 days)    |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>         | Tier-1          | QL (3 EA per 90 Days)    |
| <i>fluticasone propionate nasal suspension</i>                | Tier-1          | QL (3 EA per 90 Days)    |
| <i>ipratropium bromide nasal solution</i>                     | Tier-1          | QL (6 EA per 90 Days)    |
| <i>mometasone furoate nasal suspension</i>                    | Tier-2          | QL (6 EA per 90 days)    |
| <i>olopatadine hcl nasal solution</i>                         | Tier-2          | QL (3 EA per 90 days)    |
| <i>triamcinolone acetonide nasal aerosol</i>                  | Tier-2          | QL (3 EA per 90 days)    |
| <b>*NEUROMUSCULAR AGENTS*</b>                                 |                 |                          |
| BOTOX INJECTION SOLUTION RECONSTITUTED                        | Medical Benefit | PA                       |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED                  | Medical Benefit | PA                       |
| EXONDYS 51 INTRAVENOUS SOLUTION                               | Medical Benefit | PA                       |
| MYOBLOC INTRAMUSCULAR SOLUTION                                | Medical Benefit | PA                       |
| RADICAVA INTRAVENOUS SOLUTION                                 | Medical Benefit | PA                       |
| <i>riluzole oral tablet</i>                                   | Tier-1          |                          |
| SPINRAZA INTRATHECAL SOLUTION                                 | Medical Benefit | PA                       |
| TIGLUTIK ORAL SUSPENSION                                      | Tier 4          |                          |
| VYONDYS 53 INTRAVENOUS SOLUTION                               | Medical Benefit | PA                       |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | Medical Benefit | PA                       |
| <b>*NUTRIENTS*</b>                                            |                 |                          |
| DOJOLVI ORAL LIQUID                                           | Tier 4          | PA                       |
| <b>*OPHTHALMIC AGENTS*</b>                                    |                 |                          |
| <b>ACUVAIL OPHTHALMIC SOLUTION</b>                            | Tier-2          |                          |
| <i>ak-poly-bac ophthalmic ointment</i>                        | Tier-1          |                          |
| ALOCRIAL OPHTHALMIC SOLUTION                                  | Tier-3          |                          |
| ALOMIDE OPHTHALMIC SOLUTION                                   | Tier-3          |                          |
| <b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>                   | Tier-2          |                          |
| <b>ALREX OPHTHALMIC SUSPENSION</b>                            | Tier-2          |                          |
| <i>apraclonidine hcl ophthalmic solution</i>                  | Tier-1          |                          |
| <i>atropine sulfate ophthalmic solution 1 %</i>               | Tier-1          |                          |
| AZASITE OPHTHALMIC SOLUTION                                   | Tier-3          | QL (1 Bottle per 7 Days) |
| <i>azelastine hcl ophthalmic solution</i>                     | Tier-1          |                          |
| <b>AZOPT OPHTHALMIC SUSPENSION</b>                            | Tier-2          |                          |
| <i>bacitracin ophthalmic ointment</i>                         | Tier-1          |                          |

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| <b>Drug</b>                                                         | <b>Status</b> | <b>Notes</b>               |
|---------------------------------------------------------------------|---------------|----------------------------|
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | Tier-1        |                            |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>            | Tier-1        |                            |
| <b>BEPREVE OPHTHALMIC SOLUTION</b>                                  | Tier-2        |                            |
| BESIVANCE OPHTHALMIC SUSPENSION                                     | Tier-3        | QL (1 Bottle per 5 Days)   |
| <i>betaxolol hcl ophthalmic solution</i>                            | Tier-1        |                            |
| <b>BETIMOL OPHTHALMIC SOLUTION</b>                                  | Tier-2        |                            |
| BETOPTIC-S OPHTHALMIC SUSPENSION                                    | Tier-3        |                            |
| <i>bimatoprost ophthalmic solution</i>                              | Tier-2        | STPA                       |
| BLEPHAMIDE OPHTHALMIC SUSPENSION                                    | Tier-3        |                            |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT                               | Tier-3        |                            |
| <i>brimonidine tartrate ophthalmic solution 0.15 %</i>              | Tier-2        |                            |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i>               | Tier-1        |                            |
| <i>bromfenac sodium (once-daily) ophthalmic solution</i>            | Tier-2        |                            |
| <i>carteolol hcl ophthalmic solution</i>                            | Tier-1        |                            |
| CEQUA OPHTHALMIC SOLUTION                                           | Tier-3        | PA; QL (60 mL per 30 days) |
| CILOXAN OPHTHALMIC OINTMENT                                         | Tier-3        |                            |
| <i>ciprofloxacin hcl ophthalmic solution</i>                        | Tier-1        |                            |
| <b>COMBIGAN OPHTHALMIC SOLUTION</b>                                 | Tier-2        | QL (30 ML per 90 days)     |
| <i>cromolyn sodium ophthalmic solution</i>                          | Tier-1        |                            |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %</i>                 | Tier-1        |                            |
| CYSTADROPS OPHTHALMIC SOLUTION                                      | Tier 4        |                            |
| CYSTARAN OPHTHALMIC SOLUTION                                        | Tier 4        | SP                         |
| <i>dexamethasone sodium phosphate ophthalmic solution</i>           | Tier-1        |                            |
| <i>diclofenac sodium ophthalmic solution</i>                        | Tier-1        |                            |
| <i>dorzolamide hcl ophthalmic solution</i>                          | Tier-1        |                            |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i>              | Tier-1        |                            |
| <i>epinastine hcl ophthalmic solution</i>                           | Tier-1        |                            |
| <i>erythromycin ophthalmic ointment</i>                             | Tier-1        |                            |
| FLAREX OPHTHALMIC SUSPENSION                                        | Tier-3        |                            |
| <i>fluorometholone ophthalmic suspension</i>                        | Tier-1        |                            |
| <i>flurbiprofen sodium ophthalmic solution</i>                      | Tier-1        |                            |
| <b>FML FORTE OPHTHALMIC SUSPENSION</b>                              | Tier-2        |                            |

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| Drug                                                                     | Status | Notes                     |
|--------------------------------------------------------------------------|--------|---------------------------|
| <b>FML OPHTHALMIC OINTMENT</b>                                           | Tier-2 |                           |
| FRESHKOTE OPHTHALMIC SOLUTION                                            | Tier-3 |                           |
| <i>gatifloxacin ophthalmic solution</i>                                  | Tier-2 | QL (1 Bottle per 7 Days)  |
| GENTAK OPHTHALMIC OINTMENT                                               | Tier-1 |                           |
| <i>gentamicin sulfate ophthalmic solution</i>                            | Tier-1 |                           |
| ILEVRO OPHTHALMIC SUSPENSION                                             | Tier-3 |                           |
| INVELTYS OPHTHALMIC SUSPENSION                                           | Tier-3 |                           |
| IOPIDINE OPHTHALMIC SOLUTION 1 %                                         | Tier-3 |                           |
| <i>ketorolac tromethamine ophthalmic solution</i>                        | Tier-1 |                           |
| LACRISERT OPHTHALMIC INSERT                                              | Tier-3 |                           |
| <b>LASTACFT OPHTHALMIC SOLUTION</b>                                      | Tier-2 |                           |
| <i>latanoprost ophthalmic solution</i>                                   | Tier-1 |                           |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                         | Tier-1 |                           |
| <i>levofloxacin ophthalmic solution</i>                                  | Tier-1 |                           |
| LOTEMAX OPHTHALMIC GEL                                                   | Tier-3 |                           |
| LOTEMAX OPHTHALMIC OINTMENT                                              | Tier-3 |                           |
| <i>loteprednol etabonate ophthalmic suspension</i>                       | Tier-2 |                           |
| <b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>                                | Tier-2 | STPA                      |
| MAXIDEX OPHTHALMIC SUSPENSION                                            | Tier-3 |                           |
| <i>moxifloxacin hcl (2x day) ophthalmic solution</i>                     | Tier-1 | QL (1 bottle per 10 days) |
| <i>moxifloxacin hcl ophthalmic solution</i>                              | Tier-1 | QL (1 Bottle per 10 days) |
| NATACYN OPHTHALMIC SUSPENSION                                            | Tier-3 |                           |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | Tier-1 |                           |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>                   | Tier-1 |                           |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | Tier-1 |                           |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | Tier-1 |                           |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>           | Tier-2 |                           |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT                                       | Tier-1 |                           |
| NEO-POLYCIN OPHTHALMIC OINTMENT                                          | Tier-1 |                           |
| NEVANAC OPHTHALMIC SUSPENSION                                            | Tier-3 |                           |

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| <b>Drug</b>                                              | <b>Status</b> | <b>Notes</b> |
|----------------------------------------------------------|---------------|--------------|
| <i>ofloxacin ophthalmic solution</i>                     | Tier-1        |              |
| <i>olopatadine hcl ophthalmic solution</i>               | Tier-2        |              |
| OXERVATE OPHTHALMIC SOLUTION                             | Tier 4        | PA           |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED     | Tier-3        |              |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | Tier-1        |              |
| POLYCIN OPHTHALMIC OINTMENT                              | Tier-1        |              |
| <b>PRED MILD OPHTHALMIC SUSPENSION</b>                   | Tier-2        |              |
| <b>PRED-G OPHTHALMIC SUSPENSION</b>                      | Tier-2        |              |
| <b>PRED-G S.O.P. OPHTHALMIC OINTMENT</b>                 | Tier-2        |              |
| <i>prednisolone acetate ophthalmic suspension</i>        | Tier-1        |              |
| <i>prednisolone sodium phosphate ophthalmic solution</i> | Tier-3        |              |
| PROLENSA OPHTHALMIC SOLUTION                             | Tier-3        |              |
| <i>proparacaine hcl ophthalmic solution</i>              | Tier-1        |              |
| <b>RESTASIS OPHTHALMIC EMULSION</b>                      | Tier-2        | PA           |
| RHOPRESSA OPHTHALMIC SOLUTION                            | Tier-3        | STPA         |
| ROCKLATAN OPHTHALMIC SOLUTION                            | Tier-3        | STPA         |
| <b>SIMBRINZA OPHTHALMIC SUSPENSION</b>                   | Tier-2        |              |
| <i>sulfacetamide sodium ophthalmic ointment</i>          | Tier-1        |              |
| <i>sulfacetamide sodium ophthalmic solution</i>          | Tier-1        |              |
| <i>sulfacetamide-prednisolone ophthalmic solution</i>    | Tier-1        |              |
| <i>sulfacetamide-prednisolone ophthalmic suspension</i>  | Tier-3        |              |
| <i>timolol maleate ophthalmic gel forming solution</i>   | Tier-1        |              |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | Tier-1        | ^ (LCG)      |
| <i>timolol maleate ophthalmic solution 0.5 % (daily)</i> | Tier-2        |              |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION                     | Tier-3        |              |
| TOBRADEX OPHTHALMIC OINTMENT                             | Tier-3        |              |
| <i>tobramycin ophthalmic solution</i>                    | Tier-1        |              |
| <i>tobramycin-dexamethasone ophthalmic suspension</i>    | Tier-2        |              |
| TOBREX OPHTHALMIC OINTMENT                               | Tier-3        |              |
| <i>travoprost (bak free) ophthalmic solution</i>         | Tier-2        | STPA         |

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| Drug                                                       | Status          | Notes                                                       |
|------------------------------------------------------------|-----------------|-------------------------------------------------------------|
| <i>trifluridine ophthalmic solution</i>                    | Tier-2          |                                                             |
| <i>tropicamide ophthalmic solution</i>                     | Tier-1          |                                                             |
| <b>VYZULTA OPHTHALMIC SOLUTION</b>                         | Tier-2          | STPA                                                        |
| XELPROS OPHTHALMIC EMULSION                                | Tier-3          | STPA                                                        |
| <b>XIIDRA OPHTHALMIC SOLUTION</b>                          | Tier-2          | PA                                                          |
| ZIOPTAN OPHTHALMIC SOLUTION                                | Tier-3          | STPA; QL (90 EA per 90 Days)                                |
| ZIRGAN OPHTHALMIC GEL                                      | Tier-3          |                                                             |
| ZYLET OPHTHALMIC SUSPENSION                                | Tier-3          |                                                             |
| <b>*OTIC AGENTS*</b>                                       |                 |                                                             |
| ACETASOL HC OTIC SOLUTION                                  | Tier-1          |                                                             |
| <i>acetic acid otic solution</i>                           | Tier-1          |                                                             |
| <i>antibiotic ear otic solution</i>                        | Tier-1          |                                                             |
| CIPRO HC OTIC SUSPENSION                                   | Tier-3          |                                                             |
| <i>ciprofloxacin hcl otic solution</i>                     | Tier-1          |                                                             |
| <i>ciprofloxacin-dexamethasone otic suspension</i>         | Tier-2          |                                                             |
| CORTISPORIN-TC OTIC SUSPENSION                             | Tier-3          |                                                             |
| <i>fluocinolone acetonide otic oil</i>                     | Tier-1          |                                                             |
| <i>hydrocortisone-acetic acid otic solution</i>            | Tier-1          |                                                             |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>     | Tier-1          |                                                             |
| <i>neomycin-polymyxin-hc otic suspension</i>               | Tier-1          |                                                             |
| <i>ofloxacin otic solution</i>                             | Tier-1          |                                                             |
| <b>*OXYTOCICS*</b>                                         |                 |                                                             |
| <i>methylergonovine maleate oral tablet</i>                | Tier-1          |                                                             |
| <b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>           |                 |                                                             |
| ASCENIV INTRAVENOUS SOLUTION                               | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML                     | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| CUTAQUIG SUBCUTANEOUS SOLUTION                             | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| CUVITRU SUBCUTANEOUS SOLUTION                              | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| CYTOGAM INTRAVENOUS INJECTABLE                             | Medical Benefit | PA; SI                                                      |

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| Drug                                                                                                     | Status          | Notes                                                       |
|----------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION                                                                      | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| GAMMAGARD INJECTION SOLUTION                                                                             | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED                                                | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML                               | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| GAMUNEX-C INJECTION SOLUTION                                                                             | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML                                | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                         | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| HYQVIA SUBCUTANEOUS KIT                                                                                  | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| OCTAGAM INTRAVENOUS SOLUTION                                                                             | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| PANZYGA INTRAVENOUS SOLUTION                                                                             | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| PRIVIGEN INTRAVENOUS SOLUTION                                                                            | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| SYNAGIS INTRAMUSCULAR SOLUTION                                                                           | Medical Benefit | PA; SP                                                      |
| XEMBIFY SUBCUTANEOUS SOLUTION                                                                            | Medical Benefit | PA; SI; ¥ (PA applies to members 18 years of age and older) |
| <b>*PENICILLINS*</b>                                                                                     |                 |                                                             |
| <i>amoxicillin oral capsule</i>                                                                          | Tier-1          | ^ (LCG)                                                     |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml</i>                                              | Tier-1          | ^ (LCG)                                                     |
| <i>amoxicillin oral suspension reconstituted 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                      | Tier-1          |                                                             |
| <i>amoxicillin oral tablet</i>                                                                           | Tier-1          | ^ (LCG)                                                     |
| <i>amoxicillin oral tablet chewable 125 mg</i>                                                           | Tier-1          |                                                             |
| <i>amoxicillin oral tablet chewable 250 mg</i>                                                           | Tier-1          | ^ (LCG)                                                     |

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| Drug                                                                       | Status       | Notes                           |
|----------------------------------------------------------------------------|--------------|---------------------------------|
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i> | Tier-1       |                                 |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i>           | Tier-1       |                                 |
| <i>amoxicillin-pot clavulanate oral tablet</i>                             | Tier-1       |                                 |
| <i>amoxicillin-pot clavulanate oral tablet chewable</i>                    | Tier-1       |                                 |
| <i>ampicillin oral capsule 500 mg</i>                                      | Tier-1       |                                 |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML                   | Tier-3       |                                 |
| <i>dicloxacillin sodium oral capsule</i>                                   | Tier-1       |                                 |
| <i>penicillin v potassium oral solution reconstituted</i>                  | Tier-1       | ^ (LCG)                         |
| <i>penicillin v potassium oral tablet</i>                                  | Tier-1       | ^ (LCG)                         |
| <b>*PROGESTINS*</b>                                                        |              |                                 |
| <i>medroxyprogesterone acetate oral tablet</i>                             | Tier-1       | ^ (LCG)                         |
| <i>megestrol acetate oral suspension 625 mg/5ml</i>                        | Tier-2       |                                 |
| <i>norethindrone acetate oral tablet</i>                                   | Tier-1       |                                 |
| <i>progesterone oral capsule</i>                                           | Tier-1       |                                 |
| <b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>                 |              |                                 |
| <i>acamprosate calcium oral tablet delayed release</i>                     | Tier-1       |                                 |
| ADDYI ORAL TABLET                                                          | Tier-3       | PA                              |
| AUBAGIO ORAL TABLET                                                        | Tier 4       | SP; QL (30 tablets per 30 Days) |
| AUSTEDO ORAL TABLET 12 MG                                                  | Tier 4       | PA; SP; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG, 9 MG                                             | Tier 4       | PA; SP; QL (60 EA per 30 days)  |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT                                 | Tier 4       | SP; QL (4 Pens per 28 days)     |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT                       | Tier 4       | SP; QL (4 Syringes per 28 days) |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE                                     | Tier 4       | SP                              |
| BETASERON SUBCUTANEOUS KIT                                                 | Tier 4       | SP; QL (15 Vials per 30 Days)   |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | No Copayment |                                 |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET                                   | No Copayment |                                 |
| CHANTIX ORAL TABLET                                                        | No Copayment |                                 |
| CHANTIX STARTING MONTH PAK ORAL TABLET                                     | No Copayment |                                 |

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| <b>Drug</b>                                                                  | <b>Status</b> | <b>Notes</b>                           |
|------------------------------------------------------------------------------|---------------|----------------------------------------|
| <i>chlordiazepoxide-amitriptyline oral tablet</i>                            | Tier-1        |                                        |
| COPAXONE SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 20 MG/ML                 | Tier 4        | SP; QL (30 Syringes per 30 days)       |
| COPAXONE SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 40 MG/ML                 | Tier 4        | SP; QL (12 Syringes per 30 days)       |
| <i>cvs nicotine polacrilex mouth/throat gum</i>                              | No Copayment  |                                        |
| <i>cvs nicotine polacrilex mouth/throat lozenge</i>                          | No Copayment  |                                        |
| <i>cvs nicotine transdermal patch 24 hour 14<br/>mg/24hr, 7 mg/24hr</i>      | No Copayment  |                                        |
| <i>dalfampridine er oral tablet extended release 12<br/>hour</i>             | Tier 4        | PA; SP; QL (60 Tablets per 30<br>days) |
| <i>dimethyl fumarate oral capsule delayed release</i>                        | Tier 4        | SP; QL (60 capsules per 30 days)       |
| <i>dimethyl fumarate starter pack oral</i>                                   | Tier 4        | SP; QL (1 fill per 1 lifetime)         |
| <i>disulfiram oral tablet</i>                                                | Tier-1        |                                        |
| <i>donepezil hcl oral tablet</i>                                             | Tier-1        | ^ (LCG)                                |
| <i>donepezil hcl oral tablet dispersible</i>                                 | Tier-1        |                                        |
| <i>eq nicotine mouth/throat lozenge</i>                                      | No Copayment  |                                        |
| <i>eq nicotine polacrilex mouth/throat gum</i>                               | No Copayment  |                                        |
| <i>eq nicotine polacrilex mouth/throat lozenge</i>                           | No Copayment  |                                        |
| <i>eq nicotine step 3 transdermal patch 24 hour</i>                          | No Copayment  |                                        |
| <i>eq nicotine transdermal patch 24 hour 14<br/>mg/24hr, 21 mg/24hr</i>      | No Copayment  |                                        |
| <i>eq nicotine polacrilex mouth/throat lozenge</i>                           | No Copayment  |                                        |
| <i>ergoloid mesylates oral tablet</i>                                        | Tier-1        |                                        |
| <i>fluoxetine hcl (pmdd) oral tablet</i>                                     | Tier-1        |                                        |
| <i>galantamine hydrobromide er oral capsule<br/>extended release 24 hour</i> | Tier-1        |                                        |
| <i>galantamine hydrobromide oral solution</i>                                | Tier-1        |                                        |
| <i>galantamine hydrobromide oral tablet</i>                                  | Tier-1        |                                        |
| GILENYA ORAL CAPSULE 0.5 MG                                                  | Tier 4        | SP; QL (30 EA per 30 days)             |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg</i>                           | No Copayment  |                                        |
| <i>gnp nicotine polacrilex mouth/throat gum</i>                              | No Copayment  |                                        |
| <i>gnp nicotine polacrilex mouth/throat lozenge</i>                          | No Copayment  |                                        |
| <i>hm nicotine polacrilex mouth/throat gum</i>                               | No Copayment  |                                        |
| <i>hm nicotine polacrilex mouth/throat lozenge</i>                           | No Copayment  |                                        |
| <i>hm nicotine transdermal patch 24 hour</i>                                 | No Copayment  |                                        |

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| <b>Drug</b>                                                            | <b>Status</b> | <b>Notes</b>                        |
|------------------------------------------------------------------------|---------------|-------------------------------------|
| HORIZANT ORAL TABLET EXTENDED RELEASE                                  | Tier-3        | QL (60 EA per 30 days)              |
| <b>INGREZZA ORAL CAPSULE</b>                                           | Tier-2        | PA; QL (30 capsules per 30 days)    |
| <b>INGREZZA ORAL CAPSULE THERAPY PACK</b>                              | Tier-2        | PA                                  |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                           | Tier 4        | SP                                  |
| LUCEMYRA ORAL TABLET                                                   | Tier-3        | QL (132 Tablets per 1 Fill)         |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK                           | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK                            | Tier 4        | PA; SP; QL (10 tablets per 30 days) |
| MAYZENT ORAL TABLET 0.25 MG                                            | Tier 4        | SP; QL (120 Tablets per 30 days)    |
| MAYZENT ORAL TABLET 2 MG                                               | Tier 4        | SP; QL (30 Tablets per 30 days)     |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK                          | Tier 4        | SP; QL (120 Tablets per 30 days)    |
| <i>memantine hcl er oral capsule extended release 24 hour</i>          | Tier-2        |                                     |
| <i>memantine hcl oral solution 2 mg/ml</i>                             | Tier-2        |                                     |
| <i>memantine hcl oral tablet</i>                                       | Tier-1        |                                     |
| <b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b> | Tier-2        |                                     |
| <i>nicotine mini mouth/throat lozenge 2 mg</i>                         | No Copayment  |                                     |
| <i>nicotine polacrilex mouth/throat gum</i>                            | No Copayment  |                                     |
| <i>nicotine polacrilex mouth/throat lozenge</i>                        | No Copayment  |                                     |
| <i>nicotine step 1 transdermal patch 24 hour</i>                       | No Copayment  |                                     |
| <i>nicotine step 2 transdermal patch 24 hour</i>                       | No Copayment  |                                     |
| <i>nicotine step 3 transdermal patch 24 hour</i>                       | No Copayment  |                                     |
| <i>nicotine transdermal kit</i>                                        | No Copayment  |                                     |

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| <b>Drug</b>                                                         | <b>Status</b>   | <b>Notes</b>                                     |
|---------------------------------------------------------------------|-----------------|--------------------------------------------------|
| <i>nicotine transdermal patch 24 hour</i>                           | No Copayment    |                                                  |
| NICOTROL INHALATION INHALER                                         | No Copayment    |                                                  |
| NICOTROL NS NASAL SOLUTION                                          | No Copayment    |                                                  |
| <b>NUEDEXTA ORAL CAPSULE</b>                                        | Tier-2          | PA                                               |
| <i>olanzapine-fluoxetine hcl oral capsule</i>                       | Tier-1          | STPA                                             |
| ONPATTRO INTRAVENOUS SOLUTION                                       | Medical Benefit | PA                                               |
| <i>paroxetine mesylate oral capsule</i>                             | Tier-2          |                                                  |
| <i>perphenazine-amitriptyline oral tablet</i>                       | Tier-1          | PA; ¥ (PA applies to members 12 and younger)     |
| <i>pimozide oral tablet</i>                                         | Tier-1          |                                                  |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE                   | Tier 4          | SP; QL (2 syringes per 28 days)                  |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR            | Tier 4          | SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE       | Tier 4          | SP; ¥ (1 time fill only); QL (1 Pack per 1 Fill) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR                         | Tier 4          | SP; QL (2 Syringes per 28 days)                  |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                    | Tier 4          | SP; QL (2 Syringes per 28 days)                  |
| <i>ra mini nicotine mouth/throat lozenge</i>                        | No Copayment    |                                                  |
| <i>ra nicotine mouth/throat gum</i>                                 | No Copayment    |                                                  |
| <i>ra nicotine polacrilex mouth/throat lozenge</i>                  | No Copayment    |                                                  |
| <i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i> | No Copayment    |                                                  |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR                  | Tier 4          | SP; QL (12 Syringes per 28 days)                 |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | Tier 4          | SP; QL (12 Syringes per 28 days)                 |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | Tier 4          | SP; QL (12 Syringes per 28 days)                 |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE        | Tier 4          | SP; QL (12 Syringes per 28 days)                 |
| <i>rivastigmine tartrate oral capsule</i>                           | Tier-1          |                                                  |
| <i>rivastigmine transdermal patch 24 hour</i>                       | Tier-2          |                                                  |

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| Drug                                                    | Status       | Notes                              |
|---------------------------------------------------------|--------------|------------------------------------|
| <b>SAVELLA ORAL TABLET</b>                              | Tier-2       | STPA; QL (180 TABLETS per 90 Days) |
| <i>sm nicotine mouth/throat gum</i>                     | No Copayment |                                    |
| <i>sm nicotine mouth/throat lozenge</i>                 | No Copayment |                                    |
| <i>sm nicotine polacrilex mouth/throat gum</i>          | No Copayment |                                    |
| <i>sm nicotine polacrilex mouth/throat lozenge</i>      | No Copayment |                                    |
| <i>sm nicotine transdermal patch 24 hour</i>            | No Copayment |                                    |
| TEGSEDI SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE      | Tier 4       | PA; QL (4 syringes per 30 days)    |
| <i>tetrabenazine oral tablet 12.5 mg</i>                | Tier 4       | SP; QL (90 EA per 30 days)         |
| <i>tetrabenazine oral tablet 25 mg</i>                  | Tier 4       | SP; QL (120 EA per 30 days)        |
| VUMERITY ORAL CAPSULE DELAYED<br>RELEASE                | Tier 4       | SP                                 |
| VYLEESI SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR          | Tier-3       | PA; QL (8 pens per 30 days)        |
| XYREM ORAL SOLUTION                                     | Tier 4       |                                    |
| XYWAV ORAL SOLUTION                                     | Tier-3       | QL (18 ML per 1 day)               |
| ZEPOSIA 7-DAY STARTER PACK ORAL<br>CAPSULE THERAPY PACK | Tier 4       | SP                                 |
| ZEPOSIA ORAL CAPSULE                                    | Tier 4       | SP                                 |
| ZEPOSIA STARTER KIT ORAL CAPSULE<br>THERAPY PACK        | Tier 4       | SP                                 |
| <b>*RESPIRATORY AGENTS - MISC.*</b>                     |              |                                    |
| ESBRIET ORAL CAPSULE                                    | Tier 4       | SP; QL (270 EA per 30 days)        |
| ESBRIET ORAL TABLET                                     | Tier 4       | SP; QL (270 EA per 30 days)        |
| KALYDECO ORAL PACKET                                    | Tier 4       | PA; QL (56 EA per 28 days)         |
| OFEV ORAL CAPSULE                                       | Tier 4       | SP; QL (60 EA per 30 days)         |
| ORKAMBI ORAL PACKET                                     | Tier 4       | PA; QL (56 Packets per 28 days)    |
| ORKAMBI ORAL TABLET                                     | Tier 4       | PA; QL (112 tablets per 28 days)   |
| PULMOZYME INHALATION SOLUTION                           | Tier 4       |                                    |
| SYMDEKO ORAL TABLET THERAPY PACK                        | Tier 4       | PA; QL (56 Tablets per 28 days)    |
| TRIKAFTA ORAL TABLET THERAPY PACK                       | Tier 4       | PA; QL (48 units per 28 days)      |
| <b>*SULFONAMIDES*</b>                                   |              |                                    |
| <i>sulfadiazine oral tablet</i>                         | Tier-3       |                                    |
| <b>*TETRACYCLINES*</b>                                  |              |                                    |
| <i>demeclocycline hcl oral tablet</i>                   | Tier-1       |                                    |
| <i>doxycycline hyclate oral capsule</i>                 | Tier-1       |                                    |

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| Drug                                                                                                                 | Status | Notes                           |
|----------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                                 | Tier-1 |                                 |
| <i>doxycycline hyclate oral tablet 75 mg</i>                                                                         | Tier-2 |                                 |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg</i>                                         | Tier-3 |                                 |
| <i>doxycycline monohydrate oral capsule</i>                                                                          | Tier-1 |                                 |
| <i>doxycycline monohydrate oral tablet</i>                                                                           | Tier-1 |                                 |
| <i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg</i>    | Tier-3 |                                 |
| <i>minocycline hcl oral capsule</i>                                                                                  | Tier-1 |                                 |
| <i>minocycline hcl oral tablet</i>                                                                                   | Tier-2 |                                 |
| NUZYRA ORAL TABLET 150 MG                                                                                            | Tier-3 |                                 |
| <i>tetracycline hcl oral capsule</i>                                                                                 | Tier-3 |                                 |
| VIBRAMYCIN ORAL SYRUP                                                                                                | Tier-3 |                                 |
| <b>*THYROID AGENTS*</b>                                                                                              |        |                                 |
| <b>ARMOUR THYROID ORAL TABLET</b>                                                                                    | Tier-2 |                                 |
| <i>levothyroxine sodium oral tablet</i>                                                                              | Tier-1 |                                 |
| LEVOXYL ORAL TABLET                                                                                                  | Tier-1 |                                 |
| <i>liothyronine sodium oral tablet</i>                                                                               | Tier-1 |                                 |
| <i>methimazole oral tablet</i>                                                                                       | Tier-1 | ^ (LCG)                         |
| <b>NATURE-THROID ORAL TABLET</b>                                                                                     | Tier-2 |                                 |
| <i>propylthiouracil oral tablet</i>                                                                                  | Tier-1 |                                 |
| SYNTHROID ORAL TABLET                                                                                                | Tier-3 |                                 |
| TIROSINT ORAL CAPSULE                                                                                                | Tier-3 |                                 |
| TIROSINT-SOL ORAL SOLUTION                                                                                           | Tier-3 |                                 |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG | Tier-1 |                                 |
| <b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>                                                                 |        |                                 |
| ACIPHEX ORAL TABLET DELAYED RELEASE                                                                                  | Tier-3 | PA; QL (90 tablets per 90 days) |
| <i>amoxicill-clarithro-lansopraz oral</i>                                                                            | Tier-1 |                                 |
| <i>chlordiazepoxide-clidinium oral capsule</i>                                                                       | Tier-3 |                                 |
| <i>cimetidine hcl oral solution</i>                                                                                  | Tier-2 |                                 |
| <i>cimetidine oral tablet</i>                                                                                        | Tier-2 |                                 |

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| Drug                                                               | Status | Notes                                                                            |
|--------------------------------------------------------------------|--------|----------------------------------------------------------------------------------|
| <i>cvs omeprazole-sod bicarbonate oral capsule</i>                 | Tier-2 | ¥ (All OTC versions of this product are on Tier 2); QL (90 capsules per 90 days) |
| DEXILANT ORAL CAPSULE DELAYED RELEASE                              | Tier-3 | PA; QL (90 EA per 90 days)                                                       |
| <i>dicyclomine hcl oral capsule</i>                                | Tier-1 |                                                                                  |
| <i>dicyclomine hcl oral solution</i>                               | Tier-1 |                                                                                  |
| <i>dicyclomine hcl oral tablet</i>                                 | Tier-1 |                                                                                  |
| <i>ed-spaz oral tablet dispersible</i>                             | Tier-1 |                                                                                  |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i>   | Tier-1 | ¥ (Only OTC esomeprazole products are covered)                                   |
| <i>esomeprazole magnesium oral packet</i>                          | Tier-2 | PA; ¥ (PA applies to members 12 and older); QL (90 packets per 90 days)          |
| <i>famotidine oral suspension reconstituted</i>                    | Tier-2 |                                                                                  |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                         | Tier-1 | ^ (LCG)                                                                          |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION                                 | Tier-3 | QL (300 ML per 30 days)                                                          |
| FIRST-OMEPRAZOLE ORAL SUSPENSION                                   | Tier-3 | QL (300 ML per 30 days)                                                          |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                       | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate oral elixir</i>                             | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate oral solution</i>                           | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate oral tablet</i>                             | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate oral tablet dispersible</i>                 | Tier-1 |                                                                                  |
| <i>hyoscyamine sulfate sublingual tablet sublingual</i>            | Tier-1 |                                                                                  |
| <i>lansoprazole oral capsule delayed release</i>                   | Tier-2 |                                                                                  |
| <i>lansoprazole oral tablet delayed release dispersible</i>        | Tier-3 | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)               |
| <i>methscopolamine bromide oral tablet</i>                         | Tier-1 |                                                                                  |
| <i>misoprostol oral tablet</i>                                     | Tier-1 |                                                                                  |
| NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE               | Tier-3 |                                                                                  |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE                           | Tier-3 |                                                                                  |
| <i>nizatidine oral capsule</i>                                     | Tier-2 |                                                                                  |
| <i>nizatidine oral solution</i>                                    | Tier-2 |                                                                                  |

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| <b>Drug</b>                                                             | <b>Status</b> | <b>Notes</b>                                                                                      |
|-------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------|
| <i>omeprazole oral capsule delayed release</i>                          | Tier-1        |                                                                                                   |
| <i>omeprazole-sodium bicarbonate oral capsule</i>                       | Tier-3        | ¥ (Only these two NDCs are covered: 68682-0102-30 or 68682-0104-30); QL (90 capsules per 90 days) |
| <i>omeprazole-sodium bicarbonate oral packet</i>                        | Tier-2        | PA                                                                                                |
| <i>pantoprazole sodium oral packet</i>                                  | Tier-2        | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days)                                |
| <i>pantoprazole sodium oral tablet delayed release</i>                  | Tier-1        |                                                                                                   |
| PREVACID ORAL CAPSULE DELAYED RELEASE                                   | Tier-3        | PA; QL (90 capsules per 90 days)                                                                  |
| PRILOSEC ORAL PACKET                                                    | Tier-3        | PA; ¥ (PA applies to members 12 and older); QL (90 EA per 90 days); Age Limit (Max 12 Years)      |
| <b>PYLERA ORAL CAPSULE</b>                                              | Tier-2        |                                                                                                   |
| <i>rabeprazole sodium oral tablet delayed release</i>                   | Tier-2        |                                                                                                   |
| <i>sucralfate oral suspension</i>                                       | Tier-3        | Age Limit (Max 12 Years)                                                                          |
| <i>sucralfate oral tablet</i>                                           | Tier-1        |                                                                                                   |
| ZEGERID ORAL CAPSULE                                                    | Tier-3        | PA; QL (90 capsules per 90 days)                                                                  |
| ZEGERID ORAL PACKET                                                     | Tier-3        | PA; QL (90 packets per 90 days)                                                                   |
| <b>*URINARY ANTISPASMODICS*</b>                                         |               |                                                                                                   |
| <i>bethanechol chloride oral tablet</i>                                 | Tier-1        |                                                                                                   |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour</i> | Tier-2        |                                                                                                   |
| <i>flavoxate hcl oral tablet</i>                                        | Tier-1        |                                                                                                   |
| GELNIQUE TRANSDERMAL GEL 10 %                                           | Tier-3        | STPA                                                                                              |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                          | Tier-3        | STPA                                                                                              |
| <i>oxybutynin chloride er oral tablet extended release 24 hour</i>      | Tier-1        |                                                                                                   |
| <i>oxybutynin chloride oral syrup</i>                                   | Tier-1        |                                                                                                   |
| <i>oxybutynin chloride oral tablet</i>                                  | Tier-1        |                                                                                                   |
| <i>solifenacin succinate oral tablet</i>                                | Tier-2        |                                                                                                   |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i>    | Tier-2        |                                                                                                   |
| <i>tolterodine tartrate oral tablet</i>                                 | Tier-1        |                                                                                                   |
| <i>tropium chloride er oral capsule extended release 24 hour</i>        | Tier-2        |                                                                                                   |

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| Drug                                                                             | Status | Notes                                                |
|----------------------------------------------------------------------------------|--------|------------------------------------------------------|
| <b>*VAGINAL AND RELATED PRODUCTS*</b>                                            |        |                                                      |
| CLEOCIN VAGINAL SUPPOSITORY                                                      | Tier-3 |                                                      |
| <i>clindamycin phosphate vaginal cream</i>                                       | Tier-1 |                                                      |
| CLINDESSE VAGINAL CREAM                                                          | Tier-3 |                                                      |
| CRINONE VAGINAL GEL                                                              | Tier-3 |                                                      |
| ENDOMETRIN VAGINAL INSERT                                                        | Tier-3 |                                                      |
| <i>estradiol vaginal cream</i>                                                   | Tier-1 |                                                      |
| <i>estradiol vaginal tablet</i>                                                  | Tier-1 |                                                      |
| <b>ESTRING VAGINAL RING</b>                                                      | Tier-2 |                                                      |
| <b>FEMRING VAGINAL RING</b>                                                      | Tier-2 |                                                      |
| GYNAZOLE-1 VAGINAL CREAM                                                         | Tier-3 |                                                      |
| INTRAROSA VAGINAL INSERT                                                         | Tier-3 |                                                      |
| <i>metronidazole vaginal gel</i>                                                 | Tier-2 |                                                      |
| NUVESSA VAGINAL GEL                                                              | Tier-3 |                                                      |
| PHEXXI VAGINAL GEL                                                               | Tier-3 | ^ (WH)                                               |
| <b>PREMARIN VAGINAL CREAM</b>                                                    | Tier-2 |                                                      |
| <i>terconazole vaginal cream</i>                                                 | Tier-1 |                                                      |
| <i>terconazole vaginal suppository</i>                                           | Tier-2 |                                                      |
| VANDAZOLE VAGINAL GEL                                                            | Tier-1 |                                                      |
| <b>*VASOPRESSORS*</b>                                                            |        |                                                      |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i> | Tier-1 | ¥ (Generic Adrenaclick); QL (2 Injectors per 1 Fill) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>               | Tier-1 | ¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>                | Tier-2 | ¥ (Generic Epipen Jr); QL (2 INJECTORS per 1 Fill)   |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>                 | Tier-1 | ¥ (Generic Adrenaclick); QL (2 INJECTORS per 1 Fill) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>                 | Tier-2 | ¥ (Generic Epipen); QL (2 INJECTORS per 1 Fill)      |
| <i>midodrine hcl oral tablet</i>                                                 | Tier-1 |                                                      |
| NORTHERA ORAL CAPSULE                                                            | Tier 4 | PA                                                   |
| <b>*VITAMINS*</b>                                                                |        |                                                      |
| <i>ergocalciferol oral capsule</i>                                               | Tier-1 |                                                      |
| <i>phytonadione oral tablet</i>                                                  | Tier-2 |                                                      |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>                | Tier-1 |                                                      |

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| Drug                                              | Status | Notes |
|---------------------------------------------------|--------|-------|
| <i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i> | Tier-1 |       |

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