

# 2026

September 1,  
2026



## 2026 High Performance Formulary (List of Covered Drugs)

### PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN

**This formulary was updated on 9/1/2026.**

For more recent information or  
other questions, please contact  
**The Health Plan Pharmacy Services**  
at **1.800.624.6961** extension **7914**,  
or visit **[www.healthplan.org](http://www.healthplan.org)**.

## Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

### Definitions

**Prescription** – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

**Generic Drug** – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

**Brand Drug** – A prescription item only available from a single-source supplier.

**Multi-Source Brand Drugs** – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

## How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

### Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drugs require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis and Crohn's disease.

Coverage for these agents is provided under your Specialty Pharmacy Benefit.

### **Drugs Requiring Prior Authorization**

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 5 days. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours.

### **Quantity per Dispensing Event (QPDE rules)**

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPDE) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPDE rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPDE rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPDE limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

### **Non-Formulary Coverage Review**

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 5 business days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within two business days of receipt or 72 hours, whichever is less.

### **Generic Difference Policy**

#### **(copayment policy for multi-source drugs)**

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

### **Out-of-Area Emergencies**

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

## Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date or the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a HealthPlan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
- Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health Plan for details.
- Certain legend drugs when any version or strength become available over the counter.
- The charges for prescriptions related to non-covered services.

- The charge for any prescription prescribed to enhance athletic performance.
- Drugs prescribed to shorten the duration of the common cold.
- Drugs for treatment of infertility.
- Any packaging material, other than the standard pharmacy packaging.
- Nutritional and/or dietary supplements.
- Charges for the administration of any drug.
- Drugs consumed at the time and place where dispensed or where the prescription order is issued including, but not limited to, samples provided by a physician. This does not include any drugs used in conjunction with a diagnostic service or other drugs covered under medical supplies.
- Herbal or homeopathic products.
- Compound drugs unless there is at least one ingredient that requires a prescription.
- Allergenic extracts.
- Diagnostic agents.
- The cost of shipping or delivering a drug.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Pharmaceutical samples.

## Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 7 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could

cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

## List of Abbreviations

**1: Preferred Generic**

**2: Preferred Brand**

**3: Non-preferred Drug**

**4: Specialty Drugs**

**5: Medical Service Drugs**

**6: ACA Preventive Medications**

**ACA:** Affordable Care Act

**LA:** Limited Availability. The prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

**DME:** Durable Medical Equipment. Will pull the DME benefit.

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

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

**SP:** Specialty Drug.

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

\* Note: To comply with various laws and regulations impacting plans, cost share and day supply limits may vary for some drugs. Please contact Pharmacy Services if you have a question about your specific drug coverage or consult your Summary of Benefits.

Pursuant to WV Code §33-16-3cc, §33-25A-8u, §33-16-3ff and §33-25A-8r, utilization management requirements may be removed for drugs used to treat behavioral, mental health and substance use disorders. Please contact Pharmacy Services if you have a question about your specific drug coverage.

**This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.**

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| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <b>ANTI - INFECTIVES</b>                              |           |                       |
| <b>ANTIFUNGAL AGENTS</b>                              |           |                       |
| <i>clotrimazole</i>                                   | 1         |                       |
| CRESEMBA                                              | 2         | PA                    |
| <i>fluconazole oral suspension for reconstitution</i> | 1         |                       |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | 1         |                       |
| <i>fluconazole oral tablet 150 mg</i>                 | 1         | QL (99 per 99 days)   |
| <i>flucytosine</i>                                    | 1         | PA                    |
| <i>griseofulvin microsize</i>                         | 1         |                       |
| <i>griseofulvin ultramicrosize</i>                    | 1         |                       |
| <i>itraconazole</i>                                   | 1         | QL (99 per 99 days)   |
| <i>ketoconazole</i>                                   | 1         |                       |
| NOXAFIL                                               | 2         | PA                    |
| <i>nystatin</i>                                       | 1         |                       |
| <i>posaconazole</i>                                   | 1         | PA                    |
| <i>terbinafine hcl</i>                                | 1         |                       |
| <i>voriconazole</i>                                   | 1         | PA                    |
| <b>ANTIVIRALS</b>                                     |           |                       |
| <i>abacavir</i>                                       | 1         |                       |
| <i>abacavir-lamivudine</i>                            | 1         |                       |
| <i>acyclovir</i>                                      | 1         |                       |
| <i>adefovir</i>                                       | 1         |                       |
| <i>amantadine hcl</i>                                 | 1         |                       |
| APRETUDE                                              | 4         |                       |
| APTIVUS                                               | 2         |                       |

| Drug Name                                                                           | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>atazanavir</i>                                                                   | 1         |                         |
| BARACLUDE                                                                           | 2         |                         |
| BEYFORTUS                                                                           | 6         | ACA                     |
| BIKTARVY                                                                            | 2         |                         |
| CABENUVA                                                                            | 4         | PA; QL (99 per 99 days) |
| CIMDUO                                                                              | 2         |                         |
| <i>darunavir</i>                                                                    | 1         |                         |
| DELSTRIGO                                                                           | 2         |                         |
| DESCOVY ORAL TABLET 120-15 MG                                                       | 2         |                         |
| DESCOVY ORAL TABLET 200-25 MG                                                       | 6         | ACA                     |
| DOVATO                                                                              | 2         |                         |
| EDURANT PED                                                                         | 2         |                         |
| <i>efavirenz</i>                                                                    | 1         |                         |
| <i>efavirenz-emtricitabin-tenofovir</i>                                             | 1         |                         |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                           | 1         |                         |
| <i>emtricitabine</i>                                                                | 1         |                         |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1         |                         |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 6         | ACA                     |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                      | 1         |                         |
| EMTRIVA                                                                             | 2         |                         |
| ENFLONSIA                                                                           | 6         | ACA                     |
| <i>entecavir</i>                                                                    | 1         |                         |

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

| Drug Name                    | Drug Tier | Requirements / Limits   |
|------------------------------|-----------|-------------------------|
| EPCLUSA                      | 2         | PA; QL (99 per 99 days) |
| <i>etravirine</i>            | 1         |                         |
| <i>famciclovir</i>           | 1         | QL (99 per 99 days)     |
| <i>fosamprenavir</i>         | 1         |                         |
| GENVOYA                      | 2         |                         |
| HARVONI                      | 2         | PA; QL (99 per 99 days) |
| IDVYNZO                      | 2         |                         |
| INTELENCE                    | 2         |                         |
| ISENTRESS                    | 2         |                         |
| ISENTRESS HD                 | 2         |                         |
| JULUCA                       | 2         |                         |
| LAGEVRIO (EUA)               | 2         | QL (99 per 99 days)     |
| <i>lamivudine</i>            | 1         |                         |
| <i>lamivudine-zidovudine</i> | 1         |                         |
| <i>lopinavir-ritonavir</i>   | 1         |                         |
| <i>maraviroc</i>             | 1         |                         |
| <i>nevirapine</i>            | 1         |                         |
| NORVIR                       | 2         |                         |
| ODEFSEY                      | 2         |                         |
| <i>oseltamivir</i>           | 1         | QL (99 per 99 days)     |
| PAXLOVID                     | 2         | QL (99 per 99 days)     |
| PIFELTRO                     | 2         |                         |
| PREVYMIS                     | 2         | QL (99 per 99 days)     |
| PREZCOBIX                    | 2         |                         |
| PREZISTA                     | 2         |                         |
| RELENZA DISKHALER            | 3         | QL (99 per 99 days)     |

| Drug Name                                   | Drug Tier | Requirements / Limits |
|---------------------------------------------|-----------|-----------------------|
| REYATAZ                                     | 2         |                       |
| <i>ribavirin inhalation</i>                 | 1         | PA                    |
| <i>ribavirin oral</i>                       | 4         | ST                    |
| <i>rilpivirine hcl</i>                      | 1         |                       |
| <i>rimantadine</i>                          | 1         |                       |
| <i>ritonavir</i>                            | 1         |                       |
| SELZENTRY                                   | 2         |                       |
| <i>tenofovir disoproxil fumarate</i>        | 1         |                       |
| TIVICAY                                     | 2         |                       |
| TIVICAY PD                                  | 2         |                       |
| TRIUMEQ                                     | 2         |                       |
| TRIUMEQ PD                                  | 2         |                       |
| TROGARZO                                    | 4         | PA                    |
| <i>valacyclovir</i>                         | 1         | QL (99 per 99 days)   |
| <i>valganciclovir</i>                       | 1         |                       |
| VEMLIDY                                     | 2         |                       |
| VIRACEPT                                    | 2         |                       |
| VIREAD                                      | 2         |                       |
| YEZTUGO                                     | 4         |                       |
| <i>zidovudine</i>                           | 1         |                       |
| <b>CEPHALOSPORINS</b>                       |           |                       |
| <i>cefaclor</i>                             | 1         |                       |
| <i>cefadroxil</i>                           | 1         |                       |
| <i>cefdinir</i>                             | 1         |                       |
| <i>cefixime</i>                             | 1         |                       |
| <i>cefpodoxime</i>                          | 1         |                       |
| <i>cefprozil</i>                            | 1         |                       |
| <i>cefuroxime axetil</i>                    | 1         |                       |
| <i>cephalexin</i>                           | 1         |                       |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b> |           |                       |

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

| Drug Name                           | Drug Tier | Requirements / Limits       |
|-------------------------------------|-----------|-----------------------------|
| <i>azithromycin</i>                 | 1         |                             |
| <i>clarithromycin</i>               | 1         |                             |
| <i>e.e.s. 400</i>                   | 1         |                             |
| <i>ery-tab</i>                      | 1         |                             |
| <i>erythrocin (as stearate)</i>     | 1         |                             |
| <i>erythromycin</i>                 | 1         |                             |
| <i>erythromycin ethylsuccinate</i>  | 1         |                             |
| <i>fidaxomicin</i>                  | 1         | QL (99 per 99 days)         |
| <b>MISCELLANEOUS ANTIINFECTIVES</b> |           |                             |
| <i>albendazole</i>                  | 1         | QL (99 per 99 days)         |
| ALINIA                              | 2         | QL (99 per 99 days)         |
| ARIKAYCE                            | 4         | PA; LA                      |
| <i>atovaquone</i>                   | 1         |                             |
| <i>atovaquone-proguanil</i>         | 1         | QL (99 per 99 days)         |
| BENZNIDAZOLE                        | 2         | QL (99 per 99 days)         |
| CAYSTON                             | 4         | PA; LA; QL (99 per 99 days) |
| <i>chloroquine phosphate</i>        | 1         |                             |
| <i>clindamycin hcl</i>              | 1         |                             |
| <i>clindamycin pediatric</i>        | 1         |                             |
| COARTEM                             | 2         | QL (99 per 99 days)         |
| <i>cycloserine</i>                  | 1         |                             |
| <i>dapsone</i>                      | 1         |                             |

| Drug Name                 | Drug Tier | Requirements / Limits   |
|---------------------------|-----------|-------------------------|
| EMVERM                    | 2         | QL (99 per 99 days)     |
| <i>ethambutol</i>         | 1         |                         |
| <i>hydroxychloroquine</i> | 1         |                         |
| IMPAVIDO                  | 2         | PA; QL (99 per 99 days) |
| <i>isoniazid</i>          | 1         |                         |
| <i>ivermectin</i>         | 1         | PA; QL (99 per 99 days) |
| KITABIS PAK               | 4         | PA; QL (99 per 99 days) |
| <i>linezolid</i>          | 1         | PA                      |
| <i>mefloquine</i>         | 1         | QL (99 per 99 days)     |
| <i>metronidazole</i>      | 1         |                         |
| <i>neomycin</i>           | 1         |                         |
| <i>nitazoxanide</i>       | 1         | QL (99 per 99 days)     |
| <i>pentamidine</i>        | 1         | QL (99 per 99 days)     |
| <i>praziquantel</i>       | 1         |                         |
| PRETOMANID                | 3         | PA                      |
| PRIFTIN                   | 2         |                         |
| <i>primaquine</i>         | 1         | QL (99 per 99 days)     |
| <i>pyrazinamide</i>       | 1         |                         |
| <i>pyrimethamine</i>      | 1         | PA                      |
| <i>quinine sulfate</i>    | 1         | QL (99 per 99 days)     |
| <i>rifabutin</i>          | 1         |                         |
| <i>rifampin</i>           | 1         |                         |
| SIRTURO                   | 2         | PA; LA                  |
| <i>tinidazole</i>         | 1         | QL (99 per 99 days)     |

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

| Drug Name                         | Drug Tier | Requirements / Limits   |
|-----------------------------------|-----------|-------------------------|
| <i>tobramycin</i>                 | 4         | PA; QL (99 per 99 days) |
| <i>tobramycin in 0.225 % nacl</i> | 4         | PA; QL (99 per 99 days) |
| XIFAXAN                           | 2         | PA; QL (99 per 99 days) |

### PENICILLINS

|                                    |   |  |
|------------------------------------|---|--|
| <i>amoxicillin</i>                 | 1 |  |
| <i>amoxicillin-pot clavulanate</i> | 1 |  |
| <i>ampicillin</i>                  | 1 |  |
| AUGMENTIN                          | 2 |  |
| <i>dicloxacillin</i>               | 1 |  |
| <i>penicillin v potassium</i>      | 1 |  |

### QUINOLONES

|                          |   |  |
|--------------------------|---|--|
| <i>ciprofloxacin</i>     | 1 |  |
| <i>ciprofloxacin hcl</i> | 1 |  |
| <i>levofloxacin</i>      | 1 |  |
| <i>moxifloxacin</i>      | 1 |  |
| <i>ofloxacin</i>         | 1 |  |

### SULFA'S & RELATED AGENTS

|                                      |   |  |
|--------------------------------------|---|--|
| <i>sulfadiazine</i>                  | 1 |  |
| <i>sulfamethoxazole-trimethoprim</i> | 1 |  |
| <i>sulfatrim</i>                     | 1 |  |

### TETRACYCLINES

|                                                      |   |  |
|------------------------------------------------------|---|--|
| <i>avidoxy</i>                                       | 1 |  |
| <i>demeclocycline</i>                                | 1 |  |
| <i>doxycycline hyclate oral capsule</i>              | 1 |  |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 |  |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>           | 1         | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>       | 1         | ST                    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>             | 1         |                       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>             | 1         | ST                    |
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i> | 1         | ST                    |
| <i>doxycycline monohydrate oral suspension for reconstitution</i>     | 1         |                       |
| <i>doxycycline monohydrate oral tablet</i>                            | 1         |                       |
| <i>minocycline oral capsule</i>                                       | 1         |                       |
| <i>minocycline oral tablet</i>                                        | 1         | ST                    |
| <i>minocycline oral tablet extended release 24 hr</i>                 | 1         | ST                    |
| <i>monodoxyne nl oral capsule 100 mg</i>                              | 1         |                       |
| <i>monodoxyne nl oral capsule 75 mg</i>                               | 1         | ST                    |
| <i>tetracycline oral capsule</i>                                      | 1         |                       |
| <i>tetracycline oral tablet</i>                                       | 1         | ST                    |

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

| Drug Name                                           | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------|-----------|-------------------------|
| <b>URINARY TRACT AGENTS</b>                         |           |                         |
| <i>methenamine hippurate</i>                        | 1         |                         |
| <i>methenamine mandelate</i>                        | 1         |                         |
| <i>nitrofurantoin</i>                               | 1         |                         |
| <i>nitrofurantoin macrocrystal</i>                  | 1         |                         |
| <i>nitrofurantoin monohyd/m-cryst</i>               | 1         |                         |
| <i>trimethoprim</i>                                 | 1         |                         |
| <b>VANCOMYCIN</b>                                   |           |                         |
| <i>vancomycin oral capsule</i>                      | 1         | PA; QL (99 per 99 days) |
| <i>vancomycin oral recon soln</i>                   | 1         | QL (99 per 99 days)     |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |           |                         |
| <b>ADJUNCTIVE AGENTS</b>                            |           |                         |
| BILPREVDA                                           | 4         | PA; QL (99 per 99 days) |
| KEPIVANCE                                           | 4         | PA                      |
| <i>leucovorin calcium</i>                           | 1         |                         |
| VISTOGARD                                           | 4         | PA; QL (99 per 99 days) |
| XTRENBO                                             | 4         | PA; QL (99 per 99 days) |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |           |                         |
| <i>abiraterone</i>                                  | 4         | PA; QL (99 per 99 days) |
| <i>abirtega</i>                                     | 4         | PA; QL (99 per 99 days) |
| ADAKVEO                                             | 4         | PA                      |

| Drug Name                                     | Drug Tier | Requirements / Limits   |
|-----------------------------------------------|-----------|-------------------------|
| ADCETRIS                                      | 4         | PA                      |
| ALECENSA                                      | 4         | PA; QL (99 per 99 days) |
| ALUNBRIG                                      | 4         | PA; QL (99 per 99 days) |
| AMTAGVI                                       | 4         | PA                      |
| <i>anastrozole</i>                            | 1         |                         |
| AVMAPKI-FAKZYNJA                              | 4         | PA                      |
| <i>azacitidine</i>                            | 4         | PA                      |
| <i>azathioprine</i>                           | 1         |                         |
| BALVERSA                                      | 4         | PA; LA                  |
| BAVENCIO                                      | 4         | PA; LA                  |
| <i>bendamustine</i>                           | 4         | PA                      |
| BENDEKA                                       | 4         | PA                      |
| BESPO NSA                                     | 4         | PA                      |
| <i>bevacizumab</i>                            | 1         |                         |
| <i>bexarotene</i>                             | 4         | PA                      |
| <i>bicalutamide</i>                           | 1         |                         |
| BIZENGRI                                      | 4         | PA                      |
| BLINCYTO                                      | 4         | PA                      |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG  | 4         | PA                      |
| <i>bortezomib injection recon soln 3.5 mg</i> | 4         | PA                      |
| BORTEZOMIB INTRAVENOUS                        | 4         | PA                      |
| BOSULIF                                       | 4         | PA; QL (99 per 99 days) |
| <i>bosutinib</i>                              | 4         | PA; QL (99 per 99 days) |
| BRUKINSA                                      | 4         | PA; LA                  |

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

| Drug Name                     | Drug Tier | Requirements / Limits       |
|-------------------------------|-----------|-----------------------------|
| CABOMETYX                     | 4         | PA; LA; QL (99 per 99 days) |
| CALQUENCE (ACALABRUTINIB MAL) | 4         | PA; LA; QL (99 per 99 days) |
| <i>capecitabine</i>           | 4         | PA; QL (99 per 99 days)     |
| CAPRELSA                      | 4         | PA; LA; QL (99 per 99 days) |
| CARVYKTI                      | 4         | PA                          |
| COMETRIQ                      | 4         | PA; QL (99 per 99 days)     |
| COTELLIC                      | 4         | PA; LA; QL (99 per 99 days) |
| <i>cyclophosphamide</i>       | 1         |                             |
| <i>cyclosporine</i>           | 1         |                             |
| <i>cyclosporine modified</i>  | 1         |                             |
| CYRAMZA                       | 4         | PA                          |
| DANZITEN                      | 4         | PA                          |
| DARZALEX                      | 4         | PA; LA                      |
| <i>dasatinib</i>              | 4         | PA; QL (99 per 99 days)     |
| <i>decitabine</i>             | 4         | PA                          |
| DROXIA                        | 2         |                             |
| ELIGARD                       | 4         | PA                          |
| ELIGARD (3 MONTH)             | 4         | PA                          |
| ELIGARD (4 MONTH)             | 4         | PA                          |
| ELIGARD (6 MONTH)             | 4         | PA                          |
| ELZONRIS                      | 4         | PA                          |
| ENSACOVE                      | 4         | PA; LA                      |

| Drug Name                             | Drug Tier | Requirements / Limits       |
|---------------------------------------|-----------|-----------------------------|
| ENSPRYNG                              | 4         | PA                          |
| ERBITUX                               | 4         | PA                          |
| <i>eribulin</i>                       | 4         | PA                          |
| ERIVEDGE                              | 4         | PA; QL (99 per 99 days)     |
| ERLEADA                               | 4         | PA; QL (99 per 99 days)     |
| <i>erlotinib</i>                      | 4         | PA; QL (99 per 99 days)     |
| <i>etoposide</i>                      | 1         |                             |
| <i>everolimus (antineoplastic)</i>    | 4         | PA; QL (99 per 99 days)     |
| <i>everolimus (immunosuppressive)</i> | 1         |                             |
| <i>exemestane</i>                     | 1         |                             |
| FENSOLVI                              | 4         | PA                          |
| <i>fludarabine</i>                    | 1         |                             |
| FOLOTYN                               | 4         | PA                          |
| GAMIFANT                              | 4         | PA                          |
| GAVRETO                               | 4         | PA; LA; QL (99 per 99 days) |
| GAZYVA                                | 4         | PA                          |
| <i>gefitinib</i>                      | 4         | PA; QL (99 per 99 days)     |
| <i>gengraf</i>                        | 1         |                             |
| GILOTRIF                              | 4         | PA; QL (99 per 99 days)     |
| GOMEKLI                               | 4         | PA                          |
| HERCESSI                              | 4         | PA                          |
| HYCAMTIN                              | 4         | PA                          |
| <i>hydroxyurea</i>                    | 1         |                             |
| ICLUSIG                               | 4         | PA; QL (99 per 99 days)     |

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

| Drug Name           | Drug Tier | Requirements / Limits       |
|---------------------|-----------|-----------------------------|
| IDHIFA              | 4         | PA; LA; QL (99 per 99 days) |
| <i>imatinib</i>     | 4         | PA; QL (99 per 99 days)     |
| IMBRUVICA           | 4         | ST; QL (99 per 99 days)     |
| IMFINZI             | 4         | PA; LA                      |
| IMKELDI             | 4         | PA                          |
| INLURIYO            | 4         | PA                          |
| INLYTA              | 4         | PA; QL (99 per 99 days)     |
| ISTODAX             | 4         | PA                          |
| IWILFIN             | 4         | PA; LA                      |
| IXEMPRA             | 4         | PA                          |
| JAKAFI              | 4         | ST; QL (99 per 99 days)     |
| JAKAFI XR           | 4         | ST                          |
| KADCYLA             | 4         | PA                          |
| KEYTRUDA            | 4         | PA                          |
| KEYTRUDA QLEX       | 4         | PA                          |
| KIMMTRAK            | 4         | PA                          |
| KISQALI             | 4         | PA; QL (99 per 99 days)     |
| KOMZIFTI            | 4         | PA                          |
| KYMRIAH             | 4         | PA                          |
| KYPROLIS            | 4         | PA                          |
| <i>lanreotide</i>   | 4         | PA; QL (99 per 99 days)     |
| <i>lapatinib</i>    | 4         | PA; QL (99 per 99 days)     |
| <i>lenalidomide</i> | 4         | PA; QL (99 per 99 days)     |
| LENVIMA             | 4         | PA; QL (99 per 99 days)     |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>letrozole</i>                      | 1         |                         |
| LEUKERAN                              | 2         |                         |
| <i>leuprolide</i>                     | 4         | PA                      |
| LIBTAYO                               | 4         | PA                      |
| <i>lomustine</i>                      | 1         |                         |
| LONSURF                               | 4         | PA                      |
| LOQTORZI                              | 4         | PA                      |
| LORBRENA                              | 4         | PA; QL (99 per 99 days) |
| LUNSUMIO                              | 4         | PA                      |
| LUPKYNIS                              | 4         | PA; QL (99 per 99 days) |
| LUPRON DEPOT                          | 4         | PA                      |
| LUPRON DEPOT (3 MONTH)                | 4         | PA                      |
| LYNPARZA                              | 4         | PA; QL (99 per 99 days) |
| LYSODREN                              | 4         |                         |
| LYTGOBI                               | 4         | PA; LA                  |
| MATULANE                              | 4         | PA                      |
| <i>megestrol</i>                      | 1         |                         |
| MEKINIST                              | 4         | PA; QL (99 per 99 days) |
| <i>mercaptopurine oral suspension</i> | 4         | ST                      |
| <i>mercaptopurine oral tablet</i>     | 1         |                         |
| <i>methotrexate sodium</i>            | 1         |                         |
| <i>methotrexate sodium (pf)</i>       | 1         |                         |
| <i>mitoxantrone</i>                   | 4         | PA                      |
| MODEYSO                               | 4         | PA                      |
| <i>mycophenolate mofetil</i>          | 1         |                         |

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

| Drug Name                           | Drug Tier | Requirements / Limits       |
|-------------------------------------|-----------|-----------------------------|
| <i>mycophenolate sodium</i>         | 1         |                             |
| MYHIBBIN                            | 2         |                             |
| MYLERAN                             | 2         |                             |
| MYLOTARG                            | 4         | PA; LA                      |
| <i>nelarabine</i>                   | 4         | PA                          |
| NEMLUVIO                            | 4         | PA                          |
| NERLYNX                             | 4         | PA; LA                      |
| <i>nilotinib hcl</i>                | 4         | PA; QL (99 per 99 days)     |
| <i>nilutamide</i>                   | 1         | PA                          |
| NINLARO                             | 4         | PA; QL (99 per 99 days)     |
| NUBEQA                              | 4         | PA; LA; QL (99 per 99 days) |
| <i>octreotide acetate</i>           | 4         | PA                          |
| <i>octreotide,microspheres</i>      | 4         | PA; QL (99 per 99 days)     |
| ODOMZO                              | 4         | PA; LA; QL (99 per 99 days) |
| OGIVRI                              | 4         | PA                          |
| OJEMDA                              | 4         | PA                          |
| ONIVYDE                             | 4         | PA                          |
| OPDIVO                              | 4         | PA                          |
| OPDIVO QVANTIG                      | 4         | PA                          |
| OPDUALAG                            | 4         | PA                          |
| ORSERDU                             | 4         | PA; QL (99 per 99 days)     |
| <i>paclitaxel protein-bound</i>     | 4         | PA                          |
| <i>pazopanib oral tablet 200 mg</i> | 4         | PA; QL (99 per 99 days)     |

| Drug Name                    | Drug Tier | Requirements / Limits       |
|------------------------------|-----------|-----------------------------|
| PAZOPANIB ORAL TABLET 400 MG | 4         | QL (99 per 99 days)         |
| PEMAZYRE                     | 4         | PA; LA; QL (99 per 99 days) |
| PERJETA                      | 4         | PA                          |
| PHESGO                       | 4         | PA                          |
| PIQRAY                       | 4         | PA                          |
| <i>pomalidomide</i>          | 4         | PA                          |
| POTELIGEO                    | 4         | PA                          |
| <i>pralatrexate</i>          | 4         | PA                          |
| PROGRAF                      | 2         |                             |
| PURIXAN                      | 4         | ST                          |
| REVUFORJ                     | 4         | PA                          |
| <i>romidepsin</i>            | 4         | PA                          |
| ROZLYTREK                    | 4         | PA; LA; QL (99 per 99 days) |
| RUXIENCE                     | 4         | PA                          |
| RYDAPT                       | 4         | PA; QL (99 per 99 days)     |
| SAPHNELO                     | 4         | PA                          |
| SAPHNELO PEN                 | 4         | PA; LA                      |
| SCSEMBLIX                    | 4         | PA; QL (99 per 99 days)     |
| SIGNIFOR                     | 4         | PA                          |
| <i>sirolimus</i>             | 1         |                             |
| SOLTAMOX                     | 3         |                             |
| SOMATULINE DEPOT             | 4         | PA; QL (99 per 99 days)     |
| <i>sorafenib</i>             | 4         | PA; QL (99 per 99 days)     |
| STIVARGA                     | 4         | PA; QL (99 per 99 days)     |

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

| Drug Name                         | Drug Tier | Requirements / Limits       |
|-----------------------------------|-----------|-----------------------------|
| <i>sunitinib malate</i>           | 4         | PA; QL (99 per 99 days)     |
| SYLVANT                           | 4         | PA                          |
| TABRECTA                          | 4         | PA                          |
| <i>tacrolimus</i>                 | 1         |                             |
| TAFINLAR                          | 4         | PA; QL (99 per 99 days)     |
| TAGRISSE                          | 4         | PA; LA; QL (99 per 99 days) |
| TALZENNA                          | 4         | PA; QL (99 per 99 days)     |
| <i>tamoxifen</i>                  | 1         |                             |
| TECELRA                           | 4         | PA                          |
| TECENTRIQ                         | 4         | PA; LA                      |
| TECENTRIQ HYBREZA                 | 4         | PA                          |
| TEMODAR                           | 4         | PA                          |
| <i>temozolomide</i>               | 4         | PA                          |
| <i>temsirolimus</i>               | 4         | PA                          |
| TEVIMBRA                          | 4         | PA                          |
| THALOMID                          | 4         | PA; QL (99 per 99 days)     |
| TIBSOVO                           | 4         | PA                          |
| <i>topotecan</i>                  | 4         | PA                          |
| <i>toremifene</i>                 | 1         |                             |
| <i>torpenz</i>                    | 4         | PA; QL (99 per 99 days)     |
| <i>tretinoin (antineoplastic)</i> | 1         |                             |
| TRIPTODUR                         | 4         | PA                          |
| UNITUXIN                          | 4         | PA                          |
| <i>valrubicin</i>                 | 4         | PA                          |
| VECTIBIX                          | 4         | PA                          |

| Drug Name               | Drug Tier | Requirements / Limits       |
|-------------------------|-----------|-----------------------------|
| VENCLEXTA               | 4         | PA; LA; QL (99 per 99 days) |
| VENCLEXTA STARTING PACK | 4         | PA; QL (99 per 99 days)     |
| VERZENIO                | 4         | PA; LA; QL (99 per 99 days) |
| VIJOICE                 | 4         | PA; QL (99 per 99 days)     |
| VITRAKVI                | 4         | PA; LA; QL (99 per 99 days) |
| VONJO                   | 4         | PA; QL (99 per 99 days)     |
| VYLOY                   | 4         | PA                          |
| VYXEOS                  | 4         | PA                          |
| XALKORI                 | 4         | PA; QL (99 per 99 days)     |
| XERMELO                 | 4         | PA; LA; QL (99 per 99 days) |
| XOSPATA                 | 4         | PA; LA; QL (99 per 99 days) |
| XTANDI                  | 4         | PA; QL (99 per 99 days)     |
| YERVOY                  | 4         | PA                          |
| YESCARTA                | 4         | PA                          |
| YONDELIS                | 4         | PA                          |
| <i>yulithira</i>        | 1         | PA; QL (99 per 99 days)     |
| ZEJULA                  | 4         | PA; LA; QL (99 per 99 days) |
| ZELBORAF                | 4         | PA; QL (99 per 99 days)     |
| ZIRABEV                 | 4         | PA                          |

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

| Drug Name | Drug Tier | Requirements / Limits   |
|-----------|-----------|-------------------------|
| ZOLADEX   | 4         | PA                      |
| ZOLINZA   | 4         | PA; QL (99 per 99 days) |
| ZYDELIG   | 4         | PA; QL (99 per 99 days) |
| ZYKADIA   | 4         | PA; QL (99 per 99 days) |
| ZYNYZ     | 4         | PA                      |

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

|                                                         |   |        |
|---------------------------------------------------------|---|--------|
| <i>brivaracetam</i>                                     | 1 |        |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>  | 1 |        |
| <i>carbamazepine oral suspension</i>                    | 1 |        |
| <i>carbamazepine oral tablet</i>                        | 1 |        |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 1 |        |
| <i>carbamazepine oral tablet, chewable 100 mg</i>       | 1 |        |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG              | 3 |        |
| <i>clobazam</i>                                         | 1 | PA     |
| <i>clonazepam</i>                                       | 1 |        |
| DIACOMIT                                                | 4 | PA     |
| <i>diazepam</i>                                         | 1 |        |
| DILANTIN                                                | 2 |        |
| <i>divalproex</i>                                       | 1 |        |
| EPIDIOLEX                                               | 4 | PA; LA |

| Drug Name                                            | Drug Tier | Requirements / Limits   |
|------------------------------------------------------|-----------|-------------------------|
| EQUETRO                                              | 3         |                         |
| <i>eslicarbazepine</i>                               | 1         |                         |
| <i>ethosuximide</i>                                  | 1         |                         |
| <i>felbamate</i>                                     | 1         |                         |
| <i>gabapentin oral capsule</i>                       | 1         |                         |
| <i>gabapentin oral solution</i>                      | 1         |                         |
| <i>gabapentin oral tablet</i>                        | 1         |                         |
| <i>gabapentin oral tablet extended release 24 hr</i> | 1         | ST                      |
| <i>lacosamide</i>                                    | 1         |                         |
| LAMICTAL XR STARTER (BLUE)                           | 3         |                         |
| LAMICTAL XR STARTER (GREEN)                          | 3         |                         |
| LAMICTAL XR STARTER (ORANGE)                         | 3         |                         |
| <i>lamotrigine</i>                                   | 1         |                         |
| <i>levetiracetam</i>                                 | 1         |                         |
| <i>methsuximide</i>                                  | 1         |                         |
| NAYZILAM                                             | 2         | PA; QL (99 per 99 days) |
| <i>oxcarbazepine</i>                                 | 1         |                         |
| <i>perampanel</i>                                    | 1         |                         |
| <i>phenobarbital</i>                                 | 1         |                         |
| <i>phenytoin</i>                                     | 1         |                         |
| <i>phenytoin sodium extended</i>                     | 1         |                         |
| <i>pregabalin oral capsule</i>                       | 1         |                         |

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

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>pregabalin oral solution</i>                       | 1         |                       |
| <i>pregabalin oral tablet extended release 24 hr</i>  | 1         | PA                    |
| <i>primidone</i>                                      | 1         |                       |
| <i>relgaabi</i>                                       | 1         |                       |
| <i>roweepra</i>                                       | 1         |                       |
| <i>rufinamide</i>                                     | 1         | PA                    |
| SUBVENITE ORAL SUSPENSION                             | 3         |                       |
| <i>subvenite oral tablet</i>                          | 1         |                       |
| <i>subvenite starter (blue) kit</i>                   | 1         |                       |
| <i>subvenite starter (green) kit</i>                  | 1         |                       |
| <i>subvenite starter (orange) kit</i>                 | 1         |                       |
| <i>tiagabine</i>                                      | 1         |                       |
| <i>topiramate oral capsule, sprinkle</i>              | 1         |                       |
| <i>topiramate oral capsule, extended release 24hr</i> | 1         | ST                    |
| <i>topiramate oral capsule, sprinkle, er 24hr</i>     | 1         | ST                    |
| <i>topiramate oral solution</i>                       | 1         |                       |
| <i>topiramate oral tablet</i>                         | 1         |                       |
| <i>valproic acid</i>                                  | 1         |                       |
| <i>valproic acid (as sodium salt)</i>                 | 1         |                       |

| Drug Name                                      | Drug Tier | Requirements / Limits       |
|------------------------------------------------|-----------|-----------------------------|
| <i>vigabatrin</i>                              | 4         | PA; LA; QL (99 per 99 days) |
| <i>vigadrone</i>                               | 4         | PA; QL (99 per 99 days)     |
| <i>zonisamide</i>                              | 1         |                             |
| ZTALMY                                         | 4         | PA; LA                      |
| <b>ANTIPARKINSONISM AGENTS</b>                 |           |                             |
| <i>apomorphine</i>                             | 4         | PA; QL (99 per 99 days)     |
| <i>benztropine</i>                             | 1         |                             |
| <i>bromocriptine</i>                           | 1         |                             |
| <i>carbidopa</i>                               | 1         | PA                          |
| <i>carbidopa-levodopa</i>                      | 1         |                             |
| <i>carbidopa-levodopa-entacapone</i>           | 1         |                             |
| <i>entacapone</i>                              | 1         |                             |
| INBRIJA                                        | 4         | PA; QL (99 per 99 days)     |
| NEUPRO                                         | 3         |                             |
| <i>pramipexole</i>                             | 1         |                             |
| <i>rasagiline</i>                              | 1         |                             |
| <i>ropinirole</i>                              | 1         |                             |
| <i>selegiline hcl</i>                          | 1         |                             |
| <i>tolcapone</i>                               | 1         | PA                          |
| <i>trihexyphenidyl</i>                         | 1         |                             |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b> |           |                             |
| AJOVY AUTOINJECTOR                             | 2         | PA; QL (99 per 99 days)     |
| AJOVY SYRINGE                                  | 2         | PA; QL (99 per 99 days)     |
| <i>almotriptan malate</i>                      | 1         | ST; QL (99 per 99 days)     |

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

| Drug Name                                 | Drug Tier | Requirements / Limits   |
|-------------------------------------------|-----------|-------------------------|
| <i>dihydroergotamine injection</i>        | 1         | PA                      |
| <i>dihydroergotamine nasal</i>            | 1         | ST; QL (99 per 99 days) |
| <i>eletriptan</i>                         | 1         | QL (99 per 99 days)     |
| EMGALITY PEN                              | 2         | PA; QL (99 per 99 days) |
| EMGALITY SYRINGE                          | 2         | PA; QL (99 per 99 days) |
| ERGOMAR                                   | 3         |                         |
| <i>ergotamine-caffeine</i>                | 1         |                         |
| <i>frovatriptan</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>migergot</i>                           | 1         |                         |
| <i>naratriptan</i>                        | 1         | QL (99 per 99 days)     |
| <i>rizatriptan</i>                        | 1         | QL (99 per 99 days)     |
| <i>sumatriptan</i>                        | 1         | QL (99 per 99 days)     |
| <i>sumatriptan succinate</i>              | 1         | QL (99 per 99 days)     |
| <i>zolmitriptan nasal</i>                 | 1         | ST; QL (99 per 99 days) |
| <i>zolmitriptan oral</i>                  | 1         | QL (99 per 99 days)     |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b> |           |                         |
| <i>dalfampridine</i>                      | 4         | PA; QL (99 per 99 days) |
| <i>dichlorphenamide</i>                   | 4         | PA                      |
| <i>donepezil oral tablet 10 mg, 5 mg</i>  | 1         |                         |
| <i>donepezil oral tablet 23 mg</i>        | 1         | ST                      |

| Drug Name                                    | Drug Tier | Requirements / Limits       |
|----------------------------------------------|-----------|-----------------------------|
| <i>donepezil oral tablet, disintegrating</i> | 1         |                             |
| <i>edaravone</i>                             | 4         | PA                          |
| FIRDAPSE                                     | 4         | PA; LA                      |
| <i>galantamine</i>                           | 1         |                             |
| INGREZZA                                     | 4         | PA; LA; QL (99 per 99 days) |
| INGREZZA INITIATION PK(TARDIV)               | 4         | PA; QL (99 per 99 days)     |
| INGREZZA SPRINKLE                            | 4         | PA; LA; QL (99 per 99 days) |
| <i>memantine</i>                             | 1         |                             |
| <i>memantine-donepezil</i>                   | 1         | ST                          |
| NUEDEXTA                                     | 2         | PA                          |
| <i>ormalvi</i>                               | 4         | PA                          |
| RADICAVA                                     | 4         | PA                          |
| RADICAVA ORS STARTER KIT SUSP                | 4         | PA                          |
| <i>rivastigmine</i>                          | 1         |                             |
| <i>rivastigmine tartrate</i>                 | 1         |                             |
| SKYSONA                                      | 4         | PA                          |
| SPINRAZA (PF)                                | 4         | PA; QL (99 per 99 days)     |
| <i>tetrabenazine</i>                         | 4         | PA; QL (99 per 99 days)     |
| TYRUKO                                       | 4         | PA; QL (99 per 99 days)     |
| TYSABRI                                      | 4         | PA; LA; QL (99 per 99 days) |
| ZEPOSIA                                      | 4         | PA; QL (99 per 99 days)     |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------|-----------|-------------------------|
| ZEPOSIA STARTER KIT (28-DAY)                               | 4         | PA; QL (99 per 99 days) |
| ZEPOSIA STARTER PACK (7-DAY)                               | 4         | PA; QL (99 per 99 days) |
| ZOLGENSMA                                                  | 4         | PA                      |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>        |           |                         |
| <i>baclofen oral solution</i>                              | 1         | PA                      |
| <i>baclofen oral suspension</i>                            | 1         |                         |
| <i>baclofen oral tablet</i>                                | 1         |                         |
| <i>carisoprodol</i>                                        | 1         |                         |
| <i>chlorzoxazone</i>                                       | 1         |                         |
| <i>cyclobenzaprine oral capsule, extended release 24hr</i> | 1         | PA                      |
| <i>cyclobenzaprine oral tablet</i>                         | 1         |                         |
| <i>dantrolene</i>                                          | 1         |                         |
| <i>meprobamate</i>                                         | 1         |                         |
| <i>metaxalone</i>                                          | 1         |                         |
| <i>methocarbamol</i>                                       | 1         |                         |
| <i>orphenadrine citrate</i>                                | 1         |                         |
| <i>orphenadrine-asa-caffeine</i>                           | 1         |                         |
| <i>pyridostigmine bromide</i>                              | 1         |                         |
| <i>tanlor</i>                                              | 1         |                         |
| <i>tizanidine</i>                                          | 1         |                         |
| <b>NARCOTIC ANALGESICS</b>                                 |           |                         |
| <i>acetaminophen-caff-dihydrocod</i>                       | 1         | ST; QL (99 per 99 days) |

| Drug Name                                   | Drug Tier | Requirements / Limits   |
|---------------------------------------------|-----------|-------------------------|
| <i>acetaminophen-codeine</i>                | 1         | ST; QL (99 per 99 days) |
| <i>ascomp with codeine</i>                  | 1         |                         |
| BRIXADI                                     | 4         |                         |
| <i>buprenorphine</i>                        | 1         | ST                      |
| <i>buprenorphine hcl injection solution</i> | 1         |                         |
| <i>buprenorphine hcl injection syringe</i>  | 1         | ST; QL (99 per 99 days) |
| <i>buprenorphine hcl sublingual</i>         | 1         |                         |
| <i>butalbital-acetaminop-caf-cod</i>        | 1         |                         |
| <i>butalbital-acetaminophen</i>             | 1         |                         |
| <i>butalbital-acetaminophen-caff</i>        | 1         |                         |
| <i>butalbital-aspirin-caffeine</i>          | 1         |                         |
| <i>codeine sulfate</i>                      | 1         | ST; QL (99 per 99 days) |
| <i>codeine-bitalbital-asa-caff</i>          | 1         |                         |
| <i>diskets</i>                              | 1         |                         |
| <i>endocet</i>                              | 1         | ST; QL (99 per 99 days) |
| <i>fentanyl</i>                             | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone bitartrate</i>               | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone-acetaminophen</i>            | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone-ibuprofen</i>                | 1         | ST; QL (99 per 99 days) |
| <i>hydromorphone</i>                        | 1         | ST; QL (99 per 99 days) |

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

| Drug Name                                         | Drug Tier | Requirements / Limits   |
|---------------------------------------------------|-----------|-------------------------|
| <i>levorphanol tartrate</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>methadone</i>                                  | 1         |                         |
| METHADONE IN 0.9 % SOD.CHLORID                    | 3         |                         |
| <i>methadose</i>                                  | 1         |                         |
| <i>morphine</i>                                   | 1         | ST; QL (99 per 99 days) |
| <i>morphine concentrate</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>oxycodone</i>                                  | 1         | ST; QL (99 per 99 days) |
| <i>oxycodone-acetaminophen</i>                    | 1         | ST; QL (99 per 99 days) |
| <i>oxymorphone</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>prolate</i>                                    | 1         | ST; QL (99 per 99 days) |
| SUBLOCADE                                         | 4         |                         |
| <i>tencon</i>                                     | 1         |                         |
| <b>NON-NARCOTIC ANALGESICS</b>                    |           |                         |
| <i>aspirin</i>                                    | 6         | ACA; OTC                |
| <i>aspirin childrens</i>                          | 6         | ACA; OTC                |
| <i>bayer low dose aspirin</i>                     | 6         | ACA; OTC                |
| <i>buprenorphine-naloxone</i>                     | 1         |                         |
| <i>butorphanol</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>celecoxib</i>                                  | 1         |                         |
| <i>diclofenac potassium oral capsule</i>          | 1         | ST                      |
| <i>diclofenac potassium oral powder in packet</i> | 1         | ST; QL (99 per 99 days) |

| Drug Name                                                      | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------|-----------|-------------------------|
| <i>diclofenac potassium oral tablet 25 mg</i>                  | 1         | ST                      |
| <i>diclofenac potassium oral tablet 50 mg</i>                  | 1         |                         |
| <i>diclofenac sodium oral</i>                                  | 1         |                         |
| <i>diclofenac sodium topical drops</i>                         | 1         | QL (99 per 99 days)     |
| <i>diclofenac sodium topical gel</i>                           | 1         | QL (99 per 99 days)     |
| <i>diclofenac sodium topical solution in metered-dose pump</i> | 1         | ST; QL (99 per 99 days) |
| <i>diclofenac-misoprostol</i>                                  | 1         |                         |
| <i>diflunisal</i>                                              | 1         |                         |
| <i>ecotrin low strength</i>                                    | 6         | ACA; OTC                |
| <i>etodolac</i>                                                | 1         |                         |
| <i>fenoprofen</i>                                              | 1         | ST                      |
| <i>flurbiprofen</i>                                            | 1         |                         |
| <i>ibu</i>                                                     | 1         |                         |
| <i>ibuprofen</i>                                               | 1         |                         |
| <i>indomethacin oral capsule</i>                               | 1         |                         |
| <i>indomethacin oral capsule, extended release</i>             | 1         |                         |
| <i>indomethacin oral suspension</i>                            | 1         | ST                      |
| <i>indomethacin rectal</i>                                     | 1         |                         |
| <i>ketoprofen oral capsule 25 mg</i>                           | 1         | ST                      |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                    | 1         |                         |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------|-----------|-------------------------|
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>      | 1         | ST                      |
| <i>ketorolac</i>                                            | 1         | QL (99 per 99 days)     |
| KLOXXADO                                                    | 3         |                         |
| <i>lofena</i>                                               | 1         | ST                      |
| <i>lofexidine</i>                                           | 1         |                         |
| LOTREXONE                                                   | 3         |                         |
| LUCEMYRA                                                    | 3         |                         |
| <i>lurbiro</i>                                              | 1         |                         |
| <i>meclofenamate</i>                                        | 1         |                         |
| <i>mefenamic acid</i>                                       | 1         |                         |
| <i>meloxicam</i>                                            | 1         | QL (99 per 99 days)     |
| <i>meloxicam submicronized</i>                              | 1         | ST; QL (99 per 99 days) |
| MONOVISC                                                    | 4         | PA                      |
| <i>nabumetone</i>                                           | 1         |                         |
| NALMEFENE                                                   | 3         |                         |
| <i>naloxone injection</i>                                   | 1         |                         |
| <i>naloxone nasal</i>                                       | 1         | OTC                     |
| NALTREX                                                     | 3         |                         |
| <i>naltrexone</i>                                           | 1         |                         |
| <i>naproxen oral suspension</i>                             | 1         | ST                      |
| <i>naproxen oral tablet</i>                                 | 1         |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1         |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1         | ST                      |

| Drug Name                                               | Drug Tier | Requirements / Limits   |
|---------------------------------------------------------|-----------|-------------------------|
| <i>naproxen sodium oral tablet</i>                      | 1         |                         |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i> | 1         | ST                      |
| NARCAN                                                  | 3         | OTC                     |
| NUCYNTA ER                                              | 3         | ST; QL (99 per 99 days) |
| ORTHOVISC                                               | 4         | PA                      |
| <i>oxaprozin</i>                                        | 1         |                         |
| <i>piroxicam</i>                                        | 1         |                         |
| REXTOVY                                                 | 3         |                         |
| <i>salsalate</i>                                        | 1         |                         |
| <i>st joseph aspirin</i>                                | 6         | ACA; OTC                |
| SUBOXONE                                                | 3         |                         |
| <i>sulindac</i>                                         | 1         |                         |
| <i>tapentadol</i>                                       | 1         | ST; QL (99 per 99 days) |
| <i>tolectin ds</i>                                      | 1         | ST                      |
| <i>tolmetin oral capsule</i>                            | 1         | ST                      |
| <i>tolmetin oral tablet 200 mg</i>                      | 1         |                         |
| <i>tolmetin oral tablet 600 mg</i>                      | 1         | ST                      |
| <i>tramadol</i>                                         | 1         | ST; QL (99 per 99 days) |
| <i>tramadol-acetaminophen</i>                           | 1         | ST; QL (99 per 99 days) |
| VIVITROL                                                | 4         |                         |
| ZIMHI                                                   | 3         |                         |
| ZUBSOLV                                                 | 3         |                         |
| ZURNAI                                                  | 3         |                         |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                          |           |                         |
| ABILIFY                                                 | 3         |                         |
| ASIMTUFII                                               |           |                         |

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

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| ABILIFY MAINTENA                                | 3         |                       |
| <i>alprazolam</i>                               | 1         |                       |
| <i>alprazolam intensol</i>                      | 1         |                       |
| <i>amitriptyline</i>                            | 1         |                       |
| <i>amitriptyline-chlordiazepoxide</i>           | 1         |                       |
| <i>amoxapine</i>                                | 1         |                       |
| <i>amphetamine</i>                              | 1         |                       |
| <i>amphetamine sulfate</i>                      | 1         |                       |
| APLENZIN                                        | 3         |                       |
| <i>aripiprazole oral solution</i>               | 1         |                       |
| <i>aripiprazole oral tablet</i>                 | 1         | QL (99 per 99 days)   |
| <i>aripiprazole oral tablet, disintegrating</i> | 1         | QL (99 per 99 days)   |
| ARISTADA                                        | 3         |                       |
| ARISTADA INITIO                                 | 3         |                       |
| <i>armodafinil</i>                              | 1         | QL (99 per 99 days)   |
| ARYNTA                                          | 3         |                       |
| <i>asenapine maleate</i>                        | 1         | QL (99 per 99 days)   |
| <i>atomoxetine oral capsule</i>                 | 1         |                       |
| ATOMOXETINE ORAL SOLUTION                       | 3         |                       |
| ATONCY                                          | 3         |                       |
| AUVELITY                                        | 3         |                       |
| AZSTARYS                                        | 3         |                       |
| BELSOMRA                                        | 3         |                       |
| BUCAPSOL                                        | 3         |                       |
| <i>bupropion hcl oral tablet</i>                | 1         |                       |

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 1         | QL (99 per 99 days)   |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG                | 3         |                       |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>               | 1         | QL (99 per 99 days)   |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>         | 1         |                       |
| BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG                                  | 3         |                       |
| BYSANTI                                                                | 3         |                       |
| BYSANTI TITRATION PACK A                                               | 3         |                       |
| BYSANTI TITRATION PACK B                                               | 3         |                       |
| BYSANTI TITRATION PACK C                                               | 3         |                       |
| CAPLYTA                                                                | 3         |                       |
| <i>chlordiazepoxide hcl</i>                                            | 1         |                       |
| <i>chlorpromazine</i>                                                  | 1         |                       |
| <i>citalopram oral capsule</i>                                         | 1         |                       |
| <i>citalopram oral solution</i>                                        | 1         |                       |
| <i>citalopram oral tablet</i>                                          | 1         | QL (99 per 99 days)   |
| <i>clomipramine</i>                                                    | 1         |                       |
| <i>clonidine hcl</i>                                                   | 1         |                       |

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

| Drug Name                                                                         | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------------------|-----------|-------------------------|
| <i>clorazepate dipotassium</i>                                                    | 1         |                         |
| <i>clozapine</i>                                                                  | 1         |                         |
| COTEMPLA XR-ODT                                                                   | 3         |                         |
| DAYVIGO                                                                           | 3         |                         |
| <i>desipramine</i>                                                                | 1         |                         |
| DESVENLAFAXIN E                                                                   | 3         |                         |
| <i>desvenlafaxine succinate</i>                                                   | 1         | QL (99 per 99 days)     |
| <i>dexmethylphenidate</i>                                                         | 1         |                         |
| <i>dextroamphetamine sulfate</i>                                                  | 1         |                         |
| <i>dextroamphetamine-amphetamine</i>                                              | 1         |                         |
| <i>diazepam</i>                                                                   | 1         |                         |
| <i>diazepam intensol</i>                                                          | 1         |                         |
| DORAL                                                                             | 3         |                         |
| <i>doxepin oral capsule</i>                                                       | 1         |                         |
| <i>doxepin oral concentrate</i>                                                   | 1         |                         |
| <i>doxepin oral tablet</i>                                                        | 1         | ST; QL (99 per 99 days) |
| DRIZALMA SPRINKLE                                                                 | 3         |                         |
| DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 80 MG, 90 MG               | 3         |                         |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i> | 1         |                         |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| DYANA VEL XR                                           | 3         |                       |
| EDLUAR                                                 | 3         |                       |
| EMSAM                                                  | 3         |                       |
| <i>ergoloid</i>                                        | 1         |                       |
| ERZOFRI                                                | 3         |                       |
| ESCITALOPRAM OXALATE ORAL CAPSULE                      | 3         |                       |
| <i>escitalopram oxalate oral solution</i>              | 1         |                       |
| <i>escitalopram oxalate oral tablet</i>                | 1         | QL (99 per 99 days)   |
| <i>estazolam</i>                                       | 1         |                       |
| <i>eszopiclone</i>                                     | 1         | QL (99 per 99 days)   |
| EXXUA                                                  | 3         |                       |
| FANAPT                                                 | 3         |                       |
| FANAPT TITRATION PACK A                                | 3         |                       |
| FANAPT TITRATION PACK B                                | 3         |                       |
| FANAPT TITRATION PACK C                                | 3         |                       |
| FETZIMA                                                | 3         |                       |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>            | 1         | QL (99 per 99 days)   |
| <i>fluoxetine oral capsule 20 mg</i>                   | 1         |                       |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 1         | QL (99 per 99 days)   |
| <i>fluoxetine oral solution</i>                        | 1         |                       |

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

| Drug Name                                  | Drug Tier | Requirements / Limits |
|--------------------------------------------|-----------|-----------------------|
| <i>fluoxetine oral tablet 10 mg</i>        | 1         | QL (99 per 99 days)   |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i> | 1         |                       |
| <i>fluphenazine hcl</i>                    | 1         |                       |
| <i>flurazepam</i>                          | 1         |                       |
| <i>fluvoxamine</i>                         | 1         | QL (99 per 99 days)   |
| <i>guanfacine</i>                          | 1         |                       |
| <i>haloperidol</i>                         | 1         |                       |
| <i>haloperidol lactate</i>                 | 1         |                       |
| HETLIOZ LQ                                 | 3         | PA                    |
| IGALMI                                     | 3         |                       |
| <i>imipramine hcl</i>                      | 1         |                       |
| <i>imipramine pamoate</i>                  | 1         |                       |
| INVEGA HAFYERA                             | 3         |                       |
| INVEGA SUSTENNA                            | 3         |                       |
| INVEGA TRINZA                              | 3         |                       |
| JORNAY PM                                  | 3         |                       |
| <i>lisdexamfetamine</i>                    | 1         |                       |
| <i>lithium carbonate</i>                   | 1         |                       |
| <i>lithium citrate</i>                     | 1         |                       |
| <i>lorazepam</i>                           | 1         |                       |
| <i>lorazepam intensol</i>                  | 1         |                       |
| LOREEV XR                                  | 3         |                       |
| <i>loxapine succinate</i>                  | 1         |                       |
| LUMRYZ                                     | 4         |                       |
| LUMRYZ STARTER PACK                        | 4         |                       |
| <i>lurasidone</i>                          | 1         | QL (99 per 99 days)   |
| LYBALVI                                    | 3         |                       |

| Drug Name                                                                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|
| MARPLAN                                                                                        | 3         |                       |
| <i>methamphetamine</i>                                                                         | 1         |                       |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>                                 | 1         |                       |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>                                     | 1         |                       |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i>                                      | 1         |                       |
| <i>methylphenidate hcl oral solution</i>                                                       | 1         |                       |
| <i>methylphenidate hcl oral tablet</i>                                                         | 1         |                       |
| <i>methylphenidate hcl oral tablet extended release</i>                                        | 1         |                       |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i> | 1         |                       |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG                             | 3         |                       |
| <i>methylphenidate hcl oral tablet,chewable</i>                                                | 1         |                       |
| METHYLPHENIDATE ORAL                                                                           | 3         |                       |
| <i>methylphenidate transdermal</i>                                                             | 1         |                       |
| <i>midazolam</i>                                                                               | 1         |                       |
| <i>mirtazapine</i>                                                                             | 1         |                       |

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

| Drug Name                                                                  | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------|-----------|-----------------------|
| <i>modafinil</i>                                                           | 1         | QL (99 per 99 days)   |
| <i>molindone</i>                                                           | 1         |                       |
| <i>nortriptyline</i>                                                       | 1         |                       |
| NUPLAZID                                                                   | 3         |                       |
| <i>olanzapine</i>                                                          | 1         | QL (99 per 99 days)   |
| <i>olanzapine-fluoxetine</i>                                               | 1         |                       |
| ONYDA XR                                                                   | 3         |                       |
| OPIPZA                                                                     | 3         |                       |
| <i>oxazepam</i>                                                            | 1         |                       |
| <i>paliperidone</i>                                                        | 1         | QL (99 per 99 days)   |
| <i>paroxetine hcl oral suspension</i>                                      | 1         |                       |
| <i>paroxetine hcl oral tablet</i>                                          | 1         | QL (99 per 99 days)   |
| <i>paroxetine hcl oral tablet extended release 24 hr</i>                   | 1         | QL (99 per 99 days)   |
| <i>perphenazine</i>                                                        | 1         |                       |
| <i>perphenazine-amitriptyline</i>                                          | 1         |                       |
| PERSERIS                                                                   | 3         |                       |
| <i>phenelzine</i>                                                          | 1         |                       |
| <i>pimozide</i>                                                            | 1         |                       |
| <i>procentra</i>                                                           | 1         |                       |
| <i>protriptyline</i>                                                       | 1         |                       |
| QELBREE                                                                    | 3         |                       |
| QUAZEPAM                                                                   | 3         |                       |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 1         | QL (99 per 99 days)   |

| Drug Name                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------|-----------|-----------------------|
| QUETIAPINE ORAL TABLET 150 MG                        | 3         |                       |
| <i>quetiapine oral tablet extended release 24 hr</i> | 1         | QL (99 per 99 days)   |
| QUILLICHEW ER                                        | 3         |                       |
| QUILLIVANT XR                                        | 3         |                       |
| QUVIVIQ                                              | 3         |                       |
| RALDESY                                              | 3         |                       |
| <i>ramelteon</i>                                     | 1         | QL (99 per 99 days)   |
| RELEXXII                                             | 3         |                       |
| REXULTI                                              | 3         |                       |
| <i>risperidone microspheres</i>                      | 1         |                       |
| <i>risperidone oral solution</i>                     | 1         |                       |
| <i>risperidone oral tablet</i>                       | 1         | QL (99 per 99 days)   |
| <i>risperidone oral tablet, disintegrating</i>       | 1         | QL (99 per 99 days)   |
| RYKINDO                                              | 3         |                       |
| SECUADO                                              | 3         |                       |
| <i>sertraline oral capsule</i>                       | 1         |                       |
| <i>sertraline oral concentrate</i>                   | 1         |                       |
| <i>sertraline oral tablet</i>                        | 1         | QL (99 per 99 days)   |
| <i>sodium oxybate</i>                                | 4         | LA                    |
| SPRAVATO                                             | 3         |                       |
| SUNOSI                                               | 3         |                       |
| <i>temazepam</i>                                     | 1         |                       |
| <i>thioridazine</i>                                  | 1         |                       |
| <i>thiothixene</i>                                   | 1         |                       |

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

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| <i>tranylcypromine</i>                             | 1         |                       |
| <i>trazodone</i>                                   | 1         |                       |
| <i>triazolam</i>                                   | 1         |                       |
| <i>trifluoperazine</i>                             | 1         |                       |
| <i>trimipramine</i>                                | 1         |                       |
| TRINTELLIX                                         | 3         |                       |
| UZEDY                                              | 3         |                       |
| <i>venlafaxine</i>                                 | 1         | QL (99 per 99 days)   |
| VENLAFAXINE BESYLATE                               | 3         |                       |
| VERSACLOZ                                          | 3         |                       |
| <i>vilazodone</i>                                  | 1         | QL (99 per 99 days)   |
| VRAYLAR                                            | 3         |                       |
| WAKIX                                              | 3         | LA                    |
| XELSTRYM                                           | 3         |                       |
| XYWAV                                              | 4         | LA                    |
| <i>zaleplon</i>                                    | 1         | QL (99 per 99 days)   |
| <i>zenzedi</i>                                     | 1         |                       |
| <i>ziprasidone hcl</i>                             | 1         | QL (99 per 99 days)   |
| ZOLPIDEM ORAL CAPSULE                              | 3         |                       |
| <i>zolpidem oral tablet</i>                        | 1         | QL (99 per 99 days)   |
| <i>zolpidem oral tablet,ext release multiphase</i> | 1         | QL (99 per 99 days)   |
| <i>zolpidem sublingual</i>                         | 1         | QL (99 per 99 days)   |
| ZURZUVAE                                           | 4         | QL (99 per 99 days)   |
| ZYPREXA RELPREVV                                   | 3         |                       |

| Drug Name                                   | Drug Tier | Requirements / Limits   |
|---------------------------------------------|-----------|-------------------------|
| <b>AUTONOMIC &amp; CNS DRUGS, NEUROLOGY</b> |           |                         |
| <b>MULTIPLE SCLEROSIS AGENTS</b>            |           |                         |
| AVONEX                                      | 4         | PA; QL (99 per 99 days) |
| BETASERON                                   | 4         | PA; QL (99 per 99 days) |
| <i>cladribine(multiple sclerosis)</i>       | 4         | PA; QL (99 per 99 days) |
| <i>dimethyl fumarate</i>                    | 2         | PA; QL (99 per 99 days) |
| <i>fingolimod</i>                           | 4         | PA; QL (99 per 99 days) |
| <i>glatiramer</i>                           | 4         | PA; QL (99 per 99 days) |
| <i>glatopa</i>                              | 4         | PA; QL (99 per 99 days) |
| KESIMPTA PEN                                | 4         | PA; QL (99 per 99 days) |
| MAYZENT                                     | 4         | PA; QL (99 per 99 days) |
| MAYZENT STARTER(FOR 1MG MAINT)              | 4         | PA; QL (99 per 99 days) |
| MAYZENT STARTER(FOR 2MG MAINT)              | 4         | PA; QL (99 per 99 days) |
| OCREVUS                                     | 4         | PA; QL (99 per 99 days) |
| OCREVUS ZUNOVO                              | 4         | PA                      |
| PLEGRIDY                                    | 4         | PA; QL (99 per 99 days) |
| REBIF (WITH ALBUMIN)                        | 4         | PA; QL (99 per 99 days) |
| REBIF REBIDOSE                              | 4         | PA; QL (99 per 99 days) |

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

| Drug Name            | Drug Tier | Requirements / Limits   |
|----------------------|-----------|-------------------------|
| REBIF TITRATION PACK | 4         | PA; QL (99 per 99 days) |
| <i>teriflunomide</i> | 4         | PA; QL (99 per 99 days) |
| VUMERITY             | 4         | PA; QL (99 per 99 days) |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|                            |   |  |
|----------------------------|---|--|
| <i>amiodarone</i>          | 1 |  |
| <i>dofetilide</i>          | 1 |  |
| <i>flecainide</i>          | 1 |  |
| <i>mexiletine</i>          | 1 |  |
| <i>pacrone</i>             | 1 |  |
| <i>propafenone</i>         | 1 |  |
| <i>quinidine gluconate</i> | 1 |  |
| <i>quinidine sulfate</i>   | 1 |  |
| <i>sotalol</i>             | 1 |  |
| <i>sotalol af</i>          | 1 |  |
| SOTYLIZE                   | 2 |  |

### ANTIHYPERTENSIVE THERAPY

|                                      |   |  |
|--------------------------------------|---|--|
| <i>acebutolol</i>                    | 1 |  |
| <i>aliskiren</i>                     | 1 |  |
| <i>amiloride</i>                     | 1 |  |
| <i>amiloride-hydrochlorothiazide</i> | 1 |  |
| <i>amlodipine</i>                    | 1 |  |
| <i>amlodipine-benazepril</i>         | 1 |  |
| <i>amlodipine-olmesartan</i>         | 1 |  |
| <i>amlodipine-valsartan</i>          | 1 |  |

| Drug Name                              | Drug Tier | Requirements / Limits |
|----------------------------------------|-----------|-----------------------|
| <i>amlodipine-valsartan-hcthiiazid</i> | 1         |                       |
| <i>atenolol</i>                        | 1         |                       |
| <i>atenolol-chlorthalidone</i>         | 1         |                       |
| <i>azilsartan medoxomil</i>            | 1         | ST                    |
| <i>benazepril</i>                      | 1         |                       |
| <i>benazepril-hydrochlorothiazide</i>  | 1         |                       |
| <i>betaxolol</i>                       | 1         |                       |
| <i>bisoprolol fumarate</i>             | 1         |                       |
| <i>bisoprolol-hydrochlorothiazide</i>  | 1         |                       |
| <i>bumetanide</i>                      | 1         |                       |
| <i>candesartan</i>                     | 1         |                       |
| <i>candesartan-hydrochlorothiazid</i>  | 1         |                       |
| <i>captopril</i>                       | 1         |                       |
| <i>captopril-hydrochlorothiazide</i>   | 1         |                       |
| <i>cartia xt</i>                       | 1         |                       |
| <i>carvedilol</i>                      | 1         |                       |
| <i>carvedilol phosphate</i>            | 1         |                       |
| <i>chlorthalidone</i>                  | 1         |                       |
| <i>clonidine</i>                       | 1         | QL (99 per 99 days)   |
| <i>clonidine hcl</i>                   | 1         |                       |
| <i>diltiazem</i>                       | 1         |                       |
| <i>dilt-xr</i>                         | 1         |                       |
| <i>doxazosin</i>                       | 1         | QL (99 per 99 days)   |
| <i>enalapril maleate</i>               | 1         |                       |
| <i>enalapril-hydrochlorothiazide</i>   | 1         |                       |

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

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>eplerenone</i>                     | 1         |                         |
| <i>epoprostenol</i>                   | 4         | PA                      |
| <i>ethacrynic acid</i>                | 1         |                         |
| <i>felodipine</i>                     | 1         |                         |
| <i>fosinopril</i>                     | 1         |                         |
| <i>fosinopril-hydrochlorothiazide</i> | 1         |                         |
| <i>furosemide</i>                     | 1         |                         |
| <i>guanfacine</i>                     | 1         |                         |
| <i>hydralazine</i>                    | 1         |                         |
| <i>hydrochlorothiazide</i>            | 1         |                         |
| <i>indapamide</i>                     | 1         |                         |
| <i>irbesartan</i>                     | 1         |                         |
| <i>irbesartan-hydrochlorothiazide</i> | 1         |                         |
| <i>isosorbide-hydralazine</i>         | 1         |                         |
| <i>isradipine</i>                     | 1         |                         |
| KERENDIA ORAL TABLET 10 MG, 20 MG     | 2         | PA; QL (99 per 99 days) |
| KERENDIA ORAL TABLET 40 MG            | 2         | PA                      |
| <i>labetalol</i>                      | 1         |                         |
| <i>lisinopril</i>                     | 1         |                         |
| <i>lisinopril-hydrochlorothiazide</i> | 1         |                         |
| <i>losartan</i>                       | 1         |                         |
| <i>losartan-hydrochlorothiazide</i>   | 1         |                         |
| <i>matzim la</i>                      | 1         |                         |
| <i>methyldopa</i>                     | 1         |                         |
| <i>metolazone</i>                     | 1         |                         |
| <i>metoprolol succinate</i>           | 1         |                         |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>metoprolol ta-hydrochlorothiaz</i> | 1         |                         |
| <i>metoprolol tartrate</i>            | 1         |                         |
| <i>metyrosine</i>                     | 1         | PA                      |
| <i>minoxidil</i>                      | 1         |                         |
| <i>moexipril</i>                      | 1         |                         |
| <i>nadolol</i>                        | 1         |                         |
| <i>nebivolol</i>                      | 1         |                         |
| <i>nicardipine</i>                    | 1         |                         |
| <i>nifedipine</i>                     | 1         |                         |
| <i>nimodipine</i>                     | 1         |                         |
| <i>nisoldipine</i>                    | 1         |                         |
| <i>olmesartan</i>                     | 1         |                         |
| <i>olmesartan-amlodipin-hcthiacid</i> | 1         |                         |
| <i>olmesartan-hydrochlorothiazide</i> | 1         |                         |
| ORENITRAM                             | 4         | PA; QL (99 per 99 days) |
| <i>perindopril erbumine</i>           | 1         |                         |
| <i>phenoxybenzamine</i>               | 1         | PA                      |
| <i>pindolol</i>                       | 1         |                         |
| <i>prazosin</i>                       | 1         |                         |
| <i>propranolol</i>                    | 1         |                         |
| <i>quinapril</i>                      | 1         |                         |
| <i>quinapril-hydrochlorothiazide</i>  | 1         |                         |
| <i>ramipril</i>                       | 1         |                         |
| <i>spironolactone</i>                 | 1         |                         |
| <i>spironolacton-hydrochlorothiaz</i> | 1         |                         |
| <i>telmisartan</i>                    | 1         |                         |

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

| Drug Name                                             | Drug Tier | Requirements / Limits       |
|-------------------------------------------------------|-----------|-----------------------------|
| <i>telmisartan-hydrochlorothiazid</i>                 | 1         |                             |
| <i>terazosin</i>                                      | 1         | QL (99 per 99 days)         |
| <i>tiadylt er</i>                                     | 1         |                             |
| <i>timolol maleate</i>                                | 1         |                             |
| <i>torse mide</i>                                     | 1         |                             |
| <i>trandolapril</i>                                   | 1         |                             |
| <i>trandolapril-verapamil</i>                         | 1         |                             |
| <i>treprostinil sodium</i>                            | 4         | PA                          |
| <i>triamterene</i>                                    | 1         |                             |
| <i>triamterene-hydrochlorothiazid</i>                 | 1         |                             |
| UPTRAVI                                               | 4         | PA; LA; QL (99 per 99 days) |
| <i>valsartan</i>                                      | 1         |                             |
| <i>valsartan-hydrochlorothiazide</i>                  | 1         |                             |
| <i>veletri</i>                                        | 4         | PA                          |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>     | 1         | ST                          |
| <i>verapamil oral capsule, ext rel. pellets 24 hr</i> | 1         |                             |
| <i>verapamil oral tablet</i>                          | 1         |                             |
| <i>verapamil oral tablet extended release</i>         | 1         |                             |
| <b>CARDIAC GLYCOSIDES</b>                             |           |                             |
| <i>digoxin</i>                                        | 1         |                             |
| <b>COAGULATION THERAPY</b>                            |           |                             |
| ADVATE                                                | 4         | PA                          |
| ADYNOVATE                                             | 4         | PA                          |

| Drug Name                      | Drug Tier | Requirements / Limits       |
|--------------------------------|-----------|-----------------------------|
| AFSTYLA                        | 4         | PA                          |
| ALHEMO PEN                     | 4         | PA                          |
| ALPHANATE                      | 4         | PA                          |
| ALTUVIIIIO                     | 4         | PA                          |
| <i>aminocaproic acid</i>       | 1         |                             |
| <i>aspirin-dipyridamole</i>    | 1         |                             |
| BENEFIX                        | 4         | PA                          |
| CABLIVI                        | 4         | PA; LA                      |
| CEPROTIN (BLUE BAR)            | 4         | PA                          |
| CEPROTIN (GREEN BAR)           | 4         | PA                          |
| <i>cilostazol</i>              | 1         |                             |
| <i>clopidogrel</i>             | 1         |                             |
| COAGADEX                       | 4         | PA                          |
| CORIFACT                       | 4         | PA                          |
| <i>dabigatran etexilate</i>    | 1         |                             |
| <i>dipyridamole</i>            | 1         |                             |
| DOPTelet (15 TAB PACK)         | 4         | PA; LA; QL (99 per 99 days) |
| DOPTelet SPRINKLE              | 4         | PA; QL (99 per 99 days)     |
| ELIQUIS                        | 2         |                             |
| ELIQUIS DVT-PE TREAT 30D START | 2         |                             |
| ELIQUIS SPRINKLE               | 2         |                             |
| ELOCTATE                       | 4         | PA                          |
| <i>eltrombopag olamine</i>     | 4         | PA                          |
| <i>enoxaparin</i>              | 4         |                             |
| ESPEROCT                       | 4         | PA                          |
| FEIBA NF                       | 4         | PA                          |

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

| Drug Name                              | Drug Tier | Requirements / Limits |
|----------------------------------------|-----------|-----------------------|
| FESILTY                                | 4         | PA                    |
| FIBRYGA                                | 4         | PA                    |
| <i>fondaparinux</i>                    | 4         |                       |
| HEMGENIX                               | 4         | PA                    |
| HEMLIBRA                               | 4         | PA                    |
| HEMOFIL M HIGH                         | 4         | PA                    |
| HEMOFIL M LOW                          | 4         | PA                    |
| HEMOFIL M MID                          | 4         | PA                    |
| HEMOFIL M SUPER HIGH                   | 4         | PA                    |
| <i>hep flush-10 (pf)</i>               | 1         |                       |
| <i>heparin (porcine)</i>               | 1         |                       |
| <i>heparin (porcine) in 0.9% nacl</i>  | 1         |                       |
| <i>heparin (porcine) in 5 % dex</i>    | 1         |                       |
| <i>heparin (porcine) in nacl (pf)</i>  | 1         |                       |
| <i>heparin lock flush (porcine)</i>    | 1         |                       |
| <i>heparin lockflush(porcine)(pf )</i> | 1         |                       |
| <i>heparin(porcine) in 0.45% nacl</i>  | 1         |                       |
| <i>heparin, porcine (pf)</i>           | 1         |                       |
| HUMATE-P                               | 4         | PA                    |
| HYMPAVZI PEN                           | 4         | PA                    |
| IDELVION                               | 4         | PA                    |
| JIVI                                   | 4         | PA                    |
| KOVALTRY                               | 4         | PA                    |
| NOVOEIGHT                              | 4         | PA                    |
| NPLATE                                 | 4         | PA                    |
| OBIZUR                                 | 4         | PA                    |

| Drug Name                                           | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------|-----------|-----------------------------|
| <i>pentoxifylline</i>                               | 1         |                             |
| <i>phytonadione (vitamin k1) injection solution</i> | 1         | PA                          |
| <i>phytonadione (vitamin k1) injection syringe</i>  | 1         |                             |
| <i>phytonadione (vitamin k1) oral</i>               | 1         | PA; QL (99 per 99 days)     |
| <i>prasugrel hcl</i>                                | 1         |                             |
| PROFILNINE                                          | 4         | PA                          |
| RIASTAP                                             | 4         | PA                          |
| <i>rivaroxaban</i>                                  | 1         |                             |
| ROCTAVIAN                                           | 4         |                             |
| SEVENFACT                                           | 4         | PA                          |
| TAVALISSE                                           | 4         | PA; LA; QL (99 per 99 days) |
| <i>ticagrelor</i>                                   | 1         |                             |
| TRETTEN                                             | 4         | PA                          |
| <i>vitamin k</i>                                    | 1         | PA                          |
| <i>vitamin k1</i>                                   | 1         | PA                          |
| VONVENDI                                            | 4         | PA                          |
| <i>warfarin</i>                                     | 1         |                             |
| XARELTO                                             | 2         |                             |
| XARELTO DVT-PE TREAT 30D START                      | 2         |                             |
| XYNTHA                                              | 4         | PA                          |
| XYNTHA SOLOFUSE                                     | 4         | PA                          |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>            |           |                             |
| <i>amlodipine-atorvastatin</i>                      | 1         | QL (99 per 99 days)         |

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

| Drug Name                                                               | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------|-----------|--------------------------|
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                            | 6         | ACA; QL (99 per 99 days) |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                            | 1         | QL (99 per 99 days)      |
| <i>cholestyramine (with sugar)</i>                                      | 1         |                          |
| <i>cholestyramine light</i>                                             | 1         |                          |
| <i>colesevelam</i>                                                      | 1         |                          |
| <i>colestipol</i>                                                       | 1         |                          |
| <i>ezetimibe</i>                                                        | 1         |                          |
| <i>ezetimibe-simvastatin</i>                                            | 1         | QL (99 per 99 days)      |
| <i>fenofibrate micronized oral capsule 130 mg</i>                       | 1         | ST                       |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 1         |                          |
| <i>fenofibrate nanocrystallized</i>                                     | 1         |                          |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                            | 1         | ST                       |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                            | 1         |                          |
| <i>fenofibric acid</i>                                                  | 1         |                          |
| <i>fenofibric acid (choline)</i>                                        | 1         |                          |
| <i>gemfibrozil</i>                                                      | 1         |                          |
| <i>icosapent ethyl</i>                                                  | 1         | PA                       |
| JUXTAPID                                                                | 4         | PA; LA                   |
| <i>lovastatin</i>                                                       | 6         | ACA; QL (99 per 99 days) |
| <i>niacin</i>                                                           | 1         |                          |
| <i>omega-3 acid ethyl esters</i>                                        | 1         | PA                       |

| Drug Name                                                | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------|-----------|--------------------------|
| <i>pitavastatin calcium</i>                              | 6         | ACA; QL (99 per 99 days) |
| <i>pravastatin</i>                                       | 6         | ACA; QL (99 per 99 days) |
| <i>prevalite</i>                                         | 1         |                          |
| REPATHA SURECLICK                                        | 2         | PA                       |
| REPATHA SYRINGE                                          | 2         | PA                       |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>              | 6         | ACA; QL (99 per 99 days) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>             | 1         | QL (99 per 99 days)      |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6         | ACA; QL (99 per 99 days) |
| <i>simvastatin oral tablet 80 mg</i>                     | 1         | QL (99 per 99 days)      |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>               |           |                          |
| ATTRUBY                                                  | 4         | PA                       |
| CAMZYOS                                                  | 4         | PA; QL (99 per 99 days)  |
| ENTRESTO SPRINKLE                                        | 2         | QL (99 per 99 days)      |
| <i>ivabradine</i>                                        | 1         | PA                       |
| MYQORZO                                                  | 4         | PA; QL (99 per 99 days)  |
| <i>ranolazine</i>                                        | 1         |                          |
| <i>sacubitril-valsartan</i>                              | 1         | QL (99 per 99 days)      |
| VERQUVO                                                  | 2         | QL (99 per 99 days)      |
| VYNDAMAX                                                 | 4         | PA                       |
| VYNDAQEL                                                 | 4         | PA                       |
| <b>NITRATES</b>                                          |           |                          |

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

| Drug Name                     | Drug Tier | Requirements / Limits |
|-------------------------------|-----------|-----------------------|
| <i>isosorbide dinitrate</i>   | 1         |                       |
| <i>isosorbide mononitrate</i> | 1         |                       |
| <i>nitro-bid</i>              | 1         |                       |
| <i>nitroglycerin</i>          | 1         |                       |
| <i>nitro-time</i>             | 1         |                       |

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

|                                    |   |                         |
|------------------------------------|---|-------------------------|
| <i>acitretin</i>                   | 1 |                         |
| <i>calcipotriene</i>               | 1 | QL (99 per 99 days)     |
| <i>calcipotriene-betamethasone</i> | 1 | ST; QL (99 per 99 days) |
| <i>calcitriol</i>                  | 1 |                         |
| <i>hydrocortisone-pramoxine</i>    | 1 | ST                      |
| ICOTYDE                            | 4 | PA; QL (99 per 99 days) |
| IMULDOSA INTRAVENOUS               | 4 | PA                      |
| IMULDOSA SUBCUTANEOUS              | 4 | PA; QL (99 per 99 days) |
| <i>pellix</i>                      | 1 | QL (99 per 99 days)     |
| SELARSDI INTRAVENOUS               | 4 | PA                      |
| SELARSDI SUBCUTANEOUS              | 4 | PA; QL (99 per 99 days) |
| <i>selenium sulfide</i>            | 1 |                         |
| SOTYKTU                            | 4 | PA; QL (99 per 99 days) |
| SPEVIGO                            | 4 | PA                      |
| <i>sulfacetamide sodium</i>        | 1 |                         |

| Drug Name                                                      | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------|-----------|-------------------------|
| TALTZ AUTOINJECTOR                                             | 4         | PA; QL (99 per 99 days) |
| TALTZ AUTOINJECTOR (2 PACK)                                    | 4         | PA; QL (99 per 99 days) |
| TALTZ AUTOINJECTOR (3 PACK)                                    | 4         | PA; QL (99 per 99 days) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML | 4         | PA                      |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML                    | 4         | PA; QL (99 per 99 days) |
| TREMFYA INTRAVENOUS                                            | 4         | PA                      |
| TREMFYA ONE-PRESS                                              | 4         | PA; QL (99 per 99 days) |
| TREMFYA PEN INDUCTION PK(2PEN)                                 | 4         | PA; QL (99 per 99 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                | 4         | PA; QL (99 per 99 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML              | 4         | PA                      |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML                         | 4         | PA; QL (99 per 99 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML                       | 4         | PA                      |

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

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| USTEKINUMAB-TTWE INTRAVENOUS         | 4         | PA                      |
| USTEKINUMAB-TTWE SUBCUTANEOUS        | 4         | PA; QL (99 per 99 days) |
| YESINTEK INTRAVENOUS                 | 4         | PA                      |
| YESINTEK SUBCUTANEOUS                | 4         | PA; QL (99 per 99 days) |
| <b>BURN THERAPY</b>                  |           |                         |
| <i>silver sulfadiazine</i>           | 1         |                         |
| <i>ssd</i>                           | 1         |                         |
| <b>MISCELLANEOUS DERMATOLOGICALS</b> |           |                         |
| ADBRY                                | 4         | PA; QL (99 per 99 days) |
| <i>ammonium lactate</i>              | 1         |                         |
| CIBINQO                              | 4         | PA; QL (99 per 99 days) |
| <i>diclofenac sodium</i>             | 1         | PA; QL (99 per 99 days) |
| DUPIXENT PEN                         | 4         | PA; QL (99 per 99 days) |
| DUPIXENT SYRINGE                     | 4         | PA; QL (99 per 99 days) |
| EBGLYSS PEN                          | 4         | PA                      |
| EBGLYSS SYRINGE                      | 4         | PA                      |
| EUCRISA                              | 2         | ST; QL (99 per 99 days) |
| <i>fluorouracil</i>                  | 1         |                         |
| <i>imiquimod</i>                     | 1         |                         |
| <i>methoxsalen</i>                   | 1         |                         |
| <i>methyl salicylate</i>             | 1         |                         |

| Drug Name                              | Drug Tier | Requirements / Limits   |
|----------------------------------------|-----------|-------------------------|
| <i>pimecrolimus</i>                    | 1         | ST; QL (99 per 99 days) |
| <i>podofilox topical gel</i>           | 1         | ST; QL (99 per 99 days) |
| <i>podofilox topical solution</i>      | 1         |                         |
| <i>tacrolimus</i>                      | 1         | ST; QL (99 per 99 days) |
| VALCHLOR                               | 4         | PA                      |
| <i>wintergreen oil</i>                 | 1         |                         |
| <b>THERAPY FOR ACNE</b>                |           |                         |
| <i>acutane</i>                         | 1         |                         |
| <i>adapalene topical cream</i>         | 1         |                         |
| <i>adapalene topical gel</i>           | 1         |                         |
| <i>adapalene topical gel with pump</i> | 1         |                         |
| <i>adapalene topical solution</i>      | 1         |                         |
| <i>adapalene topical swab</i>          | 1         | ST                      |
| <i>adapalene-benzoyl peroxide</i>      | 1         |                         |
| <i>amnesteam</i>                       | 1         |                         |
| <i>avar</i>                            | 1         | ST                      |
| <i>azelaic acid</i>                    | 1         |                         |
| <i>benzepro</i>                        | 1         |                         |
| <i>benzoyl peroxide</i>                | 1         |                         |
| <i>bp 10-1</i>                         | 1         | ST                      |
| <i>brimonidine</i>                     | 1         | PA                      |
| <i>claravis</i>                        | 1         |                         |
| <i>clindacin</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>clindacin etz</i>                   | 1         |                         |

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

| Drug Name                                            | Drug Tier | Requirements / Limits   |
|------------------------------------------------------|-----------|-------------------------|
| <i>clindacin p</i>                                   | 1         |                         |
| <i>clindamycin phosphate topical foam</i>            | 1         | ST; QL (99 per 99 days) |
| <i>clindamycin phosphate topical gel</i>             | 1         | QL (99 per 99 days)     |
| <i>clindamycin phosphate topical gel, once daily</i> | 1         | ST; QL (99 per 99 days) |
| <i>clindamycin phosphate topical lotion</i>          | 1         | QL (99 per 99 days)     |
| <i>clindamycin phosphate topical solution</i>        | 1         | QL (99 per 99 days)     |
| <i>clindamycin phosphate topical swab</i>            | 1         |                         |
| <i>clindamycin-benzoyl peroxide</i>                  | 1         |                         |
| <i>clindamycin-tretinoin</i>                         | 1         |                         |
| <i>dapsone</i>                                       | 1         |                         |
| <i>ery pads</i>                                      | 1         |                         |
| <i>erythromycin with ethanol</i>                     | 1         |                         |
| <i>erythromycin-benzoyl peroxide</i>                 | 1         |                         |
| <i>isotretinoin</i>                                  | 1         |                         |
| <i>ivermectin</i>                                    | 1         | QL (99 per 99 days)     |
| <i>metronidazole</i>                                 | 1         |                         |
| <i>neuac</i>                                         | 1         |                         |
| <i>oxymetazoline</i>                                 | 1         | PA                      |
| <i>rosadan</i>                                       | 1         |                         |

| Drug Name                                                                             | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>sss 10-5 topical cream</i>                                                         | 1         |                       |
| <i>sss 10-5 topical foam</i>                                                          | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i> | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>                      | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>                    | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                         | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical lotion</i>                                     | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i>                            | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical suspension</i>                                 | 1         | ST                    |
| <i>sulfacleanse 8-4</i>                                                               | 1         | ST                    |
| <i>tazarotene</i>                                                                     | 1         | PA                    |
| <i>tretinoin</i>                                                                      | 1         |                       |
| <i>tretinoin microspheres</i>                                                         | 1         |                       |
| <i>trilitas</i>                                                                       | 1         | PA                    |
| <i>zenatane</i>                                                                       | 1         |                       |

## TOPICAL ANESTHETICS

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

| Drug Name                                         | Drug Tier | Requirements / Limits   |
|---------------------------------------------------|-----------|-------------------------|
| <i>dermacinrx lidocan</i>                         | 1         | ST                      |
| <i>lidocaine hcl</i>                              | 1         |                         |
| <i>lidocaine hcl-hydrocortison ac</i>             | 1         |                         |
| <i>lidocaine topical adhesive patch,medicated</i> | 1         | ST                      |
| <i>lidocaine topical ointment</i>                 | 1         | QL (99 per 99 days)     |
| <i>lidocaine-prilocaine topical cream</i>         | 1         | QL (99 per 99 days)     |
| <i>lidocaine-prilocaine topical kit</i>           | 1         |                         |
| <i>lidocan iii</i>                                | 1         | ST                      |
| <i>lidocan iv</i>                                 | 1         | ST                      |
| <i>lidocan v</i>                                  | 1         | ST                      |
| <i>lidocort</i>                                   | 1         |                         |
| ZTLIDO                                            | 2         | ST                      |
| <b>TOPICAL ANTIBACTERIALS</b>                     |           |                         |
| <i>gentamicin</i>                                 | 1         | QL (99 per 99 days)     |
| <i>lugols</i>                                     | 1         |                         |
| <i>mupirocin</i>                                  | 1         | QL (99 per 99 days)     |
| <i>mupirocin calcium</i>                          | 1         | ST; QL (99 per 99 days) |
| <i>strong iodine</i>                              | 1         |                         |
| <i>sulfacetamide sodium (acne)</i>                | 1         |                         |
| SULFAMYLON                                        | 2         |                         |
| <b>TOPICAL ANTIFUNGALS</b>                        |           |                         |
| <i>ciclodan topical cream</i>                     | 1         | QL (99 per 99 days)     |
| <i>ciclodan topical solution</i>                  | 1         |                         |

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| <i>ciclopirox topical cream</i>      | 1         | QL (99 per 99 days)     |
| <i>ciclopirox topical gel</i>        | 1         | QL (99 per 99 days)     |
| <i>ciclopirox topical shampoo</i>    | 1         | QL (99 per 99 days)     |
| <i>ciclopirox topical solution</i>   | 1         |                         |
| <i>ciclopirox topical suspension</i> | 1         | QL (99 per 99 days)     |
| <i>clotrimazole</i>                  | 1         | QL (99 per 99 days)     |
| <i>clotrimazole-betamethasone</i>    | 1         | QL (99 per 99 days)     |
| <i>econazole nitrate</i>             | 1         | QL (99 per 99 days)     |
| ERTACZO                              | 3         | QL (99 per 99 days)     |
| EXELDERM                             | 3         | QL (99 per 99 days)     |
| <i>ketoconazole topical cream</i>    | 1         | QL (99 per 99 days)     |
| <i>ketoconazole topical foam</i>     | 1         | ST; QL (99 per 99 days) |
| <i>ketoconazole topical shampoo</i>  | 1         | QL (99 per 99 days)     |
| <i>ketodan</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>ketodan kit</i>                   | 1         | ST                      |
| <i>klayesta</i>                      | 1         | QL (99 per 99 days)     |
| LULICONAZOLE                         | 3         | QL (99 per 99 days)     |
| <i>naftifine</i>                     | 1         | QL (99 per 99 days)     |
| <i>nystatin</i>                      | 1         | QL (99 per 99 days)     |

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

| Drug Name                                      | Drug Tier | Requirements / Limits   |
|------------------------------------------------|-----------|-------------------------|
| <i>nystatin-triamcinolone</i>                  | 1         | QL (99 per 99 days)     |
| <i>nystop</i>                                  | 1         | QL (99 per 99 days)     |
| <i>oxiconazole</i>                             | 1         | QL (99 per 99 days)     |
| <i>tavaborole</i>                              | 1         | ST                      |
| <b>TOPICAL ANTIVIRALS</b>                      |           |                         |
| <i>acyclovir</i>                               | 1         | PA; QL (99 per 99 days) |
| <i>penciclovir</i>                             | 1         |                         |
| XERESE                                         | 3         |                         |
| <b>TOPICAL CORTICOSTEROIDS</b>                 |           |                         |
| <i>ala-cort</i>                                | 1         |                         |
| <i>alclometasone</i>                           | 1         |                         |
| <i>amcinonide</i>                              | 1         | ST                      |
| <i>besser</i>                                  | 1         | ST                      |
| <i>betamethasone dipropionate</i>              | 1         |                         |
| <i>betamethasone valerate topical cream</i>    | 1         |                         |
| <i>betamethasone valerate topical foam</i>     | 1         | ST                      |
| <i>betamethasone valerate topical lotion</i>   | 1         |                         |
| <i>betamethasone valerate topical ointment</i> | 1         |                         |
| <i>betamethasone, augmented</i>                | 1         |                         |
| <i>clobetasol scalp</i>                        | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical cream</i>                | 1         | QL (99 per 99 days)     |

| Drug Name                                    | Drug Tier | Requirements / Limits   |
|----------------------------------------------|-----------|-------------------------|
| <i>clobetasol topical foam</i>               | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical gel</i>                | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical lotion</i>             | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical ointment</i>           | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical shampoo</i>            | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical spray, non-aerosol</i> | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol-emollient topical cream</i>    | 1         | QL (99 per 99 days)     |
| <i>clobetasol-emollient topical foam</i>     | 1         | ST; QL (99 per 99 days) |
| <i>clodan</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>desonide topical cream</i>                | 1         |                         |
| <i>desonide topical gel</i>                  | 1         | ST                      |
| <i>desonide topical lotion</i>               | 1         | ST                      |
| <i>desonide topical ointment</i>             | 1         |                         |
| <i>desoximetasone</i>                        | 1         | ST                      |
| <i>evesse</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>fluocinolone</i>                          | 1         |                         |
| <i>fluocinolone and shower cap</i>           | 1         |                         |
| <i>fluocinonide topical cream 0.05 %</i>     | 1         | QL (99 per 99 days)     |
| <i>fluocinonide topical cream 0.1 %</i>      | 1         | ST; QL (99 per 99 days) |
| <i>fluocinonide topical gel</i>              | 1         | QL (99 per 99 days)     |

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

| Drug Name                                       | Drug Tier | Requirements / Limits   |
|-------------------------------------------------|-----------|-------------------------|
| <i>fluocinonide topical ointment</i>            | 1         | QL (99 per 99 days)     |
| <i>fluocinonide topical solution</i>            | 1         | QL (99 per 99 days)     |
| <i>fluocinonide-e</i>                           | 1         | QL (99 per 99 days)     |
| <i>flurandrenolide</i>                          | 1         | ST; QL (99 per 99 days) |
| <i>fluticasone propionate topical cream</i>     | 1         |                         |
| <i>fluticasone propionate topical lotion</i>    | 1         | ST                      |
| <i>fluticasone propionate topical ointment</i>  | 1         |                         |
| <i>halcinonide</i>                              | 1         | ST                      |
| <i>halobetasol propionate topical cream</i>     | 1         |                         |
| <i>halobetasol propionate topical foam</i>      | 1         | ST                      |
| <i>halobetasol propionate topical ointment</i>  | 1         |                         |
| <i>hydrocortisone</i>                           | 1         |                         |
| <i>hydrocortisone butyrate topical cream</i>    | 1         | QL (99 per 99 days)     |
| <i>hydrocortisone butyrate topical lotion</i>   | 1         | ST; QL (99 per 99 days) |
| <i>hydrocortisone butyrate topical ointment</i> | 1         | ST; QL (99 per 99 days) |

| Drug Name                                                             | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>hydrocortisone butyrate topical solution</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>hydrocortisone valerate</i>                                        | 1         |                         |
| <i>lexette</i>                                                        | 1         | ST                      |
| <i>mometasone</i>                                                     | 1         |                         |
| <i>prednicarbate</i>                                                  | 1         |                         |
| <i>scalacort</i>                                                      | 1         |                         |
| <i>tovet emollient</i>                                                | 1         | ST; QL (99 per 99 days) |
| <i>triamcinolone acetonide topical aerosol</i>                        | 1         | ST; QL (99 per 99 days) |
| <i>triamcinolone acetonide topical cream</i>                          | 1         |                         |
| <i>triamcinolone acetonide topical lotion</i>                         | 1         |                         |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1         |                         |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | 1         | ST                      |
| <i>triderm</i>                                                        | 1         | ST                      |
| <b>TOPICAL ENZYMES</b>                                                |           |                         |
| SANTYL                                                                | 2         | QL (99 per 99 days)     |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |           |                         |
| <i>crotan</i>                                                         | 1         |                         |
| <i>malathion</i>                                                      | 1         |                         |
| <i>permethrin</i>                                                     | 1         |                         |
| <i>pruradik</i>                                                       | 1         |                         |

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

| Drug Name                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------|-----------|-----------------------|
| <i>spinosad</i>                               | 1         |                       |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> |           |                       |
| <b>IRRIGATING SOLUTIONS</b>                   |           |                       |
| <i>lactated ringers</i>                       | 1         |                       |
| <i>neomycin-polymyxin b gu</i>                | 1         |                       |
| <i>ringer's</i>                               | 1         |                       |
| <b>MISCELLANEOUS AGENTS</b>                   |           |                       |
| <i>acamprosate</i>                            | 1         |                       |
| <i>acetic acid</i>                            | 1         |                       |
| <i>anagrelide</i>                             | 1         |                       |
| <i>caffeine citrate</i>                       | 1         |                       |
| CARBAGLU                                      | 4         | PA; LA                |
| <i>carglumic acid</i>                         | 4         | PA                    |
| CASGEVY                                       | 4         | PA                    |
| <i>cevimeline</i>                             | 1         |                       |
| CHEMET                                        | 2         | PA                    |
| <i>deferasirox</i>                            | 4         | PA                    |
| <i>deferiprone</i>                            | 4         | PA                    |
| <i>disulfiram</i>                             | 1         |                       |
| EMPAVELI                                      | 4         | PA; LA                |
| ENJAYMO                                       | 4         | PA                    |
| EPYSQLI                                       | 4         | PA                    |
| FABHALTA                                      | 4         | PA                    |
| FERRIPROX                                     | 4         | PA                    |
| FERRIPROX (2 TIMES A DAY)                     | 4         | PA                    |
| <i>glutamine (sickle cell)</i>                | 4         | PA                    |
| <i>glycerol phenylbutyrate</i>                | 4         | PA                    |
| INCRELEX                                      | 4         | PA; LA                |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| LAMZEDE                               | 4         | PA                      |
| LENMELDY                              | 4         | PA                      |
| <i>levocarnitine</i>                  | 1         |                         |
| <i>levocarnitine (with sugar)</i>     | 1         |                         |
| LYFGENIA                              | 4         | PA                      |
| <i>midodrine</i>                      | 1         |                         |
| <i>nitisinone</i>                     | 4         | PA; LA                  |
| NITYR                                 | 4         | PA; LA                  |
| PHEBURANE                             | 4         | PA                      |
| PROLASTIN-C                           | 4         | PA; LA                  |
| REVCОВI                               | 4         | PA; LA                  |
| REZDIFFRA                             | 4         | PA; QL (99 per 99 days) |
| <i>riluzole</i>                       | 1         | PA                      |
| <i>risedronate</i>                    | 1         | QL (99 per 99 days)     |
| <i>sodium chloride</i>                | 1         |                         |
| <i>sodium chloride 0.9 %</i>          | 1         |                         |
| <i>sodium phenylbutyrate</i>          | 1         | PA                      |
| <i>tiopronin</i>                      | 4         | PA                      |
| <i>trientine</i>                      | 1         | PA                      |
| <i>venxxiva</i>                       | 4         | PA                      |
| <i>water for irrigation, sterile</i>  | 1         |                         |
| XENPOZYME                             | 4         | PA                      |
| XURIDEN                               | 4         | PA                      |
| ZEMAIRA                               | 4         | PA; LA                  |
| <i>zoledronic acid-mannitol-water</i> | 4         | PA                      |
| <b>SMOKING DETERRENTS</b>             |           |                         |

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

| Drug Name                            | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| <i>bupropion hcl (smoking deter)</i> | 6         | ACA                   |
| CHANTIX                              | 3         | ACA                   |
| CHANTIX STARTING MONTH BOX           | 3         | ACA                   |
| NICODERM CQ                          | 3         | OTC                   |
| NICORETTE BUCCAL GUM 2 MG            | 3         | OTC                   |
| <i>nicorette buccal gum 4 mg</i>     | 6         | ACA; OTC              |
| NICORETTE BUCCAL LOZENGE             | 3         | ACA; OTC              |
| NICORETTE BUCCAL MINI LOZENGE        | 3         | ACA; OTC              |
| <i>nicotine</i>                      | 6         | ACA; OTC              |
| <i>nicotine (polacrilex)</i>         | 6         | ACA; OTC              |
| NICOTROL NS                          | 3         | ACA                   |
| <i>quit 2</i>                        | 6         | ACA; OTC              |
| <i>quit 4</i>                        | 6         | ACA; OTC              |
| <i>stop smoking aid</i>              | 6         | ACA; OTC              |
| <i>varenicline tartrate</i>          | 6         | ACA                   |

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

|                                                              |   |                     |
|--------------------------------------------------------------|---|---------------------|
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>    | 1 | QL (99 per 99 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | 1 |                     |
| <i>chlorhexidine gluconate</i>                               | 1 |                     |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| <i>ipratropium bromide</i>     | 1         | QL (99 per 99 days)   |
| <i>kourzeq</i>                 | 1         |                       |
| <i>olopatadine</i>             | 1         | QL (99 per 99 days)   |
| <i>paroex oral rinse</i>       | 1         |                       |
| <i>periogard</i>               | 1         |                       |
| <i>pilocarpine hcl</i>         | 1         |                       |
| <i>triamcinolone acetonide</i> | 1         |                       |

### MISCELLANEOUS OTIC PREPARATIONS

|                                   |   |  |
|-----------------------------------|---|--|
| <i>acetic acid</i>                | 1 |  |
| <i>ciprofloxacin hcl</i>          | 1 |  |
| <i>flac otic oil</i>              | 1 |  |
| <i>fluocinolone acetonide oil</i> | 1 |  |
| <i>hydrocortisone-acetic acid</i> | 1 |  |
| <i>ofloxacin</i>                  | 1 |  |
| XTORO                             | 3 |  |

### OTIC STEROID / ANTIBIOTIC

|                                     |   |  |
|-------------------------------------|---|--|
| CIPRO HC                            | 3 |  |
| <i>ciprofloxacin-dexamethasone</i>  | 1 |  |
| <i>ciprofloxacin-hydrocortisone</i> | 1 |  |
| CORTISPORIN-TC                      | 3 |  |
| <i>neomycin-polymyxin-hc</i>        | 1 |  |

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

|                    |   |    |
|--------------------|---|----|
| <i>cortisone</i>   | 1 |    |
| <i>deflazacort</i> | 4 | PA |

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

| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <i>dexabliss</i>                                      | 1         | PA                    |
| <i>dexamethasone intensol</i>                         | 1         |                       |
| <i>dexamethasone oral elixir</i>                      | 1         |                       |
| <i>dexamethasone oral solution</i>                    | 1         |                       |
| <i>dexamethasone oral tablet</i>                      | 1         |                       |
| <i>dexamethasone oral tablets,dose pack</i>           | 1         | PA                    |
| <i>fludrocortisone</i>                                | 1         |                       |
| <i>hydrocortisone</i>                                 | 1         |                       |
| <i>jaythari</i>                                       | 4         | PA                    |
| <i>kymbee</i>                                         | 4         | PA                    |
| <i>methylprednisolone</i>                             | 1         |                       |
| <i>millipred</i>                                      | 1         |                       |
| <i>millipred dp</i>                                   | 1         |                       |
| <i>prednisolone</i>                                   | 1         |                       |
| <i>prednisolone sodium phosphate</i>                  | 1         |                       |
| <i>prednisone intensol</i>                            | 1         |                       |
| <i>prednisone oral solution</i>                       | 1         |                       |
| <i>prednisone oral tablet</i>                         | 1         |                       |
| <i>prednisone oral tablet,delayed release (dr/ec)</i> | 1         | ST                    |
| <i>prednisone oral tablets,dose pack</i>              | 1         |                       |
| <i>pyquvi</i>                                         | 4         | PA                    |
| <b>ANTITHYROID AGENTS</b>                             |           |                       |
| <i>methimazole</i>                                    | 1         |                       |
| <i>potassium iodide</i>                               | 1         |                       |

| Drug Name                                              | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------|-----------|-------------------------|
| <i>propylthiouracil</i>                                | 1         |                         |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b> |           |                         |
| DEXCOM G6 RECEIVER                                     | DME       | ST; QL (99 per 99 days) |
| DEXCOM G6 SENSOR                                       | DME       | ST; QL (99 per 99 days) |
| DEXCOM G6 TRANSMITTER                                  | DME       | ST; QL (99 per 99 days) |
| DEXCOM G7 15 DAY SENSOR                                | DME       | ST; QL (99 per 99 days) |
| DEXCOM G7 RECEIVER                                     | DME       | ST; QL (99 per 99 days) |
| DEXCOM G7 SENSOR                                       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE CONTROL                                      | 2         | OTC                     |
| FREESTYLE FREEDOM                                      | 2         | OTC                     |
| FREESTYLE FREEDOM LITE                                 | 2         | OTC                     |
| FREESTYLE INSULINX                                     | 2         | OTC                     |
| FREESTYLE INSULINX TEST STRIPS                         | 2         | OTC                     |
| FREESTYLE LIBRE 14 DAY READER                          | DME       | ST                      |
| FREESTYLE LIBRE 14 DAY SENSOR                          | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR                          | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 2 READER                               | DME       | ST                      |

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

| Drug Name                      | Drug Tier | Requirements / Limits   |
|--------------------------------|-----------|-------------------------|
| FREESTYLE LIBRE 2 SENSOR       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR  | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 READER       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 SENSOR       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LITE METER           | 2         | OTC                     |
| FREESTYLE LITE STRIPS          | 2         | OTC                     |
| FREESTYLE PRECISION NEO STRIPS | 2         | PA; OTC                 |
| FREESTYLE TEST                 | 2         | OTC                     |
| GLUCOSE KETONE CONTROL SOLN    | 2         | OTC                     |
| PRECISION XTRA KETONE-GLUCOSE  | 2         | OTC                     |
| PRECISION XTRA MONITOR         | 2         | OTC                     |
| PRECISION XTRA TEST            | 2         | OTC                     |
| TRUE METRIX AIR GLUCOSE METER  | 2         | OTC                     |
| TRUE METRIX GLUCOSE METER      | 2         | OTC                     |
| TRUE METRIX GO GLUCOSE METER   | 2         | OTC                     |
| TRUE METRIX LEVEL 1            | 2         | OTC                     |
| TRUENESS BLOOD GLUCOSE MONITOR | 2         | OTC                     |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| TRUENESS GLUCOSE TEST STRIP                                | 2         | OTC                   |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b> |           |                       |
| INSULIN SYRINGE-NEEDLE U-100                               | 2         |                       |
| OMNIPOD 5 (LIBRE 2/3 PLUS)                                 | 2         | QL (99 per 99 days)   |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS)                             | 2         | QL (99 per 99 days)   |
| <b>GLUCOSE ELEVATING AGENTS</b>                            |           |                       |
| BAQSIMI                                                    | 2         | QL (99 per 99 days)   |
| <i>diazoxide</i>                                           | 1         |                       |
| <i>glucagon emergency kit (human)</i>                      | 1         | QL (99 per 99 days)   |
| GVOKE                                                      | 2         | QL (99 per 99 days)   |
| GVOKE HYPOPEN 2-PACK                                       | 2         | QL (99 per 99 days)   |
| GVOKE PFS 2-PACK SYRINGE                                   | 2         | QL (99 per 99 days)   |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>  |           |                       |
| BD MICROTAINER LANCET                                      | 2         | OTC                   |
| BD SPECIALTY USE NEEDLES                                   | 2         |                       |
| CEQR SIMPLICITY                                            | 2         | QL (99 per 99 days)   |
| ILET STARTER KIT-INSET                                     | 2         |                       |
| LANCETS                                                    | 2         | OTC                   |

| Drug Name                      | Drug Tier | Requirements / Limits   |
|--------------------------------|-----------|-------------------------|
| LANCING DEVICE                 | 2         | OTC                     |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2         | QL (99 per 99 days)     |
| OMNIPOD 5 G6-G7 PODS (GEN 5)   | 2         | ST; QL (99 per 99 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2         | QL (99 per 99 days)     |
| OMNIPOD DASH PODS (GEN 4)      | 2         | QL (99 per 99 days)     |
| PIVOT INSULIN PUMP STARTER KIT | 2         |                         |
| TWIST STARTER KIT              | 2         | QL (99 per 99 days)     |
| V-GO 20                        | 2         | QL (99 per 99 days)     |
| V-GO 30                        | 2         | QL (99 per 99 days)     |
| V-GO 40                        | 2         | QL (99 per 99 days)     |
| <b>INSULIN THERAPY</b>         |           |                         |
| HUMALOG JUNIOR KWIKPEN U-100   | 2         |                         |
| HUMALOG KWIKPEN INSULIN        | 2         |                         |
| HUMALOG MIX 50-50 KWIKPEN      | 2         |                         |
| HUMALOG MIX 75-25 KWIKPEN      | 2         |                         |
| HUMALOG MIX 75-25(U-100)INSULN | 2         |                         |
| HUMALOG U-100 INSULIN          | 2         |                         |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| HUMULIN 70/30 U-100 INSULIN    | 2         |                       |
| HUMULIN 70/30 U-100 KWIKPEN    | 2         |                       |
| HUMULIN N NPH INSULIN KWIKPEN  | 2         |                       |
| HUMULIN N NPH U-100 INSULIN    | 2         |                       |
| HUMULIN R REGULAR U-100 INSULN | 2         |                       |
| HUMULIN R U-500 (CONC) KWIKPEN | 2         |                       |
| INSULIN GLARGINE U-300 CONC    | 2         |                       |
| INSULIN GLARGINE-YFGN          | 2         |                       |
| INSULIN LISPRO                 | 2         |                       |
| INSULIN LISPRO PROTAMIN-LISPRO | 2         |                       |
| LANTUS SOLOSTAR U-100 INSULIN  | 2         |                       |
| LANTUS U-100 INSULIN           | 2         |                       |
| LYUMJEV KWIKPEN U-100 INSULIN  | 2         |                       |
| LYUMJEV KWIKPEN U-200 INSULIN  | 2         |                       |
| LYUMJEV U-100 INSULIN          | 2         |                       |
| MERIOLOG                       | 2         |                       |
| MERIOLOG SOLOSTAR              | 2         |                       |

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

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| SEMGLEE(INSULIN GLARGINE-YFGN)       | 2         |                         |
| SEMGLEE(INSULIN GLARG-YFGN)PEN       | 2         |                         |
| SOLIQUA 100/33                       | 3         | QL (99 per 99 days)     |
| TOUJEO MAX U-300 SOLOSTAR            | 2         |                         |
| TOUJEO SOLOSTAR U-300 INSULIN        | 2         |                         |
| TRESIBA FLEXTOUCH U-100              | 3         |                         |
| TRESIBA FLEXTOUCH U-200              | 3         |                         |
| TRESIBA U-100 INSULIN                | 3         |                         |
| <b>MISCELLANEOUS HORMONES</b>        |           |                         |
| ALDURAZYME                           | 4         | PA                      |
| BRINEURA                             | 4         | PA                      |
| <i>cabergoline</i>                   | 1         | QL (99 per 99 days)     |
| <i>calcitonin (salmon) injection</i> | 1         | PA                      |
| <i>calcitonin (salmon) nasal</i>     | 1         |                         |
| CERDELGA                             | 4         | PA; QL (99 per 99 days) |
| CEREZYME                             | 4         | PA                      |
| <i>cinacalcet</i>                    | 1         | ST                      |
| <i>clomiphene citrate</i>            | 1         |                         |
| CRYSVITA                             | 4         | PA; QL (99 per 99 days) |

| Drug Name                                 | Drug Tier | Requirements / Limits       |
|-------------------------------------------|-----------|-----------------------------|
| <i>danazol</i>                            | 1         |                             |
| <i>desmopressin injection</i>             | 4         | PA                          |
| <i>desmopressin nasal spray with pump</i> | 1         | PA                          |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL     | 2         | PA                          |
| <i>desmopressin oral</i>                  | 1         |                             |
| <i>doxercalciferol</i>                    | 1         | ST                          |
| ELAPRASE                                  | 4         | PA                          |
| ELFABRIO                                  | 4         | PA                          |
| FABRAZYME                                 | 4         | PA                          |
| <i>javygtor</i>                           | 4         | PA                          |
| KANUMA                                    | 4         | PA                          |
| LUMIZYME                                  | 4         | PA                          |
| MEPSEVII                                  | 4         | PA                          |
| METHITEST                                 | 2         | PA                          |
| <i>methyltestosterone</i>                 | 1         | PA                          |
| <i>mifepristone</i>                       | 4         | PA                          |
| <i>miglustat</i>                          | 4         | PA; LA; QL (99 per 99 days) |
| MYALEPT                                   | 4         | PA; LA                      |
| NAGLAZYME                                 | 4         | PA; LA                      |
| ORILISSA                                  | 2         | ST; QL (99 per 99 days)     |
| PALYNZIQ                                  | 4         | PA; LA; QL (99 per 99 days) |
| <i>paricalcitol intravenous</i>           | 1         | PA                          |
| <i>paricalcitol oral</i>                  | 1         | ST                          |
| <i>sapropterin</i>                        | 4         | PA                          |

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

| Drug Name                                | Drug Tier | Requirements / Limits       |
|------------------------------------------|-----------|-----------------------------|
| SOMAVERT                                 | 4         | PA                          |
| STRENSIQ                                 | 4         | PA; LA                      |
| <i>testosterone</i>                      | 1         | PA; QL (99 per 99 days)     |
| <i>testosterone cypionate</i>            | 1         | PA                          |
| <i>testosterone enanthate</i>            | 1         | PA                          |
| <i>tolvaptan</i>                         | 4         | PA; LA; QL (99 per 99 days) |
| <i>tolvaptan (polycystic kidney dis)</i> | 4         | PA; LA; QL (99 per 99 days) |
| VIMIZIM                                  | 4         | PA                          |
| <i>zelvysia</i>                          | 4         | PA                          |
| <i>zoledronic acid</i>                   | 4         | PA                          |
| <i>zoledronic acid-mannitol-water</i>    | 4         |                             |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>   |           |                             |
| <i>acarbose</i>                          | 1         |                             |
| <i>dapagliflozin</i>                     | 1         | ST; QL (99 per 99 days)     |
| <i>dapagliflozin-metformin</i>           | 1         | ST; QL (99 per 99 days)     |
| <i>dapagliflozin-saxagliptin</i>         | 1         |                             |
| <i>glimepiride</i>                       | 1         |                             |
| <i>glipizide</i>                         | 1         |                             |
| <i>glipizide-metformin</i>               | 1         |                             |
| <i>glyburide</i>                         | 1         |                             |
| <i>glyburide-metformin</i>               | 1         |                             |
| GLYXAMBI                                 | 2         | ST; QL (99 per 99 days)     |

| Drug Name                                             | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------|-----------|-------------------------|
| JANUMET XR                                            | 2         | ST; QL (99 per 99 days) |
| JARDIANCE                                             | 2         | ST; QL (99 per 99 days) |
| <i>liraglutide</i>                                    | 1         | ST; QL (99 per 99 days) |
| <i>metformin oral solution</i>                        | 1         | ST                      |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1         |                         |
| <i>metformin oral tablet 625 mg, 750 mg</i>           | 1         | ST                      |
| <i>metformin oral tablet extended release 24 hr</i>   | 1         | QL (99 per 99 days)     |
| <i>metformin oral tablet extended release 24hr</i>    | 1         | ST; QL (99 per 99 days) |
| <i>metformin oral tablet,er gast.retention 24 hr</i>  | 1         | ST; QL (99 per 99 days) |
| <i>miglitol</i>                                       | 1         |                         |
| MOUNJARO                                              | 2         | ST; QL (99 per 99 days) |
| <i>nateglinide</i>                                    | 1         |                         |
| OZEMPIC                                               | 2         | ST; QL (99 per 99 days) |
| <i>pioglitazone</i>                                   | 1         | QL (99 per 99 days)     |
| <i>pioglitazone-glimepiride</i>                       | 1         | QL (99 per 99 days)     |
| <i>pioglitazone-metformin</i>                         | 1         | QL (99 per 99 days)     |
| <i>repaglinide</i>                                    | 1         |                         |
| RYBELSUS                                              | 2         | ST; QL (99 per 99 days) |

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

| Drug Name                         | Drug Tier | Requirements / Limits   |
|-----------------------------------|-----------|-------------------------|
| <i>saxagliptin</i>                | 1         | QL (99 per 99 days)     |
| <i>saxagliptin-metformin</i>      | 1         | QL (99 per 99 days)     |
| <i>sitagliptin phos-metformin</i> | 1         | ST; QL (99 per 99 days) |
| <i>sitagliptin phosphate</i>      | 1         | ST; QL (99 per 99 days) |
| SYNJARDY                          | 2         | ST; QL (99 per 99 days) |
| SYNJARDY XR                       | 2         | ST; QL (99 per 99 days) |
| TRIJARDY XR                       | 2         | ST                      |
| TRULICITY                         | 2         | ST; QL (99 per 99 days) |
| XIGDUO XR                         | 2         | ST; QL (99 per 99 days) |

#### THYROID HORMONES

|                       |   |  |
|-----------------------|---|--|
| <i>adthyza</i>        | 1 |  |
| <i>amerithroid</i>    | 1 |  |
| ARMOUR THYROID        | 2 |  |
| <i>evexithroid</i>    | 1 |  |
| <i>levo-t</i>         | 1 |  |
| <i>levothyroxine</i>  | 1 |  |
| <i>levoxyl</i>        | 1 |  |
| <i>liomny</i>         | 1 |  |
| <i>liothyronine</i>   | 1 |  |
| <i>niva thyroid</i>   | 1 |  |
| <i>np thyroid</i>     | 1 |  |
| <i>renthyroid</i>     | 1 |  |
| <i>thyroid (pork)</i> | 1 |  |
| <i>unithroid</i>      | 1 |  |

#### GASTROENTEROLOGY

| Drug Name                                    | Drug Tier | Requirements / Limits   |
|----------------------------------------------|-----------|-------------------------|
| <b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>   |           |                         |
| <i>belladonna alkaloids-opium</i>            | 1         | ST; QL (99 per 99 days) |
| <i>chlordiazepoxide-clidinium</i>            | 1         |                         |
| <i>dicyclomine</i>                           | 1         |                         |
| <i>diphenoxylate-atropine</i>                | 1         |                         |
| <i>ed-spaz</i>                               | 1         |                         |
| <i>glycopyrrolate</i>                        | 1         |                         |
| <i>hyoscyamine sulfate</i>                   | 1         |                         |
| <i>hyosyne</i>                               | 1         |                         |
| <i>loperamide</i>                            | 1         |                         |
| <i>methscopolamine</i>                       | 1         |                         |
| <i>oscimin</i>                               | 1         |                         |
| <i>oscimin sl</i>                            | 1         |                         |
| <i>phenobarb-hyoscy-atropine-scop</i>        | 1         |                         |
| <i>phenohydro</i>                            | 1         |                         |
| <i>symax fastabs</i>                         | 1         |                         |
| <i>symax-sl</i>                              | 1         |                         |
| <i>symax-sr</i>                              | 1         |                         |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b> |           |                         |
| <i>alosetron</i>                             | 1         |                         |
| <i>alvimopan</i>                             | 1         |                         |
| <i>anucort-hc</i>                            | 1         |                         |
| <i>aprepitant</i>                            | 1         | QL (99 per 99 days)     |
| AVSOLA                                       | 4         | PA                      |
| <i>balsalazide</i>                           | 1         |                         |
| <i>betaine</i>                               | 4         | PA                      |
| <i>bisacodyl</i>                             | 6         | ACA; OTC                |

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

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>budesonide</i>                     | 1         |                         |
| CHOLBAM ORAL CAPSULE 250 MG           | 4         | PA                      |
| CHOLBAM ORAL CAPSULE 50 MG            | 4         | PA; QL (99 per 99 days) |
| <i>citroma</i>                        | 6         | ACA; OTC                |
| <i>clearlax</i>                       | 6         | ACA; OTC                |
| <i>compro</i>                         | 1         |                         |
| <i>constulose</i>                     | 1         |                         |
| <i>cromolyn</i>                       | 1         |                         |
| CTEXLI                                | 4         | PA                      |
| DIPENTUM                              | 3         |                         |
| <i>doxylamine-pyridoxine (vit b6)</i> | 1         | QL (99 per 99 days)     |
| <i>dronabinol</i>                     | 1         | PA                      |
| <i>dulcolax (magnesium hydroxide)</i> | 6         | ACA; OTC                |
| ENTYVIO                               | 4         | PA                      |
| <i>enulose</i>                        | 1         |                         |
| <i>gavilax</i>                        | 6         | ACA; OTC                |
| <i>gavilyte-c</i>                     | 6         | ACA                     |
| <i>gavilyte-g</i>                     | 6         | ACA                     |
| <i>gavilyte-n</i>                     | 6         | ACA                     |
| <i>generlac</i>                       | 1         |                         |
| <i>gentle laxative (bisacodyl)</i>    | 6         | ACA; OTC                |
| <i>gentle laxative (mag hydrox)</i>   | 6         | ACA; OTC                |
| <i>gentlelax</i>                      | 6         | ACA; OTC                |
| <i>granisetron hcl</i>                | 1         | QL (99 per 99 days)     |
| <i>hemmorex-hc</i>                    | 1         |                         |
| <i>hydrocortisone</i>                 | 1         |                         |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <i>hydrocortisone acetate</i>                                      | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                 | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 1         | ST                    |
| INFLIXIMAB                                                         | 4         | PA                    |
| IQIRVO                                                             | 4         | PA                    |
| <i>lactulose</i>                                                   | 1         |                       |
| <i>laxative (bisacodyl)</i>                                        | 6         | ACA; OTC              |
| <i>laxative peg 3350</i>                                           | 6         | ACA; OTC              |
| <i>lidocaine hcl-hydrocortison ac</i>                              | 1         |                       |
| <i>lidocaine-hydrocortisone-aloe</i>                               | 1         |                       |
| LINZESS                                                            | 2         | QL (99 per 99 days)   |
| <i>lubiprostone</i>                                                | 1         | QL (99 per 99 days)   |
| <i>magnesium citrate</i>                                           | 6         | ACA; OTC              |
| <i>meclizine</i>                                                   | 1         |                       |
| <i>mesalamine</i>                                                  | 1         |                       |
| <i>mesalamine with cleansing wipe</i>                              | 1         |                       |
| <i>metoclopramide hcl</i>                                          | 1         |                       |
| <i>milk of magnesia</i>                                            | 6         | ACA; OTC              |
| <i>milk of magnesia concentrated</i>                               | 6         | ACA; OTC              |
| MOVANTIK                                                           | 2         | QL (99 per 99 days)   |
| <i>nitroglycerin</i>                                               | 1         |                       |
| OMVOH INTRAVENOUS                                                  | 4         | PA                    |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------|-----------|-------------------------|
| OMVOH PEN                                                  | 4         | PA; QL (99 per 99 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML          | 4         | PA                      |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML) | 4         | PA; QL (99 per 99 days) |
| <i>ondansetron</i>                                         | 1         | QL (99 per 99 days)     |
| <i>ondansetron hcl</i>                                     | 1         | QL (99 per 99 days)     |
| <i>onelax magnesium citrate</i>                            | 6         | ACA; OTC                |
| <i>oral saline laxative</i>                                | 6         | ACA; OTC                |
| PANCREAZE                                                  | 2         |                         |
| <i>peg 3350-electrolytes</i>                               | 6         | ACA                     |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                      | 6         | ACA                     |
| <i>peg-electrolyte soln</i>                                | 6         | ACA                     |
| PENTASA                                                    | 2         |                         |
| <i>phosphate laxative</i>                                  | 6         | ACA; OTC                |
| <i>polyethylene glycol 3350</i>                            | 6         | ACA; OTC                |
| <i>powderlax</i>                                           | 6         | ACA; OTC                |
| <i>prochlorperazine</i>                                    | 1         |                         |
| <i>prochlorperazine maleate</i>                            | 1         |                         |
| <i>procto-med hc</i>                                       | 1         |                         |
| <i>proctosol hc</i>                                        | 1         |                         |
| <i>proctozone-hc</i>                                       | 1         |                         |

| Drug Name                                                         | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------------|-----------|-------------------------|
| <i>prucalopride</i>                                               | 1         | QL (99 per 99 days)     |
| <i>purelax</i>                                                    | 6         | ACA; OTC                |
| RELISTOR                                                          | 2         | ST                      |
| <i>scopolamine base</i>                                           | 1         |                         |
| <i>smoothlax</i>                                                  | 6         | ACA; OTC                |
| <i>sodium,potassium,mag sulfates</i>                              | 6         | ACA                     |
| SUCRAID                                                           | 4         | PA                      |
| <i>sulfasalazine</i>                                              | 1         |                         |
| <i>trimethobenzamide</i>                                          | 1         |                         |
| TRULANCE                                                          | 2         |                         |
| <i>ursodiol</i>                                                   | 1         |                         |
| VARUBI                                                            | 2         | QL (99 per 99 days)     |
| VELSIPITY                                                         | 4         | PA; QL (99 per 99 days) |
| VIBERZI                                                           | 2         |                         |
| VIOKACE                                                           | 2         |                         |
| <i>women's gentle laxative(bisac)</i>                             | 6         | ACA; OTC                |
| ZENPEP                                                            | 2         |                         |
| ZYMFENTRA                                                         | 4         | PA; QL (99 per 99 days) |
| <b>ULCER THERAPY</b>                                              |           |                         |
| <i>amoxicil-clarithromy-lansopraz</i>                             | 1         | QL (99 per 99 days)     |
| <i>bismuth subcit k-metronidz-tcn</i>                             | 1         |                         |
| <i>cimetidine</i>                                                 | 1         |                         |
| <i>cimetidine hcl</i>                                             | 1         |                         |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i> | 1         |                         |

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

| Drug Name                                                                                    | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1         | ST; QL (99 per 99 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>                      | 1         | ST                      |
| <i>famotidine</i>                                                                            | 1         |                         |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>                               | 1         | QL (99 per 99 days)     |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>                               | 1         |                         |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>                                | 1         | ST                      |
| <i>misoprostol</i>                                                                           | 1         |                         |
| <i>nizatidine</i>                                                                            | 1         |                         |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>                          | 1         | QL (99 per 99 days)     |
| <i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>                                 | 1         |                         |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>                             | 1         | PA; QL (99 per 99 days) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                             | 1         | PA                      |

| Drug Name                                                      | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------|-----------|-------------------------|
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>   | 1         | PA; QL (99 per 99 days) |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>   | 1         | PA                      |
| <i>pantoprazole oral granules dr for susp in packet</i>        | 1         | ST                      |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> | 1         | QL (99 per 99 days)     |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> | 1         |                         |
| <i>rabeprazole</i>                                             | 1         |                         |
| <i>ranitidine hcl</i>                                          | 1         |                         |
| <i>sucralfate</i>                                              | 1         |                         |
| VOQUEZNA DUAL PAK                                              | 2         |                         |
| VOQUEZNA TRIPLE PAK                                            | 2         |                         |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                   |   |                             |
|-------------------|---|-----------------------------|
| FULPHILA          | 4 | PA; QL (99 per 99 days)     |
| ILARIS (PF)       | 4 | PA; LA; QL (99 per 99 days) |
| LEUKINE           | 4 | PA                          |
| NIVESTYM          | 4 | PA                          |
| <i>plerixafor</i> | 4 | PA                          |
| PROCRIT           | 4 | PA                          |
| PROLEUKIN         | 4 | PA                          |

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

| Drug Name                                          | Drug Tier | Requirements / Limits   |
|----------------------------------------------------|-----------|-------------------------|
| RETACRIT                                           | 4         | PA                      |
| ZIEXTENZO                                          | 4         | PA; QL (99 per 99 days) |
| ZYNTEGLO                                           | 4         | PA                      |
| <b>GROWTH HORMONES</b>                             |           |                         |
| EGRIFTA SV                                         | 4         | PA                      |
| EGRIFTA WR                                         | 4         | PA                      |
| OMNITROPE                                          | 4         | PA                      |
| <b>INTERFERONS</b>                                 |           |                         |
| ACTIMMUNE                                          | 4         | PA                      |
| ALFERON N                                          | 2         | PA                      |
| PEGASYS                                            | 4         | PA; QL (99 per 99 days) |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b> |           |                         |
| ABRYSVO (PF)                                       | 6         | ACA                     |
| ACTHIB (PF)                                        | 6         | ACA                     |
| ADACEL(TDAP ADOLESN/ADULT )(PF)                    | 6         | ACA                     |
| AREXVY (PF)                                        | 6         | ACA                     |
| BEXSERO                                            | 6         | ACA                     |
| BIOTHRAX                                           | 2         |                         |
| BOOSTRIX TDAP                                      | 6         | ACA                     |
| CAPVAXIVE (PF)                                     | 6         | ACA                     |
| COMIRNATY 2025-2026(5-11Y)(PF)                     | 6         | ACA                     |
| COMIRNATY 2025-26 (12Y UP)(PF)                     | 6         | ACA                     |
| DAPTACEL (DTAP PEDIATRIC) (PF)                     | 6         | ACA                     |
| DENGVAIXA (PF)                                     | 6         | ACA                     |
| DYSPORE                                            | 4         | PA                      |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| ENGERIX-B (PF)                 | 6         | ACA                   |
| ENGERIX-B PEDIATRIC (PF)       | 6         | ACA                   |
| FLUAD 2026-2027 (65 YR UP)(PF) | 6         | ACA                   |
| FLUBLOK 2026-2027 (PF)         | 6         | ACA                   |
| FLUCELVAX 2026-2027 (PF)       | 6         | ACA                   |
| FLUZONE 2026-2027              | 6         | ACA                   |
| FLUZONE 2026-2027 (PF)         | 6         | ACA                   |
| FLUZONE HIGH-DOSE 2026-27 (PF) | 6         | ACA                   |
| GAMASTAN                       | 4         | PA                    |
| GAMMAGARD LIQUID               | 4         | PA                    |
| GAMMAGARD LIQUID ERC           | 4         |                       |
| GAMMAGARD S-D (IGA < 1 MCG/ML) | 4         | PA                    |
| GAMUNEX-C                      | 4         | PA                    |
| GARDASIL 9 (PF)                | 6         | ACA                   |
| GRASTEK                        | 2         | PA                    |
| HAVRIX (PF)                    | 6         | ACA                   |
| HEPLISAV-B (PF)                | 6         | ACA                   |
| HIBERIX (PF)                   | 6         | ACA                   |
| IMOVAX RABIES VACCINE (PF)     | 2         |                       |
| INFANRIX (DTAP) (PF)           | 6         | ACA                   |
| IPOL                           | 6         | ACA                   |
| IXIARO (PF)                    | 2         |                       |
| JYNNEOS (PF)                   | 6         | ACA                   |

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

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| KINRIX (PF)                    | 6         | ACA                   |
| MENQUADFI (PF)                 | 6         | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)    | 6         | ACA                   |
| M-M-R II (PF)                  | 6         | ACA                   |
| MNEXSPIKE 2025-2026 (PF)       | 6         | ACA                   |
| MRESVIA (PF)                   | 6         | ACA                   |
| MYOBLOC                        | 4         | PA                    |
| NUVAXOVID 2025-2026 (PF)       | 6         | ACA                   |
| ODACTRA                        | 2         | PA                    |
| PEDIARIX (PF)                  | 6         | ACA                   |
| PEDVAX HIB (PF)                | 6         | ACA                   |
| PENBRAYA (PF)                  | 6         | ACA                   |
| PENMENVY MEN A-B-C-W-Y (PF)    | 6         | ACA                   |
| PENTACEL (PF)                  | 6         | ACA                   |
| PNEUMOVAX-23                   | 6         | ACA                   |
| PREVNAR 20 (PF)                | 6         | ACA                   |
| PRIORIX (PF)                   | 6         | ACA                   |
| PROQUAD (PF)                   | 6         | ACA                   |
| QUADRACEL (PF)                 | 6         | ACA                   |
| RABAVERT (PF)                  | 2         |                       |
| RAGWITEK                       | 2         | PA                    |
| RECOMBIVAX HB (PF)             | 6         | ACA                   |
| ROTARIX                        | 6         | ACA                   |
| ROTATEQ VACCINE                | 6         | ACA                   |
| SHINGRIX (PF)                  | 6         | ACA                   |
| SPIKEVAX 2025-2026(12Y UP)(PF) | 6         | ACA                   |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| SPIKEVAX 2025-26 (6M-11Y) (PF) | 6         | ACA                   |
| STAMARIL (PF)                  | 2         |                       |
| TENIVAC (PF)                   | 6         | ACA                   |
| TICOVAC                        | 2         |                       |
| TRUMENBA                       | 6         | ACA                   |
| TWINRIX (PF)                   | 6         | ACA                   |
| TYPHIM VI                      | 2         |                       |
| VAQTA (PF)                     | 6         | ACA                   |
| VARIVAX (PF)                   | 6         | ACA                   |
| VAXCHORA VACCINE               | 2         |                       |
| VAXELIS (PF)                   | 6         | ACA                   |
| VAXNEUVANCE (PF)               | 6         | ACA                   |
| VIMKUNYA (PF)                  | 2         |                       |
| VIVOTIF                        | 2         |                       |
| XEMBIFY                        | 4         | PA                    |
| YF-VAX (PF)                    | 2         |                       |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                |   |    |
|--------------------------------|---|----|
| <i>allopurinol</i>             | 1 |    |
| <i>colchicine oral capsule</i> | 1 | ST |
| <i>colchicine oral tablet</i>  | 1 |    |
| <i>febuxostat</i>              | 1 | ST |
| KRYSTEXXA                      | 4 | PA |
| <i>probenecid</i>              | 1 |    |
| <i>probenecid-colchicine</i>   | 1 |    |

### OSTEOPOROSIS THERAPY

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

| Drug Name                      | Drug Tier | Requirements / Limits   |
|--------------------------------|-----------|-------------------------|
| <i>alendronate</i>             | 1         | QL (99 per 99 days)     |
| BILDYOS                        | 4         | PA; QL (99 per 99 days) |
| ENOBY                          | 4         | PA; QL (99 per 99 days) |
| <i>ibandronate intravenous</i> | 4         | PA                      |
| <i>ibandronate oral</i>        | 1         | QL (99 per 99 days)     |
| <i>raloxifene</i>              | 1         |                         |
| <i>risedronate</i>             | 1         | QL (99 per 99 days)     |
| <i>teriparatide</i>            | 4         | PA; QL (99 per 99 days) |
| TYMLOS                         | 4         | PA; QL (99 per 99 days) |

#### OTHER RHEUMATOLOGICALS

|                       |   |                         |
|-----------------------|---|-------------------------|
| ADALIMUMAB-ADAZ       | 4 | PA; QL (99 per 99 days) |
| ADALIMUMAB-ADBM       | 4 | PA; QL (99 per 99 days) |
| ADALIMUMAB-RYVK       | 4 | PA; QL (99 per 99 days) |
| AURANOFIN             | 2 |                         |
| AVTOZMA               | 4 | PA                      |
| BENLYSTA INTRAVENOUS  | 4 | PA                      |
| BENLYSTA SUBCUTANEOUS | 4 | PA; QL (99 per 99 days) |
| ENBREL                | 4 | PA; QL (99 per 99 days) |
| ENBREL MINI           | 4 | PA; QL (99 per 99 days) |
| ENBREL SURECLICK      | 4 | PA; QL (99 per 99 days) |

| Drug Name                                                            | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------------|-----------|-------------------------|
| <i>leflunomide</i>                                                   | 1         | QL (99 per 99 days)     |
| <i>milnacipran</i>                                                   | 1         | QL (99 per 99 days)     |
| OTEZLA ORAL TABLET 20 MG                                             | 4         | PA                      |
| OTEZLA ORAL TABLET 30 MG                                             | 4         | PA; QL (99 per 99 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)           | 4         | PA                      |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 4         | PA; QL (99 per 99 days) |
| OTEZLA XR                                                            | 4         | PA                      |
| OTEZLA XR INITIATION                                                 | 4         | PA                      |
| <i>penicillamine</i>                                                 | 1         | PA                      |
| RIDAURA                                                              | 2         |                         |
| SIMLANDI(CF)                                                         | 4         | PA; QL (99 per 99 days) |
| SIMLANDI(CF) AUTOINJECTOR                                            | 4         | PA; QL (99 per 99 days) |
| SIMPONI                                                              | 4         | PA; QL (99 per 99 days) |
| <i>tofacitinib</i>                                                   | 4         | PA; QL (99 per 99 days) |
| TYENNE AUTOINJECTOR                                                  | 4         | PA; QL (99 per 99 days) |
| TYENNE INTRAVENOUS                                                   | 4         | PA                      |
| TYENNE SUBCUTANEOUS                                                  | 4         | PA; QL (99 per 99 days) |

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

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                  |           |                       |
| <b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b> |           |                       |
| CAYA CONTOURED                                      | 6         | ACA                   |
| FC2 FEMALE CONDOM                                   | 6         | ACA; OTC              |
| FEMCAP                                              | 6         | ACA                   |
| KYLEENA                                             | 4         |                       |
| MIRENA                                              | 4         | ACA                   |
| PARAGARD T 380A                                     | 4         | ACA                   |
| SKYLA                                               | 4         |                       |
| TRUSTEX-RIA NON-LUB CONDOMS                         | 6         | ACA; OTC              |
| <b>ESTROGENS &amp; PROGESTINS</b>                   |           |                       |
| <i>abigale</i>                                      | 1         |                       |
| <i>abigale lo</i>                                   | 1         |                       |
| <i>camila</i>                                       | 6         | ACA                   |
| <i>conjugated estrogens</i>                         | 1         |                       |
| <i>covaryx</i>                                      | 1         |                       |
| <i>covaryx h.s.</i>                                 | 1         |                       |
| <i>deblitane</i>                                    | 6         | ACA                   |
| <i>dotti</i>                                        | 1         | QL (99 per 99 days)   |
| DUAVEE                                              | 3         |                       |
| <i>eemt</i>                                         | 1         |                       |
| <i>eemt hs</i>                                      | 1         |                       |
| <i>emzahh</i>                                       | 6         | ACA                   |
| <i>errin</i>                                        | 6         | ACA                   |
| <i>estradiol oral</i>                               | 1         |                       |

| Drug Name                                | Drug Tier | Requirements / Limits    |
|------------------------------------------|-----------|--------------------------|
| <i>estradiol transdermal</i>             | 1         | QL (99 per 99 days)      |
| <i>estradiol vaginal</i>                 | 1         |                          |
| <i>estradiol valerate</i>                | 1         |                          |
| <i>estradiol-norethindrone acet</i>      | 1         |                          |
| <i>estrogens-methyltestosterone</i>      | 1         |                          |
| <i>fyavolv</i>                           | 1         |                          |
| <i>gallifrey</i>                         | 1         |                          |
| <i>heather</i>                           | 6         | ACA                      |
| <i>incassia</i>                          | 6         | ACA                      |
| <i>jencycla</i>                          | 6         | ACA                      |
| <i>jinteli</i>                           | 1         |                          |
| <i>lyleq</i>                             | 6         | ACA                      |
| <i>lyllana</i>                           | 1         | QL (99 per 99 days)      |
| <i>lyza</i>                              | 6         | ACA                      |
| <i>medroxyprogesterone intramuscular</i> | 6         | ACA; QL (99 per 99 days) |
| <i>medroxyprogesterone oral</i>          | 1         |                          |
| <i>meleya</i>                            | 6         | ACA                      |
| <i>mimvey</i>                            | 1         |                          |
| <i>nora-be</i>                           | 6         | ACA                      |
| <i>norethindrone (contraceptive)</i>     | 6         | ACA                      |
| <i>norethindrone acetate</i>             | 1         |                          |
| <i>norethindrone ac-eth estradiol</i>    | 1         |                          |
| OPILL                                    | 6         | ACA; OTC                 |
| <i>orquidea</i>                          | 6         | ACA                      |
| <i>progesterone</i>                      | 4         | PA                       |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>progesterone micronized</i>        | 1         |                       |
| <i>sharobel</i>                       | 6         | ACA                   |
| <i>tulana</i>                         | 6         | ACA                   |
| <i>yuvafem</i>                        | 1         |                       |
| <b>MISCELLANEOUS OB/GYN</b>           |           |                       |
| <i>clindamycin phosphate</i>          | 1         |                       |
| <i>eluryng</i>                        | 6         | ACA                   |
| <i>enilloring</i>                     | 6         | ACA                   |
| <i>etonogestrel-ethinyl estradiol</i> | 6         | ACA                   |
| <i>fem ph</i>                         | 1         |                       |
| GYNAZOLE-1                            | 3         |                       |
| <i>metronidazole</i>                  | 1         |                       |
| <i>miconazole-3</i>                   | 1         |                       |
| <i>mifepristone</i>                   | 1         |                       |
| MYFEMBREE                             | 2         | PA                    |
| NEXPLANON                             | 4         | ACA                   |
| <i>norelgestromin-ethin.estradiol</i> | 6         | ACA                   |
| ORIAHNN                               | 2         | PA                    |
| OSPHENA                               | 3         |                       |
| <i>terconazole</i>                    | 1         |                       |
| <i>tranexamic acid</i>                | 1         |                       |
| <i>vandazole</i>                      | 1         |                       |
| VCF CONTRACEPTIVE FILM                | 2         | OTC                   |
| VCF CONTRACEPTIVE GEL                 | 6         | ACA; OTC              |
| <i>xulane</i>                         | 6         | ACA                   |
| <i>zafemy</i>                         | 6         | ACA                   |

| Drug Name                                       | Drug Tier | Requirements / Limits         |
|-------------------------------------------------|-----------|-------------------------------|
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |           |                               |
| <i>afirmelle</i>                                | 6         | ACA                           |
| <i>after pill</i>                               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>altavera (28)</i>                            | 6         | ACA                           |
| <i>alyacen 1/35 (28)</i>                        | 6         | ACA                           |
| <i>alyacen 7/7/7 (28)</i>                       | 6         | ACA                           |
| <i>amethia</i>                                  | 6         | ACA                           |
| <i>amethyst (28)</i>                            | 6         | ACA                           |
| <i>apri</i>                                     | 6         | ACA                           |
| <i>aranelle (28)</i>                            | 6         | ACA                           |
| <i>ashlyna</i>                                  | 6         | ACA                           |
| <i>aubra</i>                                    | 6         | ACA                           |
| <i>aubra eq</i>                                 | 6         | ACA                           |
| <i>aurovela 1.5/30 (21)</i>                     | 6         | ACA                           |
| <i>aurovela 1/20 (21)</i>                       | 6         | ACA                           |
| <i>aurovela 24 fe</i>                           | 6         | ACA                           |
| <i>aurovela fe 1.5/30 (28)</i>                  | 6         | ACA                           |
| <i>aurovela fe 1-20 (28)</i>                    | 6         | ACA                           |
| <i>aviane</i>                                   | 6         | ACA                           |
| <i>ayuna</i>                                    | 6         | ACA                           |
| <i>azurette (28)</i>                            | 6         | ACA                           |
| <i>balziva (28)</i>                             | 6         | ACA                           |
| <i>blisovi 24 fe</i>                            | 6         | ACA                           |
| <i>blisovi fe 1.5/30 (28)</i>                   | 6         | ACA                           |
| <i>blisovi fe 1/20 (28)</i>                     | 6         | ACA                           |
| <i>briellyn</i>                                 | 6         | ACA                           |
| <i>camrese</i>                                  | 6         | ACA                           |
| <i>camrese lo</i>                               | 6         | ACA                           |

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

| Drug Name                             | Drug Tier | Requirements / Limits         |
|---------------------------------------|-----------|-------------------------------|
| <i>caziant (28)</i>                   | 6         | ACA                           |
| <i>charlotte 24 fe</i>                | 6         | ACA                           |
| <i>chateal eq (28)</i>                | 6         | ACA                           |
| <i>cryselle (28)</i>                  | 6         | ACA                           |
| <i>cyred</i>                          | 6         | ACA                           |
| <i>cyred eq</i>                       | 6         | ACA                           |
| <i>dasetta 1/35 (28)</i>              | 6         | ACA                           |
| <i>dasetta 7/7/7 (28)</i>             | 6         | ACA                           |
| <i>daysee</i>                         | 6         | ACA                           |
| <i>desog-e.estradiol/e.estradiol</i>  | 6         | ACA                           |
| <i>dolishale</i>                      | 6         | ACA                           |
| <i>drospirenone-e.estradiol-lm.fa</i> | 6         | ACA                           |
| <i>drospirenone-ethinyl estradiol</i> | 6         | ACA                           |
| <i>econtra ez</i>                     | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>econtra one-step</i>               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>elinest</i>                        | 6         | ACA                           |
| ELLA                                  | 6         | ACA; QL (99 per 99 days)      |
| <i>enpresse</i>                       | 6         | ACA                           |
| <i>enskyce</i>                        | 6         | ACA                           |
| <i>estarylla</i>                      | 6         | ACA                           |
| <i>falmina (28)</i>                   | 6         | ACA                           |
| <i>feirza</i>                         | 6         | ACA                           |
| <i>finzala</i>                        | 6         | ACA                           |
| <i>galbriela</i>                      | 6         | ACA                           |
| <i>gemmily</i>                        | 6         | ACA                           |
| <i>hailey</i>                         | 6         | ACA                           |

| Drug Name                                | Drug Tier | Requirements / Limits |
|------------------------------------------|-----------|-----------------------|
| <i>hailey 24 fe</i>                      | 6         | ACA                   |
| <i>hailey fe 1.5/30 (28)</i>             | 6         | ACA                   |
| <i>hailey fe 1/20 (28)</i>               | 6         | ACA                   |
| <i>iclevia</i>                           | 6         | ACA                   |
| <i>introvale</i>                         | 6         | ACA                   |
| <i>isibloom</i>                          | 6         | ACA                   |
| <i>jaimiess</i>                          | 6         | ACA                   |
| <i>jasmiel (28)</i>                      | 6         | ACA                   |
| <i>jolessa</i>                           | 6         | ACA                   |
| <i>joyeaux</i>                           | 6         | ACA                   |
| <i>juleber</i>                           | 6         | ACA                   |
| <i>junel 1.5/30 (21)</i>                 | 6         | ACA                   |
| <i>junel 1/20 (21)</i>                   | 6         | ACA                   |
| <i>junel fe 1.5/30 (28)</i>              | 6         | ACA                   |
| <i>junel fe 1/20 (28)</i>                | 6         | ACA                   |
| <i>junel fe 24</i>                       | 6         | ACA                   |
| <i>kaitlib fe</i>                        | 6         | ACA                   |
| <i>kalliga</i>                           | 6         | ACA                   |
| <i>kariva (28)</i>                       | 6         | ACA                   |
| <i>kelnor 1/35 (28)</i>                  | 6         | ACA                   |
| <i>kurvelo (28)</i>                      | 6         | ACA                   |
| <i>l norgest/e.estradiol-e.estradiol</i> | 6         | ACA                   |
| <i>larin 1.5/30 (21)</i>                 | 6         | ACA                   |
| <i>larin 1/20 (21)</i>                   | 6         | ACA                   |
| <i>larin 24 fe</i>                       | 6         | ACA                   |
| <i>larin fe 1.5/30 (28)</i>              | 6         | ACA                   |
| <i>larin fe 1/20 (28)</i>                | 6         | ACA                   |
| <i>lessina</i>                           | 6         | ACA                   |
| <i>levonest (28)</i>                     | 6         | ACA                   |
| <i>levonorgest-eth.estradiol-iron</i>    | 6         | ACA                   |

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

| Drug Name                            | Drug Tier | Requirements / Limits         |
|--------------------------------------|-----------|-------------------------------|
| <i>levonorgestrel</i>                | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>levonorgestrel-ethinyl estrad</i> | 6         | ACA                           |
| <i>levonorg-eth estrad triphasic</i> | 6         | ACA                           |
| <i>lojaimiess</i>                    | 6         | ACA                           |
| <i>loryna (28)</i>                   | 6         | ACA                           |
| <i>low-ogestrel (28)</i>             | 6         | ACA                           |
| <i>lo-zumandimine (28)</i>           | 6         | ACA                           |
| <i>luizza</i>                        | 6         | ACA                           |
| <i>luteria (28)</i>                  | 6         | ACA                           |
| <i>marlissa (28)</i>                 | 6         | ACA                           |
| <i>mibelas 24 fe</i>                 | 6         | ACA                           |
| <i>microgestin 1.5/30 (21)</i>       | 6         | ACA                           |
| <i>microgestin 1/20 (21)</i>         | 6         | ACA                           |
| <i>microgestin fe 1.5/30 (28)</i>    | 6         | ACA                           |
| <i>microgestin fe 1/20 (28)</i>      | 6         | ACA                           |
| <i>mili</i>                          | 6         | ACA                           |
| <i>minzoya</i>                       | 6         | ACA                           |
| <i>mono-linyah</i>                   | 6         | ACA                           |
| <i>my choice</i>                     | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>my way</i>                        | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>necon 0.5/35 (28)</i>             | 6         | ACA                           |
| <i>new day</i>                       | 6         | ACA; OTC; QL (99 per 99 days) |

| Drug Name                             | Drug Tier | Requirements / Limits         |
|---------------------------------------|-----------|-------------------------------|
| <i>nikki (28)</i>                     | 6         | ACA                           |
| <i>norethindrone ac-eth estradiol</i> | 6         | ACA                           |
| <i>norethindrone-e.estradiol-iron</i> | 6         | ACA                           |
| <i>norgestimate-ethinyl estradiol</i> | 6         | ACA                           |
| <i>nortrel 0.5/35 (28)</i>            | 6         | ACA                           |
| <i>nortrel 1/35 (21)</i>              | 6         | ACA                           |
| <i>nortrel 1/35 (28)</i>              | 6         | ACA                           |
| <i>nortrel 7/7/7 (28)</i>             | 6         | ACA                           |
| <i>nylia 1/35 (28)</i>                | 6         | ACA                           |
| <i>nylia 7/7/7 (28)</i>               | 6         | ACA                           |
| <i>ocella</i>                         | 6         | ACA                           |
| <i>opcicon one-step</i>               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>option-2</i>                       | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>philith</i>                        | 6         | ACA                           |
| <i>pimtrea (28)</i>                   | 6         | ACA                           |
| <i>portia 28</i>                      | 6         | ACA                           |
| <i>reclipsen (28)</i>                 | 6         | ACA                           |
| <i>rivelsa</i>                        | 6         | ACA                           |
| <i>rosyrah</i>                        | 6         | ACA                           |
| <i>setlakin</i>                       | 6         | ACA                           |
| <i>shewise</i>                        | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>simliya (28)</i>                   | 6         | ACA                           |
| <i>simpesse</i>                       | 6         | ACA                           |
| <i>sprintec (28)</i>                  | 6         | ACA                           |
| <i>syeda</i>                          | 6         | ACA                           |
| <i>tarina 24 fe</i>                   | 6         | ACA                           |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>tarina fe 1/20 (28)</i>            | 6         | ACA                   |
| <i>tilia fe</i>                       | 6         | ACA                   |
| <i>tri-estarylla</i>                  | 6         | ACA                   |
| <i>tri-legest fe</i>                  | 6         | ACA                   |
| <i>tri-linyah</i>                     | 6         | ACA                   |
| <i>tri-lo-estarylla</i>               | 6         | ACA                   |
| <i>tri-lo-marzia</i>                  | 6         | ACA                   |
| <i>tri-lo-mili</i>                    | 6         | ACA                   |
| <i>tri-lo-sprintec</i>                | 6         | ACA                   |
| <i>tri-mili</i>                       | 6         | ACA                   |
| <i>tri-sprintec (28)</i>              | 6         | ACA                   |
| <i>tri-vylibra</i>                    | 6         | ACA                   |
| <i>tri-vylibra lo</i>                 | 6         | ACA                   |
| <i>turqoz (28)</i>                    | 6         | ACA                   |
| <i>tydemy</i>                         | 6         | ACA                   |
| <i>valtya</i>                         | 6         | ACA                   |
| <i>velivet triphasic regimen (28)</i> | 6         | ACA                   |
| <i>vestura (28)</i>                   | 6         | ACA                   |
| <i>vienva</i>                         | 6         | ACA                   |
| <i>violele (28)</i>                   | 6         | ACA                   |
| <i>volnea (28)</i>                    | 6         | ACA                   |
| <i>vyfemla (28)</i>                   | 6         | ACA                   |
| <i>vylibra</i>                        | 6         | ACA                   |
| <i>wera (28)</i>                      | 6         | ACA                   |
| <i>wymzya fe</i>                      | 6         | ACA                   |
| <i>xarah fe</i>                       | 6         | ACA                   |
| <i>xelria fe</i>                      | 6         | ACA                   |
| <i>zarah</i>                          | 6         | ACA                   |
| <i>zovia 1-35 (28)</i>                | 6         | ACA                   |
| <i>zumandimine (28)</i>               | 6         | ACA                   |
| <b>OXYTOCICS</b>                      |           |                       |

| Drug Name                            | Drug Tier | Requirements / Limits |
|--------------------------------------|-----------|-----------------------|
| <i>methylergonovine</i>              | 1         | QL (99 per 99 days)   |
| <b>OPHTHALMOLOGY</b>                 |           |                       |
| <b>ANTIBIOTICS</b>                   |           |                       |
| <i>bacitracin</i>                    | 1         |                       |
| <i>bacitracin-polymyxin b</i>        | 1         |                       |
| BESIFLOXACIN                         | 3         |                       |
| BESIVANCE                            | 3         |                       |
| <i>ciprofloxacin hcl</i>             | 1         |                       |
| <i>erythromycin</i>                  | 1         |                       |
| <i>gatifloxacin</i>                  | 1         |                       |
| <i>gentamicin</i>                    | 1         |                       |
| <i>levofloxacin</i>                  | 1         |                       |
| <i>moxifloxacin</i>                  | 1         |                       |
| NATACYN                              | 2         |                       |
| <i>neomycin-bacitracin-polymyxin</i> | 1         |                       |
| <i>neomycin-polymyxin-gramicidin</i> | 1         |                       |
| <i>ofloxacin</i>                     | 1         |                       |
| <i>polymyxin b sulf-trimethoprim</i> | 1         |                       |
| <i>povidone-iodine</i>               | 1         |                       |
| <i>tobramycin</i>                    | 1         |                       |
| <b>ANTIVIRALS</b>                    |           |                       |
| <i>trifluridine</i>                  | 1         |                       |
| <b>BETA-BLOCKERS</b>                 |           |                       |
| <i>betaxolol</i>                     | 1         |                       |
| <i>carteolol</i>                     | 1         |                       |
| <i>levobunolol</i>                   | 1         |                       |
| <i>timolol</i>                       | 1         | ST                    |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>timolol maleate (pf)</i>                                  | 1         | ST                    |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>    | 1         | ST                    |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 1         | ST                    |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                      |           |                       |
| PHOSPHOLINE IODIDE                                           | 4         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                |           |                       |
| <i>atropine</i>                                              | 1         |                       |
| <i>cyclopentolate</i>                                        | 1         |                       |
| <i>cyclopen-tropic-phenyleph-watr</i>                        | 1         |                       |
| <i>homatropaire</i>                                          | 1         |                       |
| <i>phenyleph-tropicamide in water</i>                        | 1         |                       |
| <i>tropicamide</i>                                           | 1         |                       |
| <b>DIRECT ACTING MIOTICS</b>                                 |           |                       |
| <i>pilocarpine hcl</i>                                       | 1         |                       |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                         |           |                       |
| <i>alaway</i>                                                | 1         | OTC                   |
| <i>allergy eye (ketotifen)</i>                               | 1         | OTC                   |
| <i>altacaine</i>                                             | 1         |                       |
| <i>azelastine</i>                                            | 1         |                       |
| <i>bepotastine besilate</i>                                  | 1         | ST                    |
| BYOOVIZ                                                      | 4         | PA                    |
| <i>children's alaway</i>                                     | 1         | OTC                   |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| CIMERLI                               | 4         | PA                      |
| <i>cromolyn</i>                       | 1         |                         |
| <i>cyclosporine</i>                   | 1         | PA; QL (99 per 99 days) |
| CYSTARAN                              | 4         | PA                      |
| <i>epinastine</i>                     | 1         |                         |
| <i>eye allergy itch relief</i>        | 1         | OTC                     |
| <i>eye allergy itch-redness rlf</i>   | 1         | OTC                     |
| <i>eye itch relief</i>                | 1         | OTC                     |
| <i>fluorescein-proparacaine</i>       | 1         |                         |
| <i>ketotifen fumarate</i>             | 1         | OTC                     |
| LUXTURNAL                             | 4         | PA                      |
| MIEBO (PF)                            | 2         | PA; QL (99 per 99 days) |
| <i>olopatadine</i>                    | 1         | OTC                     |
| OXERVATE                              | 4         | PA                      |
| PAVBLU                                | 4         | PA                      |
| <i>prednisoln sp-moxiflox-bromfen</i> | 1         |                         |
| <i>prednisolone sod ph-bromfenac</i>  | 1         |                         |
| <i>proparacaine</i>                   | 1         |                         |
| RESTASIS MULTIDOSE                    | 2         | PA; QL (99 per 99 days) |
| <i>retaine allergy</i>                | 1         | OTC                     |
| <i>tetracaine hcl</i>                 | 1         |                         |
| <i>wal-zyr (ketotifen)</i>            | 1         | OTC                     |
| XDEMVEY                               | 4         | QL (99 per 99 days)     |
| XIIDRA                                | 2         | PA; QL (99 per 99 days) |
| ZADITOR                               | 2         | OTC                     |

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

| Drug Name                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------|-----------|-----------------------|
| ZERVIAE                                       | 3         | ST                    |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |           |                       |
| <i>bromfenac</i>                              | 1         |                       |
| <i>diclofenac sodium</i>                      | 1         |                       |
| <i>flurbiprofen sodium</i>                    | 1         |                       |
| <i>ketorolac</i>                              | 1         |                       |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                |           |                       |
| <i>acetazolamide</i>                          | 1         |                       |
| <i>methazolamide</i>                          | 1         |                       |
| <b>OTHER GLAUCOMA DRUGS</b>                   |           |                       |
| <i>bimatoprost</i>                            | 1         | ST                    |
| <i>brimonidine-timolol</i>                    | 1         |                       |
| <i>brinzolamide</i>                           | 1         |                       |
| <i>dorzolamide</i>                            | 1         |                       |
| <i>dorzolamide-timolol</i>                    | 1         |                       |
| <i>dorzolamide-timolol (pf)</i>               | 1         |                       |
| <i>latanoprost</i>                            | 1         | ST                    |
| <i>miostat</i>                                | 1         |                       |
| <i>tafluprost (pf)</i>                        | 1         | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>        |           |                       |
| <i>neomycin-bacitracin-poly-hc</i>            | 1         |                       |
| <i>neomycin-polymyxin b-dexameth</i>          | 1         |                       |
| <i>neomycin-polymyxin-hc</i>                  | 1         |                       |
| <i>tobramycin-dexamethasone</i>               | 1         |                       |
| <i>tobramycin-lotepred</i>                    | 1         |                       |
| <b>STEROIDS</b>                               |           |                       |

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>dexamethasone sodium phosphate</i>            | 1         |                       |
| <i>difluprednate</i>                             | 1         |                       |
| <i>fluorometholone</i>                           | 1         |                       |
| <i>loteprednol etabonate</i>                     | 1         | ST                    |
| OZURDEX                                          | 4         | PA                    |
| <i>prednisolone acetate</i>                      | 1         |                       |
| <i>prednisolone sodium phosphate</i>             | 1         |                       |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>          |           |                       |
| <i>sulfacetamide-prednisolone</i>                | 1         |                       |
| <b>SULFONAMIDES</b>                              |           |                       |
| <i>sulfacetamide sodium</i>                      | 1         |                       |
| <b>SYMPATHOMIMETICS</b>                          |           |                       |
| <i>apraclonidine</i>                             | 1         |                       |
| <i>brimonidine</i>                               | 1         |                       |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>             |           |                       |
| <i>phenylephrine hcl</i>                         | 1         |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>    |           |                       |
| <b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b> |           |                       |
| <i>carbinoxamine maleate oral liquid</i>         | 1         |                       |
| <i>carbinoxamine maleate oral tablet 4 mg</i>    | 1         |                       |
| <i>carbinoxamine maleate oral tablet 6 mg</i>    | 1         | ST                    |

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

| Drug Name                                  | Drug Tier | Requirements / Limits |
|--------------------------------------------|-----------|-----------------------|
| <i>carbzah</i>                             | 1         | ST                    |
| <i>cetirizine</i>                          | 1         |                       |
| <i>corphena</i>                            | 1         |                       |
| <i>cyproheptadine</i>                      | 1         |                       |
| <i>desloratadine</i>                       | 1         | QL (99 per 99 days)   |
| <i>dexchlorpheniramine maleate</i>         | 1         |                       |
| <i>epinephrine injection auto-injector</i> | 1         | QL (99 per 99 days)   |
| <i>epinephrine injection solution</i>      | 1         |                       |
| <i>epinephrine injection syringe</i>       | 1         |                       |
| <i>hydroxyzine hcl</i>                     | 1         |                       |
| <i>hydroxyzine pamoate</i>                 | 1         |                       |
| <i>levocetirizine oral solution</i>        | 1         |                       |
| <i>levocetirizine oral tablet</i>          | 1         | QL (99 per 99 days)   |
| <i>promethazine</i>                        | 1         |                       |
| <i>promethegan</i>                         | 1         |                       |
| <b>COUGH &amp; COLD THERAPY</b>            |           |                       |
| <i>benzonatate</i>                         | 1         |                       |
| <i>brompheniramine-pseudoeph-dm</i>        | 1         |                       |
| <i>hydrocodone-chlorpheniramine</i>        | 1         |                       |
| <i>hydrocodone-homatropine</i>             | 1         |                       |
| <i>promethazine-codeine</i>                | 1         |                       |
| <i>promethazine-dm</i>                     | 1         |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits       |
|---------------------------------------------------------------|-----------|-----------------------------|
| <i>promethazine-phenylephrine</i>                             | 1         |                             |
| <b>PULMONARY AGENTS</b>                                       |           |                             |
| <i>acetylcysteine</i>                                         | DME       |                             |
| ADEMPAS                                                       | 4         | PA; LA; QL (99 per 99 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>       | 1         | QL (99 per 99 days)         |
| <i>albuterol sulfate inhalation solution for nebulization</i> | DME       |                             |
| <i>albuterol sulfate oral</i>                                 | 1         |                             |
| ALYFTREK                                                      | 4         | PA; QL (99 per 99 days)     |
| <i>alyq</i>                                                   | 4         | PA; QL (99 per 99 days)     |
| <i>ambrisentan</i>                                            | 4         | PA; LA; QL (99 per 99 days) |
| ANORO ELLIPTA                                                 | 2         | QL (99 per 99 days)         |
| <i>arformoterol</i>                                           | DME       | QL (99 per 99 days)         |
| ASMANEX HFA                                                   | 3         | QL (99 per 99 days)         |
| <i>beclomethasone dipropionate</i>                            | 1         |                             |
| <i>bosentan</i>                                               | 4         | PA; LA; QL (99 per 99 days) |
| BREO ELLIPTA                                                  | 2         | ST; QL (99 per 99 days)     |
| <i>brey-na</i>                                                | 1         | ST; QL (99 per 99 days)     |

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

| Drug Name                                                                                     | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------------------------------|-----------|-------------------------|
| BREZTRI<br>AEROSPHERE<br>INHALATION HFA<br>AEROSOL<br>INHALER 160-18-<br>4.8<br>MCG/ACTUATION | 2         |                         |
| BREZTRI<br>AEROSPHERE<br>INHALATION HFA<br>AEROSOL<br>INHALER 160-9-<br>4.8<br>MCG/ACTUATION  | 2         | QL (99 per 99 days)     |
| BRINSUPRI                                                                                     | 4         | PA                      |
| <i>budesonide</i>                                                                             | DME       | QL (99 per 99 days)     |
| <i>budesonide-formoterol</i>                                                                  | 1         | ST; QL (99 per 99 days) |
| CINRYZE                                                                                       | 4         | PA; QL (99 per 99 days) |
| COMBIVENT<br>RESPIMAT                                                                         | 2         | QL (99 per 99 days)     |
| <i>cromolyn</i>                                                                               | DME       |                         |
| DULERA                                                                                        | 2         | ST; QL (99 per 99 days) |
| FASENRA                                                                                       | 4         | PA; QL (99 per 99 days) |
| FASENRA PEN                                                                                   | 4         | PA; QL (99 per 99 days) |
| <i>flunisolide</i>                                                                            | 1         | ST; QL (99 per 99 days) |
| <i>fluticasone propionate</i>                                                                 | 1         | QL (99 per 99 days)     |

| Drug Name                                                                                   | Drug Tier | Requirements / Limits       |
|---------------------------------------------------------------------------------------------|-----------|-----------------------------|
| FLUTICASONE<br>PROPION-<br>SALMETEROL<br>INHALATION<br>AEROSOL POWDR<br>BREATH<br>ACTIVATED | 2         | ST; QL (99 per 99 days)     |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>                        | 1         | ST; QL (99 per 99 days)     |
| <i>formoterol fumarate</i>                                                                  | 1         | QL (99 per 99 days)         |
| <i>icatibant</i>                                                                            | 4         | PA; QL (99 per 99 days)     |
| INCRUSE<br>ELLIPTA                                                                          | 2         | QL (99 per 99 days)         |
| <i>ipratropium bromide inhalation hfa aerosol inhaler</i>                                   | 1         | QL (99 per 99 days)         |
| <i>ipratropium bromide inhalation solution</i>                                              | DME       |                             |
| <i>ipratropium-albuterol</i>                                                                | DME       | QL (99 per 99 days)         |
| KALYDECO                                                                                    | 4         | PA; QL (99 per 99 days)     |
| <i>levalbuterol hcl</i>                                                                     | DME       |                             |
| <i>macitentan</i>                                                                           | 4         | PA; QL (99 per 99 days)     |
| <i>mometasone</i>                                                                           | 1         | ST; QL (99 per 99 days)     |
| <i>montelukast</i>                                                                          | 1         |                             |
| <i>nebusal</i>                                                                              | DME       |                             |
| <i>nintedanib</i>                                                                           | 4         | PA; QL (99 per 99 days)     |
| NUCALA                                                                                      | 4         | PA; LA; QL (99 per 99 days) |

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

| Drug Name                                         | Drug Tier | Requirements / Limits       |
|---------------------------------------------------|-----------|-----------------------------|
| OPSUMIT                                           | 4         | PA; LA; QL (99 per 99 days) |
| OPSYNVI                                           | 4         | PA; QL (99 per 99 days)     |
| ORKAMBI                                           | 4         | PA; QL (99 per 99 days)     |
| <i>pirfenidone</i>                                | 4         | PA; QL (99 per 99 days)     |
| <i>pulmosal</i>                                   | 1         |                             |
| PULMOZYME                                         | 4         | PA                          |
| QVAR<br>REDIHALER                                 | 2         | QL (99 per 99 days)         |
| <i>roflumilast oral tablet 250 mcg</i>            | 1         | PA; QL (99 per 99 days)     |
| <i>roflumilast oral tablet 500 mcg</i>            | 1         | PA                          |
| RUCONEST                                          | 4         | PA; QL (99 per 99 days)     |
| <i>sajazir</i>                                    | 4         | PA; QL (99 per 99 days)     |
| <i>sildenafil (pulm.hypertension) intravenous</i> | 4         |                             |
| <i>sildenafil (pulm.hypertension) oral</i>        | 4         | PA; QL (99 per 99 days)     |
| <i>sodium chloride</i>                            | DME       |                             |
| SPIRIVA<br>RESPIMAT                               | 2         | QL (99 per 99 days)         |
| STIOLTO<br>RESPIMAT                               | 2         | QL (99 per 99 days)         |
| STRIVERDI<br>RESPIMAT                             | 2         | QL (99 per 99 days)         |
| SYMDEKO                                           | 4         | PA; QL (99 per 99 days)     |
| <i>tadalafil (pulm. hypertension)</i>             | 4         | PA; QL (99 per 99 days)     |

| Drug Name                         | Drug Tier | Requirements / Limits       |
|-----------------------------------|-----------|-----------------------------|
| TAKHZYRO                          | 4         | PA; LA; QL (99 per 99 days) |
| <i>terbutaline</i>                | 1         |                             |
| TEZSPIRE                          | 4         | PA; QL (99 per 99 days)     |
| <i>theophylline</i>               | 1         |                             |
| <i>tiotropium bromide</i>         | 1         |                             |
| TRELEGY<br>ELLIPTA                | 2         | QL (99 per 99 days)         |
| TRIKAFTA                          | 4         | PA; QL (99 per 99 days)     |
| TYVASO                            | 4         | PA                          |
| TYVASO DPI                        | 4         | PA                          |
| TYVASO REFILL<br>KIT              | 4         | PA                          |
| TYVASO<br>STARTER KIT             | 4         | PA                          |
| <i>wixela inhub</i>               | 1         | ST; QL (99 per 99 days)     |
| XOLAIR                            | 4         | PA; LA; QL (99 per 99 days) |
| YUTREPIA                          | 4         | PA                          |
| <i>zafirlukast</i>                | 1         |                             |
| <b>PULMONARY DEVICES</b>          |           |                             |
| ACE AEROSOL<br>CLOUD<br>ENHANCER  | 2         |                             |
| AEROCHAMBER<br>MECHANICAL<br>VENT | 2         |                             |
| AEROCHAMBER<br>MINI               | 2         |                             |
| AEROCHAMBER<br>PLUS FLOW-VU       | 2         |                             |

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

| Drug Name                | Drug Tier | Requirements / Limits |
|--------------------------|-----------|-----------------------|
| AEROCHAMBER PLUS Z STAT  | 2         |                       |
| AEROCHAMBER2 GO          | 2         |                       |
| AEROTRACH PLUS           | 2         |                       |
| AEROVENT PLUS            | 2         |                       |
| BREATHERITE MDI SPACER   | 2         |                       |
| COMPACT SPACE CHAMBER    | 2         |                       |
| EASIVENT HOLDING CHAMBER | 2         |                       |
| FLEXICHAMBER             | 2         |                       |
| LITEAIRE MDI CHAMBER     | 2         |                       |
| MICROCHAMBER             | 2         |                       |
| MICROSPACER              | 2         |                       |
| OPTICHAMBER DIAMOND VHC  | 2         |                       |
| POCKET CHAMBER           | 2         |                       |
| PRIMEAIRE                | 2         |                       |
| PROCHAMBER               | 2         |                       |
| RITEFLO AEROCHAMBER      | 2         |                       |
| SPACE CHAMBER            | 2         |                       |
| VORTEX HOLDING CHAMBER   | 2         |                       |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|                     |   |  |
|---------------------|---|--|
| <i>darifenacin</i>  | 1 |  |
| <i>fesoterodine</i> | 1 |  |

| Drug Name                  | Drug Tier | Requirements / Limits |
|----------------------------|-----------|-----------------------|
| <i>flavoxate</i>           | 1         |                       |
| <i>mirabegron</i>          | 1         |                       |
| <i>oxybutynin chloride</i> | 1         |                       |
| <i>solifenacin</i>         | 1         |                       |
| <i>tolterodine</i>         | 1         |                       |
| <i>trospium</i>            | 1         |                       |

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

|                               |   |                         |
|-------------------------------|---|-------------------------|
| <i>alfuzosin</i>              | 1 |                         |
| <i>dutasteride</i>            | 1 | ST                      |
| <i>dutasteride-tamsulosin</i> | 1 | ST                      |
| <i>finasteride</i>            | 1 |                         |
| <i>silodosin</i>              | 1 |                         |
| <i>tadalafil</i>              | 1 | ST; QL (99 per 99 days) |
| <i>tamsulosin</i>             | 1 |                         |

### CHOLINERGIC STIMULANTS

|                             |   |  |
|-----------------------------|---|--|
| <i>bethanechol chloride</i> | 1 |  |
|-----------------------------|---|--|

### MISCELLANEOUS UROLOGICALS

|                                       |   |    |
|---------------------------------------|---|----|
| CYSTAGON                              | 4 | LA |
| ELMIRON                               | 2 |    |
| K-PHOS ORIGINAL                       | 2 |    |
| <i>mb caps</i>                        | 1 |    |
| <i>methen-sod phos-meth blue-hyos</i> | 1 |    |
| <i>potassium citrate</i>              | 1 |    |
| RENACIDIN                             | 2 |    |
| <i>uretron d-s</i>                    | 1 |    |
| <i>urimar-t</i>                       | 1 |    |
| <i>urogesic-blue</i>                  | 1 |    |
| <i>uro-mp</i>                         | 1 |    |

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

| Drug Name                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------|-----------|-----------------------|
| <i>uro-sp</i>                                  | 1         |                       |
| <i>uryl</i>                                    | 1         |                       |
| <b>URINARY ANESTHETICS</b>                     |           |                       |
| <i>phenazopyridine</i>                         | 1         |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b> |           |                       |
| <b>ELECTROLYTES</b>                            |           |                       |
| <i>calcium acetate(phosphat bind)</i>          | 1         | QL (99 per 99 days)   |
| <i>effer-k</i>                                 | 1         |                       |
| <i>ferric citrate</i>                          | 1         |                       |
| <i>kionex</i>                                  | 1         |                       |
| <i>klor-con</i>                                | 1         |                       |
| <i>klor-con 10</i>                             | 1         |                       |
| <i>klor-con 8</i>                              | 1         |                       |
| <i>klor-con m10</i>                            | 1         |                       |
| <i>klor-con m15</i>                            | 1         |                       |
| <i>klor-con m20</i>                            | 1         |                       |
| <i>lanthanum</i>                               | 1         | QL (99 per 99 days)   |
| LOKELMA                                        | 2         | QL (99 per 99 days)   |
| <i>lugols</i>                                  | 1         |                       |
| <i>potassium chloride</i>                      | 1         |                       |
| <i>sevelamer carbonate</i>                     | 1         | QL (99 per 99 days)   |
| <i>sevelamer hcl</i>                           | 1         | QL (99 per 99 days)   |
| <i>sodium polystyrene sulfonate</i>            | 1         |                       |
| <i>sps (with sorbitol)</i>                     | 1         |                       |
| <i>strong iodine</i>                           | 1         |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| VELPHORO                                                      | 3         | QL (99 per 99 days)   |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b> |           |                       |
| AQNEURSA                                                      | 4         | PA; LA                |
| <b>VITAMINS &amp; HEMATINICS</b>                              |           |                       |
| <i>b complex 1 (with folic acid)</i>                          | 6         | ACA; OTC              |
| <i>b complex-vitamin c-folic acid</i>                         | 6         | ACA; OTC              |
| <i>bal-care dha</i>                                           | 1         |                       |
| <i>b-complex with vitamin c</i>                               | 6         | ACA; OTC              |
| <i>classic prenatal</i>                                       | 6         | ACA; OTC              |
| <i>complete natal dha</i>                                     | 1         |                       |
| <i>dialyvite 800</i>                                          | 6         | ACA; OTC              |
| <i>ergocalciferol (vitamin d2)</i>                            | 1         |                       |
| <i>flotrex</i>                                                | 6         | ACA; OTC              |
| <i>fluoride (sodium)</i>                                      | 6         | ACA; OTC              |
| <i>folic acid</i>                                             | 6         | ACA; OTC              |
| <i>folitab</i>                                                | 6         | ACA; OTC              |
| <i>foltabs 800</i>                                            | 6         | ACA; OTC              |
| <i>full spectrum b-vitamin c</i>                              | 6         | ACA; OTC              |
| <i>hydroxocobalamin</i>                                       | 1         |                       |
| <i>iron sucrose</i>                                           | 1         | PA                    |
| <i>kobee</i>                                                  | 6         | ACA; OTC              |
| <i>ludent fluoride</i>                                        | 6         | ACA; OTC              |
| <i>m-natal plus</i>                                           | 1         |                       |
| <i>multi-vitamin with fluoride</i>                            | 6         | ACA; OTC              |
| <i>multivit-fluoride (metafolin)</i>                          | 6         | ACA; OTC              |
| <i>mvc-fluoride</i>                                           | 6         | ACA; OTC              |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>mynatal</i>                        | 1         |                       |
| <i>mynatal plus</i>                   | 1         |                       |
| <i>mynatal-z</i>                      | 1         |                       |
| <i>neo-vital rx</i>                   | 1         |                       |
| <i>nephro vitamins</i>                | 6         | ACA; OTC              |
| <i>newgen</i>                         | 1         |                       |
| <i>one natal rx</i>                   | 1         |                       |
| <i>pnv-select</i>                     | 1         |                       |
| <i>pr natal 400</i>                   | 1         |                       |
| <i>pr natal 400 ec</i>                | 1         |                       |
| <i>pr natal 430</i>                   | 1         |                       |
| <i>pr natal 430 ec</i>                | 1         |                       |
| <i>prenatabs fa</i>                   | 1         |                       |
| <i>prenatabs rx</i>                   | 1         |                       |
| <i>prenatal</i>                       | 6         | ACA; OTC              |
| <i>prenatal complete</i>              | 6         | ACA; OTC              |
| <i>prenatal multi-dha (algal oil)</i> | 6         | ACA; OTC              |
| <i>prenatal multivitamins</i>         | 6         | ACA; OTC              |
| <i>prenatal one daily</i>             | 6         | ACA; OTC              |
| <i>prenatal plus</i>                  | 1         |                       |
| <i>prenatal plus (calcium carb)</i>   | 1         |                       |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>prenatal vit no.179-iron-folic</i> | 6         | ACA; OTC              |
| <i>prenatal vitamin</i>               | 6         | ACA; OTC              |
| <i>prenatal vitamin with minerals</i> | 6         | ACA; OTC              |
| <i>purevita folic acid</i>            | 6         | ACA; OTC              |
| <i>renal vitamin</i>                  | 6         | ACA; OTC              |
| <i>renal-vite</i>                     | 6         | ACA; OTC              |
| <i>rena-vite</i>                      | 6         | ACA; OTC              |
| <i>soluvita a,c,d with fluoride</i>   | 6         | ACA; OTC              |
| <i>stress formula with iron(sulf)</i> | 6         | ACA; OTC              |
| <i>super b-50 complex</i>             | 6         | ACA; OTC              |
| <i>super quintis</i>                  | 6         | ACA; OTC              |
| <i>tricon</i>                         | 6         | ACA; OTC              |
| <i>trinatal rx 1</i>                  | 1         |                       |
| <i>trinate</i>                        | 1         |                       |
| <i>tri-vitamin with fluoride</i>      | 6         | ACA; OTC              |
| <i>wesnate dha</i>                    | 1         |                       |
| <i>westab plus</i>                    | 1         |                       |
| <i>westgel dha</i>                    | 1         |                       |

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

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| AVONEX .....                                   | 22     | <i>betaine</i> .....                           | 41     | <i>bromfenac</i> .....                               | 54     |
| AVSOLA .....                                   | 41     | <i>betamethasone dipropionate</i> .....        | 32     | <i>bromocriptine</i> .....                           | 13     |
| AVTOZMA .....                                  | 47     | <i>betamethasone valerate</i> .....            | 32     | <i>brompheniramine-pseudoeph-</i><br><i>dm</i> ..... | 55     |
| <i>ayuna</i> .....                             | 49     | <i>betamethasone, augmented</i> .....          | 32     | BRUKINSA .....                                       | 7      |
| <i>azacitidine</i> .....                       | 7      | BETASERON .....                                | 22     | BUCAPSOL .....                                       | 18     |
| <i>azathioprine</i> .....                      | 7      | <i>betaxolol</i> .....                         | 23, 52 | <i>budesonide</i> .....                              | 42, 56 |
| <i>azelaic acid</i> .....                      | 29     | <i>bethanechol chloride</i> .....              | 58     | <i>budesonide-formoterol</i> .....                   | 56     |
| <i>azelastine</i> .....                        | 35, 53 | <i>bevacizumab</i> .....                       | 7      | <i>bumetanide</i> .....                              | 23     |
| <i>azilsartan medoxomil</i> .....              | 23     | <i>bexarotene</i> .....                        | 7      | <i>buprenorphine</i> .....                           | 15     |
| <i>azithromycin</i> .....                      | 5      | BEXSERO .....                                  | 45     | <i>buprenorphine hcl</i> .....                       | 15     |
| AZSTARYS .....                                 | 18     | BEYFORTUS .....                                | 3      | <i>buprenorphine-naloxone</i> .....                  | 16     |
| <i>azurette (28)</i> .....                     | 49     | <i>bicalutamide</i> .....                      | 7      | <i>bupropion hcl</i> .....                           | 18     |
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|                                          |                                        |                                         |
|------------------------------------------|----------------------------------------|-----------------------------------------|
| <i>bupropion hcl (smoking deter)</i>     | <i>carbamazepine</i> .....             | CHOLBAM.....                            |
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other questions, please contact  
**The Health Plan Pharmacy Services**  
at **1.800.624.6961** extension **7914**,  
or visit **[www.healthplan.org](http://www.healthplan.org)**.

