

2025

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## BCN Advantage<sup>SM</sup> HMO-POS

### **Comprehensive Formulary for Groups**

(List of Covered Drugs or "Drug List")

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

This formulary was updated on May 1, 2025. For more recent information or other questions, please contact BCN Advantage Customer Service at 1-800-450-3680 (TTY users should call 711) 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

When visiting your doctor(s), please bring your personal drug list and this 2025 BCN Advantage Drug List with you.

Updated: 05/01/2025  
Formulary 25350

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

When this Drug List (Formulary) refers to "we," "us," or "our," it means Blue Care Network. When it refers to "plan" or "our plan," it means BCN Advantage.

This document includes a Drug List (formulary) for our plan which is current as of May 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the BCN Advantage formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by BCN Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. BCN Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BCN Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by BCN Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.bcbsm.com/medicare/resources/forms-documents/drug-lists/>.

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

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

We can make these immediate changes only if we are adding a new generic version of a

brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the BCN Advantage Formulary?"

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

- Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may

receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BCN Advantage Formulary?"

**Changes that will not affect you if you are currently taking the drug:** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2025. To get updated information about the drugs covered by BCN Advantage, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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

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

- **Prior Authorization:** BCN Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BCN Advantage before you fill your prescriptions. If you don't get approval, BCN Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, BCN Advantage limits the amount of the drug that BCN Advantage will cover. For example, BCN Advantage provides 31 tablets per prescription for pioglitazone.
- **Step Therapy:** In some cases, BCN Advantage 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, BCN Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BCN Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BCN Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BCN Advantage Formulary?" on page v for information about how to request an exception.

## **How much will I pay for BCN Advantage covered drugs?**

The amount you pay depends on the drug coverage your group has selected, the drug that has been prescribed for you and where you have your prescription filled.

A drug rider, which is a part of your contract with Blue Care Network, describes the deductible, copayment or coinsurance you pay when you fill a prescription. A copayment is a set dollar amount. Coinsurance is a percentage of the cost of the drug that the member pays.

The term "tier" as used below refers to categories in our drug formulary, not to the copayment and coinsurance amounts described in your group's prescription drug rider. The examples below show how the tier categories of our drug formulary relate to your group's prescription drug rider.

### **Example of a Two-Tier Pharmacy Benefit**

| BCN Formulary Tier<br>(as defined in Prescription Drug Rider) | 2025 BCN Advantage Formulary Tier  |
|---|--|
| <b>Tier 1:</b> Formulary Preferred Copay                      | <b>Tier 1:</b> Preferred Generic<br><b>Tier 2:</b> Generic   |
| <b>Tier 2:</b> Formulary Options Copay                        | <b>Tier 3:</b> Preferred Brand<br><b>Tier 4:</b> Non-Preferred Drug<br><b>Tier 5:</b> Specialty Tier |

### **Example of a Three-Tier Pharmacy Benefit**

| BCN Formulary Tier<br>(as defined in Prescription Drug Rider) | 2025 BCN Advantage Formulary Tier                                   |
|---|---|
| <b>Tier 1:</b> Formulary Preferred Copay                      | <b>Tier 1:</b> Preferred Generic<br><b>Tier 2:</b> Generic          |
| <b>Tier 2:</b> Formulary Options Copay                        | <b>Tier 3:</b> Preferred Brand<br><b>Tier 4:</b> Non-Preferred Drug |
| <b>Tier 3:</b> Non-formulary Copay                            | <b>Tier 5:</b> Specialty Tier                                       |

### **Example of a Five-Tier Pharmacy Benefit**

| BCN Formulary Tier<br>(as defined in Prescription Drug Rider)                | 2025 BCN Advantage Formulary Tier                          |
|--|--|
| <b>Tier 1:</b> Formulary Preferred Copay                                     | <b>Tier 1:</b> Preferred Generic<br><b>Tier 2:</b> Generic |
| <b>Tier 2:</b> Formulary Options Copay                                       | <b>Tier 3:</b> Preferred Brand                             |
| <b>Tier 3:</b> Non-formulary Copay   | <b>Tier 4:</b> Non-Preferred Drug                          |
| <b>Tier 4:</b> Specialty Formulary<br><b>Tier 5:</b> Specialty Non-formulary | <b>Tier 5:</b> Specialty Tier                              |

## Description of our Formulary Drug Tiers

| Tiers*                            | Includes  |
|-----------------------------------|---|
| <b>Tier 1:</b> Preferred Generic  | These are generic drugs in the lowest cost-sharing tier.                              |
| <b>Tier 2:</b> Generic            | These are still generic drugs but not the lowest cost-sharing tier.                   |
| <b>Tier 3:</b> Preferred Brand    | This tier contains mostly brand name drugs and also includes some high-cost generics. |
| <b>Tier 4:</b> Non-Preferred Drug | These are brand name and generic drugs not in a preferred tier.                       |
| <b>Tier 5:</b> Specialty Tier     | This contains high-cost generic and brand name drugs.                                 |

\*Most pharmacies will fill a 90-day supply of most medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

**Group Enhanced Drug List (Excluded Part D Drugs):** These drugs may be covered under your group's BCN Advantage drug benefit and are not normally covered in a Medicare Prescription Drug Plan. These enhanced drugs are represented as "EX" in your formulary. Your copayment for these drugs is based on the employer's drug benefit and the drug's tier. The amount you pay when you fill a prescription for an enhanced drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. Only the generic dosage form for drugs on the Enhanced Drug List are covered, unless indicated. Formulary exceptions for the brand-name products are not allowed. For more information on the Enhanced Drugs List, please review your group drug rider.

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

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

If you learn that BCN Advantage does not cover your drug, you have two options:

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

## How do I request an exception to the BCN Advantage Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level (on Tier 4) and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, BCN Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 3, Section 5.2 of your *Evidence of Coverage* or visit our website at [www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage](http://www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage).

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

## **For more information**

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

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

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

## **BCN Advantage Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by BCN Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

**All drugs on our Formulary are available for mail order if mail-order service is covered through your employer group:** Our plan's mail-order service requires you to order at least a 31-day supply of the drug and no more than a 90-day supply. Tier 5: Specialty Tier drugs are limited to a 31-day supply via mail order.

## List of abbreviations

**B/D:** This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**EX:** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.

**NDS:** Non-Extended Day Supply. Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.

**OVM:** Oncology Value Management. Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your physician is required to submit more information to determine coverage.

**PA:** Prior Authorization. BCN Advantage 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 prescription. If you don't get approval, we may not cover the drug.

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

**ST:** Step Therapy. In some cases, BCN Advantage requires you to first try a certain drug to treat your 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.

| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <b>Analgesics</b>   |                  |                              |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                                     |                  |                              |
| <i>celecoxib capsule 200mg, 400mg</i>   | 2                | QL(180 EA per 90 days)       |
| <i>celecoxib capsule 100mg</i>  | 2                | QL(270 EA per 90 days)       |
| <i>celecoxib capsule 50mg</i>   | 2                | QL(540 EA per 90 days)       |
| <b>DICLOFENAC EPOLAMINE</b>   | 3                | PA                           |
| <i>diclofenac potassium tablet 50mg</i>   | 2                |                              |
| <i>diclofenac sodium dr</i>   | 2                |                              |
| <i>diclofenac sodium er</i>   | 2                |                              |
| <i>diclofenac sodium/misoprostol</i>  | 2                |                              |
| <i>diclofenac sodium external solution 1.5%</i>                                 | 2                | QL(600 ML per 30 days)       |
| <i>diflunisal tablet 500mg</i>  | 2                |                              |
| <i>ec-naproxen tablet delayed release 500mg</i>                                 | 2                |                              |
| <i>etodolac er</i>  | 2                |                              |
| <i>etodolac capsule, tablet</i>   | 2                |                              |
| <b>FENOPROFEN CALCIUM TABLET</b>  | 2                |                              |
| <i>fenoprofen calcium capsule 400mg</i>   | 2                |                              |
| <b>FLECTOR</b>  | 3                | PA                           |
| <i>flurbiprofen tablet 100mg</i>  | 2                |                              |
| <i>ibu</i>  | 1                |                              |
| <i>ibuprofen suspension</i>   | 1                |                              |
| <i>ibuprofen tablet 400mg, 600mg, 800mg</i>                                     | 1                |                              |
| <i>mefenamic acid capsule</i>   | 4                |                              |
| <i>meloxicam tablet</i>   | 1                |                              |
| <i>nabumetone tablet</i>  | 2                |                              |
| <i>naproxen dr</i>  | 2                |                              |
| <i>naproxen sodium tablet 275mg, 550mg</i>                                      | 2                |                              |
| <i>naproxen tablet delayed release 500mg</i>                                    | 2                |                              |
| <i>naproxen tablet 250mg, 375mg, 500mg</i>                                      | 2                |                              |
| <i>oxaprozin tablet</i>   | 2                |                              |
| <i>piroxicam capsule</i>  | 1                |                              |
| <i>salsalate tablet</i>   | 2                |                              |
| <i>sulindac tablet</i>  | 2                |                              |
| <b>Opioid Analgesics, Long-acting</b>   |                  |                              |
| <i>buprenorphine</i>  | 4                | QL(4 EA per 28 days); NDS    |
| <i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i> | 4                | QL(15 EA per 30 days); NDS   |
| <b>INFUMORPH 500</b>  | 4                | NDS                          |
| <i>levorphanol tartrate tablet</i>  | 2                | NDS                          |
| <b>METHADONE HCL SOLUTION 10MG/5ML</b>  | 2                | QL(1860 ML per 31 days); NDS |
| <b>METHADONE HCL SOLUTION 5MG/5ML</b>   | 2                | QL(3720 ML per 31 days); NDS |
| <i>methadone hcl tablet 10mg</i>  | 2                | QL(372 EA per 31 days); NDS  |
| <i>methadone hcl tablet 5mg</i>   | 2                | QL(496 EA per 31 days); NDS  |
| <i>mitigo injection 25mg/ml</i>   | 4                | NDS                          |

Effective Date: 05/01/2025

Last Updated: 05/01/2025

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>      |
|--|------------------|---------------------------------|
| MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG         | 4                | QL(62 EA per 31 days); NDS      |
| <i>morphine sulfate er tablet extended release 200mg</i>   | 4                | QL(31 EA per 31 days); NDS      |
| <i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>                             | 4                | QL(93 EA per 31 days); NDS      |
| OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG        | 4                | QL(62 EA per 31 days); NDS      |
| OXYMORPHONE HYDROCHLORIDEER  | 4                | QL(62 EA per 31 days); NDS      |
| TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR  | 2                | QL(31 EA per 31 days); NDS      |
| <i>tramadol hydrochloride er</i>   | 2                | QL(31 EA per 31 days); NDS      |
| <b>Opioid Analgesics, Short-acting</b>   |                  |                                 |
| <i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>  | 2                | QL(186 EA per 31 days); NDS     |
| ACETAMINOPHEN/CODEINE SOLUTION   | 2                | QL(5167 ML per 31 days); NDS    |
| <i>acetaminophen/codeine tablet 300mg; 60mg</i>  | 2                | QL(186 EA per 31 days); NDS     |
| <i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>   | 2                | QL(372 EA per 31 days); NDS     |
| <i>butorphanol tartrate solution</i>   | 2                | QL(5 ML per 30 days); NDS       |
| CODEINE SULFATE TABLET   | 2                | QL(186 EA per 31 days); NDS     |
| <i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>                              | 2                | QL(372 EA per 31 days); NDS     |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>                                   | 4                | QL(124 EA per 31 days); PA; NDS |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | 5                | QL(124 EA per 31 days); PA; NDS |
| FENTANYL CITRATE TABLET  | 5                | PA; NDS                         |
| FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG  | 5                | PA; NDS                         |
| <i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>                            | 2                | QL(5735 ML per 31 days); NDS    |
| <i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>                             | 2                | QL(372 EA per 31 days); NDS     |
| <i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>   | 2                | QL(372 EA per 31 days); NDS     |
| HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG   | 2                | QL(155 EA per 31 days); NDS     |
| <i>hydrocodone(ibuprofen tablet 7.5mg; 200mg</i>   | 2                | QL(155 EA per 31 days); NDS     |
| <i>hydromorphone hcl liquid</i>  | 2                | QL(2480 ML per 31 days); NDS    |
| HYDROMORPHONE HCL INJECTION 4MG/ML   | 2                | NDS                             |
| <i>hydromorphone hcl injection 1mg/ml</i>  | 2                | NDS                             |
| <i>hydromorphone hcl injection 10mg/ml</i>   | 4                | NDS                             |
| <i>hydromorphone hcl tablet 8mg</i>  | 2                | QL(248 EA per 31 days); NDS     |
| <i>hydromorphone hcl tablet 2mg, 4mg</i>   | 2                | QL(372 EA per 31 days); NDS     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML  | 4                | NDS                          |
| <i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>                             | 4                | NDS                          |
| <i>morphine sulfate tablet</i>  | 2                | QL(186 EA per 31 days); NDS  |
| <i>morphine sulfate solution 20mg/5ml</i>   | 2                | QL(1550 ML per 31 days); NDS |
| <i>morphine sulfate solution 10mg/5ml</i>   | 2                | QL(3100 ML per 31 days); NDS |
| <i>morphine sulfate solution 100mg/5ml</i>  | 2                | QL(930 ML per 31 days); NDS  |
| <i>oxycodone hydrochloride capsule, tablet</i>  | 2                | QL(372 EA per 31 days); NDS  |
| <i>oxycodone hydrochloride solution</i>   | 4                | QL(1860 ML per 31 days); NDS |
| <i>oxycodone hydrochloride concentrate</i>  | 4                | QL(279 ML per 31 days); NDS  |
| OXYCODONE/ACETAMINOPHEN TABLET 300MG; 5MG   | 2                | NDS                          |
| <i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | 2                | QL(372 EA per 31 days); NDS  |
| <i>oxymorphone hydrochloride</i>  | 4                | NDS                          |
| <i>tramadol hydrochloride/acetaminophen</i>   | 2                | QL(372 EA per 31 days); NDS  |
| <i>tramadol hydrochloride tablet 50mg</i>   | 2                | QL(248 EA per 31 days); NDS  |
| <b>Anesthetics</b>  |                  |                              |
| <i>Local Anesthetics</i>  |                  |                              |
| <i>lidocaine hydrochloride injection 1%</i>   | 2                |                              |
| <i>lidocaine/prilocaine cream</i>   | 4                | PA                           |
| <i>lidocaine patch 5%</i>   | 3                | QL(270 EA per 90 days); PA   |
| NESACAINE INJECTION 10MG/ML   | 4                |                              |
| POLOCAINE INJECTION 2%  | 4                |                              |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>                                    |                  |                              |
| <i>Alcohol Deterrents/Anti-craving</i>  |                  |                              |
| <i>acamprosate calcium dr</i>   | 2                |                              |
| <i>disulfiram tablet</i>  | 2                |                              |
| <i>naltrexone hydrochloride tablet</i>  | 1                |                              |
| <i>Opioid Dependence</i>  |                  |                              |
| <i>buprenorphine hcl/naloxone hcl</i>   | 1                |                              |
| <i>buprenorphine hcl tablet sublingual</i>  | 1                |                              |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film</i>                            | 1                |                              |
| <i>lofexidine hydrochloride</i>   | 5                |                              |
| LUCEMYRA  | 5                |                              |
| <i>Opioid Reversal Agents</i>   |                  |                              |
| KLOXXADO  | 3                | QL(12 EA per 90 days)        |
| <i>naloxone hcl injection 4mg/10ml</i>  | 1                |                              |
| <i>naloxone hydrochloride liquid</i>  | 3                |                              |
| NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML   | 2                |                              |
| <i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>                       | 1                |                              |
| OPVEE   | 3                | QL(12 EA per 90 days)        |
| REXTOVY   | 3                |                              |

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|--|------------------|----------------------------|
| <b>Smoking Cessation Agents</b>  |                  |                            |
| bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg                        | 1                |                            |
| NICOTROL INHALER   | 4                |                            |
| NICOTROL NS  | 4                |                            |
| TYRVAYA  | 4                | QL(8.4 ML per 30 days)     |
| varenicline starting month   | 3                |                            |
| varenicline tartrate   | 3                |                            |
| <b>Antibacterials</b>  |                  |                            |
| <b>Aminoglycosides</b>   |                  |                            |
| amikacin sulfate injection 500mg/2ml   | 4                |                            |
| ARIKAYCE   | 5                | PA                         |
| GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9% | 4                |                            |
| gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%                             | 4                |                            |
| gentamicin sulfate cream 0.1%  | 2                |                            |
| gentamicin sulfate injection 40mg/ml   | 4                |                            |
| gentamicin sulfate ointment 0.1%   | 2                |                            |
| ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%   | 4                |                            |
| neomycin sulfate   | 2                |                            |
| STREPTOMYCIN SULFATE INJECTION 1GM   | 5                |                            |
| TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML  | 4                |                            |
| tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml                                     | 4                |                            |
| <b>Antibacterials, Other</b>   |                  |                            |
| aztreonam injection 1gm  | 4                |                            |
| clindacin etz pledgets   | 3                |                            |
| clindamycin hcl capsule 300mg  | 2                |                            |
| clindamycin hydrochloride capsule 150mg, 75mg  | 2                |                            |
| clindamycin palmitate hydrochloride  | 4                |                            |
| clindamycin phosphate/dextrose   | 4                |                            |
| clindamycin phosphate cream 2%   | 2                |                            |
| clindamycin phosphate injection 600mg/4ml, 900mg/6ml   | 2                |                            |
| clindamycin phosphate swab 1%  | 2                |                            |
| CLINDAMYCIN/SODIUM CHLORIDE  | 4                |                            |
| colistimethate sodium  | 4                |                            |
| daptomycin injection 500mg   | 5                |                            |
| FIRVANQ SOLUTION RECONSTITUTED 50MG/ML   | 4                |                            |
| fosfomycin tromethamine  | 4                |                            |
| IMPAVIDO   | 5                | QL(84 EA per 28 days)      |
| linezolid tablet   | 4                | QL(56 EA per 28 days)      |
| linezolid suspension reconstituted   | 5                | QL(1680 ML per 28 days)    |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| LINEZOLID INJECTION 600MG/300ML; 0.9%                            | 4         |                     |
| <i>linezolid injection 600mg/300ml</i>                           | 4         |                     |
| <i>methenamine hippurate</i>                                     | 2         |                     |
| <i>metronidazole vaginal</i>                                     | 2         |                     |
| <i>metronidazole capsule 375mg</i>                               | 2         |                     |
| <i>metronidazole injection 500mg/100ml</i>                       | 4         |                     |
| <i>metronidazole tablet 250mg, 500mg</i>                         | 2         |                     |
| <i>nitrofurantoin macrocrystals</i>                              | 2         |                     |
| <i>nitrofurantoin monohydrate/macrocrys</i>                      | 2         |                     |
| <i>polymyxin b sulfate injection</i>                             | 4         |                     |
| SIVEXTRO TABLET  | 5         |                     |
| <i>tigecycline</i>   | 5         |                     |
| <i>tinidazole</i>  | 2         |                     |
| <i>trimethoprim tablet</i>                                       | 2         |                     |
| <i>vancomycin hcl injection 10gm</i>                             | 4         |                     |
| VANCOMYCIN HYDROCHLORIDE/DEXTROSE<br>INJECTION 5%; 1GM/200ML     | 4         |                     |
| <i>vancomycin hydrochloride capsule</i>                          | 3         |                     |
| <i>vancomycin hydrochloride oral solution reconstituted</i>      | 4         |                     |
| <i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i> | 4         |                     |
| VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%;<br>750MG/150ML     | 4         |                     |
| <b>Beta-lactam, Cephalosporins</b>                               |           |                     |
| CEFACLOR ER TABLET EXTENDED RELEASE 12<br>HOUR 500MG             | 2         |                     |
| CEFACLOR CAPSULE   | 2         |                     |
| CEFACLOR SUSPENSION RECONSTITUTED<br>250MG/5ML                   | 2         |                     |
| CEFADROXIL TABLET  | 2         |                     |
| <i>cefadroxil capsule, suspension reconstituted</i>              | 2         |                     |
| CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%                      | 4         |                     |
| CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM                     | 4         |                     |
| <i>cefazin sodium injection 10gm, 1gm, 500mg</i>                 | 4         |                     |
| <i>cefdinir</i>  | 2         |                     |
| <i>cefpime hydrochloride injection 2gm</i>                       | 4         |                     |
| CEFPIME/DEXTROSE   | 4         |                     |
| CEFPIME INJECTION 1GM/50ML, 2GM/100ML                            | 4         |                     |
| <i>cefpime injection 1gm, 2gm</i>                                | 4         |                     |
| <i>cefixime</i>  | 2         |                     |
| CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%                    | 4         |                     |
| <i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>                 | 4         |                     |
| CEFPODOXIME PROXETIL SUSPENSION<br>RECONSTITUTED                 | 2         |                     |
| <i>cefpodoxime proxetil tablet</i>                               | 2         |                     |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>ceprozil</i>   | 2                |                            |
| CEFTAZIDIME INJECTION 6GM   | 4                |                            |
| <i>ceftazidime injection 1gm, 2gm</i>   | 4                |                            |
| CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE   | 4                |                            |
| CEFTRIAXONE SODIUM INJECTION 100GM  | 4                |                            |
| <i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>                    | 2                |                            |
| <i>ceftriaxone sodium injection 1gm, 2gm</i>  | 4                |                            |
| CEFTRIAXONE/DEXTROSE  | 4                |                            |
| <i>cefuroxime axetil tablet</i>   | 2                |                            |
| <i>cefuroxime sodium injection 1.5gm, 750mg</i>                                     | 4                |                            |
| <i>cephalexin capsule 250mg, 500mg</i>  | 1                |                            |
| <i>cephalexin suspension reconstituted, tablet</i>                                  | 1                |                            |
| TAZICEF INJECTION 1GM   | 4                |                            |
| <i>tazicef injection 1gm, 2gm</i>   | 4                |                            |
| TEFLARO   | 4                |                            |
| <b>Beta-lactam, Penicillins</b>   |                  |                            |
| AMOXICILLIN/CLAVULANATE POTASSIUM ER  | 2                |                            |
| AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE                                   | 2                |                            |
| <i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>           | 2                |                            |
| <i>amoxicillin capsule, suspension reconstituted, tablet</i>                        | 1                |                            |
| AMOXICILLIN TABLET CHEWABLE 125MG, 250MG  | 1                |                            |
| AMPICILLIN SODIUM INJECTION 2GM   | 2                |                            |
| AMPICILLIN SODIUM INJECTION 125MG, 1GM  | 4                |                            |
| <i>ampicillin sodium injection 250mg, 500mg</i>                                     | 2                |                            |
| <i>ampicillin sodium injection 1gm</i>  | 4                |                            |
| AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM                                 | 4                |                            |
| <i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>                         | 4                |                            |
| <i>ampicillin/sulbactam injection 2gm; 1gm</i>                                      | 4                |                            |
| <i>ampicillin capsule 500mg</i>   | 1                |                            |
| BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML | 4                |                            |
| BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML              | 4                |                            |
| <i>dicloxacillin sodium</i>   | 2                |                            |
| <i>nafcillin sodium injection 2gm</i>   | 2                |                            |
| <i>nafcillin sodium injection 10gm, 1gm</i>   | 4                |                            |
| NAFCILLIN INJECTION 5%; 2GM/100ML   | 2                |                            |
| NAFCILLIN INJECTION 5%; 1GM/50ML  | 4                |                            |
| OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML               | 4                |                            |
| <i>oxacillin sodium injection 10gm, 1gm, 2gm</i>                                    | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>penicillin g potassium injection 2000000unit, 5000000unit</i>                              | 4                |                            |
| PENICILLIN G SODIUM   | 4                |                            |
| PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED   | 1                |                            |
| <i>penicillin v potassium tablet</i>  | 1                |                            |
| <i>pfi zerpen injection 5000000unit</i>   | 4                |                            |
| <i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm</i> | 2                |                            |
| <i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 4gm; 0.5gm</i>                | 4                |                            |
| <b>Carbapenems</b>  |                  |                            |
| <i>ertapenem</i>  | 4                |                            |
| <i>ertapenem sodium</i>   | 4                |                            |
| IMIPENEM/CILASTATIN INJECTION 250MG; 250MG  | 4                |                            |
| <i>imipenem/cilastatin injection 500mg; 500mg</i>   | 4                |                            |
| <i>meropenem</i>  | 2                |                            |
| MEROPENEM/SODIUM CHLORIDE   | 3                |                            |
| <b>Macrolides</b>   |                  |                            |
| AZITHROMYCIN PACKET   | 2                |                            |
| <i>azithromycin suspension reconstituted, tablet</i>  | 2                |                            |
| <i>azithromycin injection 500mg</i>   | 4                |                            |
| <i>clarithromycin er</i>  | 2                |                            |
| CLARITHROMYCIN SUSPENSION RECONSTITUTED   | 2                |                            |
| <i>clarithromycin tablet</i>  | 2                |                            |
| DIFICID SUSPENSION RECONSTITUTED  | 5                | QL(136 ML per 10 days)     |
| DIFICID TABLET  | 5                | QL(20 EA per 10 days)      |
| <i>e.e.s. 400 tablet</i>  | 2                |                            |
| <i>ery-tab tablet delayed release 250mg, 333mg</i>  | 4                |                            |
| ERYTHROCIN STEARATE TABLET 250MG  | 2                |                            |
| <i>erythromycin base tablet</i>   | 2                |                            |
| ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES   | 2                |                            |
| <i>erythromycin dr tablet delayed release 250mg, 333mg</i>                                    | 2                |                            |
| <i>erythromycin ethylsuccinate tablet</i>   | 2                |                            |
| <i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>                         | 2                |                            |
| <i>erythromycin tablet 250mg, 500mg</i>   | 2                |                            |
| <b>Quinolones</b>   |                  |                            |
| BAXDELA   | 5                |                            |
| <i>ciprofloxacin hcl tablet 750mg</i>   | 1                |                            |
| <i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>  | 1                |                            |
| CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%   | 4                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>                 | 4                |                            |
| <i>levofloxacin injection 25mg/ml</i>   | 4                |                            |
| <i>levofloxacin oral solution 25mg/ml</i>   | 2                |                            |
| <i>levofloxacin tablet 250mg, 500mg, 750mg</i>  | 2                |                            |
| <b>MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE</b>                                | 4                |                            |
| <i>moxifloxacin hydrochloride tablet 400mg</i>  | 2                |                            |
| <b>OFLOXACIN TABLET 300MG</b>   | 2                |                            |
| <i>ofloxacin tablet 400mg</i>   | 2                |                            |
| <b>Sulfonamides</b>   |                  |                            |
| <i>sulfacetamide sodium lotion 10%</i>  | 2                |                            |
| <i>sulfadiazine tablet</i>  | 2                |                            |
| <i>sulfamethoxazole(trimethoprim ds</i>   | 1                |                            |
| <i>sulfamethoxazole(trimethoprim suspension, tablet</i>                               | 1                |                            |
| <b>Tetracyclines</b>  |                  |                            |
| <i>demecclocycline hcl tablet</i>   | 4                |                            |
| <i>doxy 100</i>   | 4                |                            |
| <i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 75mg</i>               | 4                |                            |
| <i>doxycycline hyclate capsule 100mg, 50mg</i>  | 2                |                            |
| <i>doxycycline hyclate tablet 100mg, 150mg, 75mg</i>                                  | 2                |                            |
| <i>doxycycline monohydrate capsule 100mg, 150mg, 50mg</i>                             | 2                |                            |
| <i>doxycycline monohydrate tablet</i>   | 2                |                            |
| <i>doxycycline suspension reconstituted</i>   | 2                |                            |
| <i>minocycline hcl capsule 75mg</i>   | 2                |                            |
| <i>minocycline hcl tablet 100mg, 75mg</i>   | 2                |                            |
| <b>MINOCYCLINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 135MG, 45MG, 90MG</b> | 2                |                            |
| <i>minocycline hydrochloride er tablet extended release 24 hour 115mg, 65mg</i>       | 2                | QL(90 EA per 90 days)      |
| <i>minocycline hydrochloride capsule 100mg, 50mg</i>                                  | 2                |                            |
| <i>minocycline hydrochloride tablet 50mg</i>  | 2                |                            |
| <i>monodoxine nl capsule 100mg</i>  | 2                |                            |
| <i>tetracycline hydrochloride capsule</i>   | 2                |                            |
| <b>Anticonvulsants</b>  |                  |                            |
| <b>Anticonvulsants, Other</b>   |                  |                            |
| <i>BRIVIACT SOLUTION</i>  | 4                | QL(620 ML per 31 days); PA |
| <i>BRIVIACT TABLET 10MG</i>   | 4                | QL(62 EA per 31 days); PA  |
| <i>BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG</i>  | 5                | QL(62 EA per 31 days); PA  |
| <i>EPIDIOLEX</i>  | 5                | PA                         |
| <i>EPRONTIA</i>   | 4                | PA                         |
| <i>felbamate</i>  | 4                |                            |
| <i>FINTEPLA</i>   | 5                | PA                         |

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|---|------------------|-----------------------------|
| FYCOMPA SUSPENSION  | 5                | PA                          |
| FYCOMPA TABLET 10MG, 12MG, 2MG, 4MG, 8MG                                | 4                | PA                          |
| FYCOMPA TABLET 6MG  | 5                | PA                          |
| <i>lamotrigine er</i>   | 4                |                             |
| <i>lamotrigine odt</i>  | 2                |                             |
| <i>lamotrigine starter kit/blue</i>                                     | 2                |                             |
| <i>lamotrigine starter kit/green</i>                                    | 2                |                             |
| <i>lamotrigine starter kit/orange</i>                                   | 2                |                             |
| <i>lamotrigine tablet chewable, tablet</i>                              | 2                |                             |
| <i>levetiracetam er</i>   | 2                |                             |
| <i>levetiracetam solution, tablet</i>                                   | 2                |                             |
| NAYZILAM  | 4                | QL(10 EA per 30 days); NDS  |
| <i>roweepra tablet 500mg</i>  | 2                |                             |
| SPRITAM   | 4                | PA                          |
| <i>subvenite</i>  | 2                |                             |
| <i>subvenite starter kit/blue</i>                                       | 2                |                             |
| <i>subvenite starter kit/green</i>                                      | 2                |                             |
| <i>subvenite starter kit/orange</i>                                     | 2                |                             |
| <i>topiramate capsule sprinkle, tablet</i>                              | 2                |                             |
| <i>valproic acid</i>  | 2                |                             |
| <b>Calcium Channel Modifying Agents</b>                                 |                  |                             |
| <i>ethosuximide</i>   | 2                |                             |
| <i>methsuximide</i>   | 3                |                             |
| <b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>                 |                  |                             |
| <i>clobazam tablet</i>  | 3                | QL(60 EA per 30 days); NDS  |
| <i>clobazam suspension</i>  | 4                | QL(480 ML per 30 days); NDS |
| <i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i> | 2                | QL(120 EA per 30 days); NDS |
| <i>clonazepam odt tablet disintegrating 2mg</i>                         | 2                | QL(300 EA per 30 days); NDS |
| <i>clonazepam tablet 0.5mg, 1mg</i>                                     | 2                | QL(120 EA per 30 days); NDS |
| <i>clonazepam tablet 2mg</i>  | 2                | QL(300 EA per 30 days); NDS |
| DIACOMIT  | 5                | PA                          |
| DIAZEPAM RECTAL GEL GEL 2.5MG   | 4                | QL(5 EA per 30 days); NDS   |
| <i>diazepam rectal gel gel 10mg, 20mg</i>                               | 4                | QL(5 EA per 30 days); NDS   |
| <i>divalproex sodium dr</i>   | 2                |                             |
| <i>divalproex sodium er</i>   | 2                |                             |
| <i>gabapentin solution</i>  | 2                | QL(6480 ML per 90 days)     |
| <i>gabapentin capsule</i>   | 2                | QL(810 EA per 90 days)      |
| <i>gabapentin tablet 800mg</i>  | 2                | QL(360 EA per 90 days)      |
| <i>gabapentin tablet 600mg</i>  | 2                | QL(540 EA per 90 days)      |
| LIBERVANT   | 4                | QL(10 EA per 30 days); NDS  |
| <i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>                 | 2                |                             |
| <i>phenobarbital elixir 20mg/5ml</i>                                    | 2                |                             |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|---|------------------|--|
| <i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i> | 2                |  |
| <i>primidone tablet</i>   | 2                |  |
| SYMPAZAN FILM 5MG   | 4                | QL(60 EA per 30 days); NDS                   |
| SYMPAZAN FILM 10MG, 20MG  | 5                | QL(60 EA per 30 days); NDS                   |
| <i>tiagabine hydrochloride</i>  | 4                |  |
| VALTOCO 10 MG DOSE  | 4                | QL(10 EA per 30 days); NDS                   |
| VALTOCO 15 MG DOSE  | 4                | QL(10 EA per 30 days); NDS                   |
| VALTOCO 20 MG DOSE  | 4                | QL(10 EA per 30 days); NDS                   |
| VALTOCO 5 MG DOSE   | 4                | QL(10 EA per 30 days); NDS                   |
| <i>vigabatrin</i>   | 5                |  |
| ZTALMY  | 5                | QL(1116 ML per 31 days); PA                  |
| <b>Sodium Channel Agents</b>  |                  |  |
| APTIOM  | 5                |  |
| <i>carbamazepine er</i>   | 2                |  |
| <i>carbamazepine suspension, tablet</i>   | 2                |  |
| <i>carbamazepine tablet chewable 100mg</i>  | 2                |  |
| DILANTIN CAPSULE 30MG   | 3                |  |
| <i>epitol</i>   | 2                |  |
| <i>fosphenytoin sodium injection 500mg pe/10ml</i>                                  | 2                |  |
| <i>lacosamide solution</i>  | 4                | QL(3600 ML per 90 days)                      |
| <i>lacosamide tablet 100mg, 150mg, 200mg</i>  | 4                | QL(180 EA per 90 days)                       |
| <i>lacosamide tablet 50mg</i>   | 4                | QL(360 EA per 90 days)                       |
| MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG                                   | 3                | QL(124 EA per 31 days); PA                   |
| MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG                            | 5                | QL(62 EA per 31 days); PA                    |
| <i>oxcarbazepine</i>  | 2                |  |
| <i>oxcarbazepine er tablet extended release 24 hour 300mg, 600mg</i>                | 4                | ST   |
| OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG                            | 4                | ST   |
| <i>phenytak</i>   | 2                |  |
| <i>phenytoin sodium extended</i>  | 2                |  |
| <i>phenytoin tablet chewable, suspension</i>  | 2                |  |
| <i>rufinamide suspension</i>  | 5                | PA   |
| <i>rufinamide tablet 200mg</i>  | 4                | PA   |
| <i>rufinamide tablet 400mg</i>  | 5                | PA   |
| XCOPRI TABLET THERAPY PACK 0  | 4                | QL(168 EA per 84 days); PA; 250MG DAILY DOSE |
| XCOPRI TABLET THERAPY PACK 0  | 4                | QL(84 EA per 84 days); PA; 12.5MG-25MG       |
| XCOPRI TABLET THERAPY PACK 0  | 5                | QL(28 EA per 28 days); PA; 150MG-200MG       |

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|--|------------------|---|
| XCOPRI TABLET THERAPY PACK 0   | 5                | QL(28 EA per 28 days); PA; 50MG-100MG       |
| XCOPRI TABLET THERAPY PACK 0   | 5                | QL(56 EA per 28 days); PA; 350MG DAILY DOSE |
| XCOPRI TABLET 100MG, 25MG, 50MG  | 5                | QL(31 EA per 31 days); PA                   |
| XCOPRI TABLET 150MG, 200MG   | 5                | QL(62 EA per 31 days); PA                   |
| ZONISADE<br><i>zonisamide</i>  | 4                | QL(2700 ML per 90 days); PA                 |
|  | 2                |   |
| <b>Antidementia Agents</b>   |                  |   |
| <i>Antidementia Agents, Other</i>  |                  |   |
| ERGOLOID MESYLATES TABLET  | 2                |   |
| <i>memantine/donepezil hydrochloride er</i>  | 3                |   |
| NAMZARIC   | 3                |   |
| <i>Cholinesterase Inhibitors</i>   |                  |   |
| ADLARITY   | 4                | QL(12 EA per 84 days); PA                   |
| <i>donepezil hcl tablet disintegrating 10mg</i>  | 2                | QL(180 EA per 90 days)                      |
| <i>donepezil hcl tablet disintegrating 5mg</i>   | 2                | QL(90 EA per 90 days)                       |
| <i>donepezil hcl tablet 10mg</i>   | 2                | QL(180 EA per 90 days)                      |
| <i>donepezil hcl tablet 23mg</i>   | 4                | QL(90 EA per 90 days)                       |
| <i>donepezil hydrochloride tablet 5mg</i>  | 2                | QL(90 EA per 90 days)                       |
| <i>galantamine hydrobromide er</i>   | 2                | QL(90 EA per 90 days)                       |
| GALANTAMINE HYDROBROMIDE SOLUTION  | 2                |   |
| <i>galantamine hydrobromide tablet</i>   | 2                |   |
| <i>rivastigmine tartrate</i>   | 2                |   |
| <i>rivastigmine transdermal system</i>   | 4                | QL(90 EA per 90 days)                       |
| <i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>                                     |                  |   |
| <i>memantine hcl titration pak</i>   | 3                | QL(147 EA per 84 days); PA                  |
| <i>memantine hydrochloride er</i>  | 4                | QL(90 EA per 90 days); PA                   |
| <i>memantine hydrochloride solution</i>  | 2                | QL(1080 ML per 90 days); PA                 |
| <i>memantine hydrochloride tablet</i>  | 2                | QL(180 EA per 90 days); PA                  |
| <b>Antidepressants</b>   |                  |   |
| <i>Antidepressants, Other</i>  |                  |   |
| AUVELITY   | 5                | QL(62 EA per 31 days); PA                   |
| <i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i> | 1                |   |
| <i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>        | 1                |   |
| <i>bupropion hydrochloride tablet</i>  | 1                |   |
| <i>mirtazapine odt</i>   | 2                |   |
| <i>mirtazapine tablet</i>  | 2                |   |
| ZURZUVAE CAPSULE 30MG  | 5                | QL(14 EA per 14 days); PA                   |
| ZURZUVAE CAPSULE 20MG, 25MG  | 5                | QL(28 EA per 14 days); PA                   |
| <i>Monoamine Oxidase Inhibitors</i>  |                  |   |
| EMSAM PATCH 24 HOUR 12MG/24HR  | 4                | PA  |

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|--|------------------|-----------------------------|
| EMSAM PATCH 24 HOUR 6MG/24HR, 9MG/24HR   | 5                | PA                          |
| MARPLAN  | 4                |                             |
| PHENELZINE SULFATE   | 2                |                             |
| <i>tranylcypromine sulfate</i>   | 4                |                             |
| <b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b> |                  |                             |
| <i>citalopram hydrobromide solution, tablet</i>  | 1                |                             |
| DESVENLAFAXINE ER TABLET EXTENDED RELEASE<br>24 HOUR 100MG, 50MG   | 4                | ST                          |
| <i>desvenlafaxine er tablet extended release 24 hour 100mg,<br/>25mg, 50mg</i>                               | 3                |                             |
| DRIZALMA SPRINKLE  | 4                |                             |
| <i>duloxetine hcl capsule delayed release particles 40mg</i>   | 2                | QL(180 EA per 90 days)      |
| <i>duloxetine hydrochloride capsule delayed release particles<br/>60mg</i>                                   | 2                | QL(180 EA per 90 days)      |
| <i>duloxetine hydrochloride capsule delayed release particles<br/>20mg, 30mg</i>                             | 2                | QL(270 EA per 90 days)      |
| <i>escitalopram oxalate solution, tablet</i>   | 2                |                             |
| FETZIMA  | 4                | PA                          |
| FETZIMA TITRATION PACK   | 4                | PA                          |
| FLUOXETINE DR  | 2                |                             |
| <i>fluoxetine hydrochloride capsule, solution, tablet</i>  | 2                |                             |
| <i>fluvoxamine maleate</i>   | 2                |                             |
| NEFAZODONE HYDROCHLORIDE   | 2                |                             |
| <i>paroxetine</i>  | 2                | PA                          |
| <i>paroxetine hcl er</i>   | 2                |                             |
| <i>paroxetine hcl tablet 30mg, 40mg</i>  | 2                | PA                          |
| <i>paroxetine hydrochloride suspension</i>   | 4                | PA                          |
| <i>paroxetine hydrochloride tablet 10mg, 20mg</i>  | 2                | PA                          |
| RALDESY  | 4                | QL(1200 ML per 30 days); PA |
| <i>sertraline hcl concentrate</i>  | 2                |                             |
| <i>sertraline hcl tablet 50mg</i>  | 1                |                             |
| <i>sertraline hydrochloride tablet 100mg, 25mg</i>   | 1                |                             |
| <i>trazodone hydrochloride</i>   | 1                |                             |
| TRINTELLIX   | 4                | ST                          |
| <i>venlafaxine hydrochloride</i>   | 2                |                             |
| <i>venlafaxine hydrochloride er capsule extended release 24<br/>hour</i>                                     | 2                |                             |
| <i>vilazodone hydrochloride</i>  | 4                |                             |
| <b>Tricyclics</b>  |                  |                             |
| <i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>   | 2                | PA                          |
| <i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>  | 2                | PA                          |
| <i>amoxapine</i>   | 2                |                             |
| <i>clomipramine hydrochloride</i>  | 4                |                             |

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|---|------------------|----------------------------|
| <i>desipramine hydrochloride</i>                                    | 4                |                            |
| <i>doxepin hcl capsule 75mg</i>                                     | 3                | PA                         |
| <i>doxepin hcl concentrate</i>                                      | 2                | PA                         |
| <i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i> | 3                | PA                         |
| <i>imipramine hcl tablet 25mg, 50mg</i>                             | 2                | PA                         |
| <i>imipramine hydrochloride tablet 10mg</i>                         | 2                | PA                         |
| <i>imipramine pamoate</i>   | 2                | PA                         |
| <i>nortriptyline hcl capsule 25mg, 75mg</i>                         | 2                | PA                         |
| <i>nortriptyline hcl solution</i>                                   | 3                | PA                         |
| <i>nortriptyline hydrochloride capsule 10mg, 50mg</i>               | 2                | PA                         |
| <i>protriptyline hcl</i>  | 2                |                            |
| <i>trimipramine maleate capsule</i>                                 | 2                |                            |
| <b>Antiemetics</b>  |                  |                            |
| <b>Antiemetics, Other</b>   |                  |                            |
| <i>compro</i>   | 2                | PA                         |
| DIMENHYDRINATE INJECTION  | 2                |                            |
| <i>meclizine hcl 12.5mg, 25mg tablet</i>                            | 2                | PA                         |
| <i>prochlorperazine maleate tablet</i>                              | 2                | PA                         |
| <i>prochlorperazine suppository 25mg</i>                            | 2                | PA                         |
| <i>promethazine hcl injection</i>                                   | 2                |                            |
| <i>promethazine hcl suppository 12.5mg</i>                          | 2                | PA                         |
| <i>promethazine hydrochloride plain</i>                             | 2                | PA                         |
| <i>promethazine hydrochloride tablet</i>                            | 2                | PA                         |
| <i>promethazine hydrochloride suppository 25mg</i>                  | 2                | PA                         |
| <i>promethegan suppository 12.5mg, 25mg</i>                         | 2                | PA                         |
| <i>scopolamine</i>  | 4                |                            |
| <b>Emetogenic Therapy Adjuncts</b>                                  |                  |                            |
| <i>aprepitant capsule 0, 80mg</i>                                   | 4                | B/D                        |
| <i>aprepitant capsule 40mg</i>                                      | 4                | QL(12 EA per 90 days); B/D |
| <i>aprepitant capsule 125mg</i>                                     | 4                | QL(6 EA per 90 days); B/D  |
| <i>dronabinol</i>   | 4                | B/D                        |
| EMEND SUSPENSION RECONSTITUTED                                      | 4                | B/D                        |
| <i>gransetron hcl injection 4mg/4ml</i>                             | 2                |                            |
| <i>gransetron hydrochloride tablet</i>                              | 2                | B/D                        |
| <i>ondansetron hcl solution</i>                                     | 4                | B/D                        |
| ONDANSETRON HCL TABLET 24MG   | 2                | B/D                        |
| <i>ondansetron hydrochloride tablet</i>                             | 2                | B/D                        |
| <i>ondansetron odt tablet disintegrating 4mg, 8mg</i>               | 2                | B/D                        |
| <i>palonosetron hydrochloride injection 0.25mg/5ml</i>              | 4                |                            |
| <b>Antifungals</b>  |                  |                            |
| <b>Antifungals</b>  |                  |                            |
| <i>ABELCET</i>  | 4                | B/D                        |
| <i>amphotericin b liposome</i>                                      | 4                | B/D                        |

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| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| AMPHOTERICIN B INJECTION                               | 4                | B/D                        |
| <i>caspofungin acetate</i>                             | 4                |                            |
| <i>clotrimazole cream, solution, troche</i>            | 2                |                            |
| <i>econazole nitrate cream</i>                         | 3                |                            |
| ERAXIS   | 4                |                            |
| <i>fluconazole in sodium chloride</i>                  | 2                |                            |
| FLUCONAZOLE/SODIUM CHLORIDE                            | 2                |                            |
| <i>fluconazole suspension reconstituted, tablet</i>    | 2                |                            |
| <i>flucytosine capsule 500mg</i>                       | 2                |                            |
| <i>flucytosine capsule 250mg</i>                       | 5                |                            |
| <i>griseofulvin microsize</i>                          | 2                |                            |
| <i>griseofulvin ultramicrosize tablet 125mg, 250mg</i> | 2                |                            |
| <i>itraconazole solution</i>                           | 3                |                            |
| <i>itraconazole capsule</i>                            | 4                |                            |
| <i>ketoconazole cream, shampoo, tablet</i>             | 2                |                            |
| <i>ketodan</i>   | 2                |                            |
| <i>klayesta</i>  | 2                | QL(180 GM per 90 days)     |
| MICONAZOLE 3 SUPPOSITORY                               | 2                |                            |
| NAFTIFINE HYDROCHLORIDE CREAM 1%                       | 2                |                            |
| <i>naftifine hydrochloride cream 2%</i>                | 2                |                            |
| <i>nyamyc</i>  | 2                | QL(180 GM per 90 days)     |
| <i>nystatin cream, ointment, suspension, tablet</i>    | 2                |                            |
| <i>nystatin powder</i>                                 | 2                | QL(180 GM per 90 days)     |
| <i>nystop</i>  | 2                | QL(180 GM per 90 days)     |
| <i>posaconazole dr</i>                                 | 5                | QL(93 EA per 31 days); PA  |
| <i>terbinafine hcl tablet</i>                          | 2                |                            |
| <i>terbinafine hydrochloride tablet</i>                | 2                |                            |
| <i>terconazole</i>                                     | 2                |                            |
| <i>voriconazole tablet</i>                             | 3                |                            |
| <i>voriconazole suspension reconstituted</i>           | 5                |                            |
| <i>voriconazole injection</i>                          | 5                | PA                         |

### Antigout Agents

| <b>Antigout Agents</b>                 |   |                           |
|--|---|---------------------------|
| <i>allopurinol tablet 100mg, 300mg</i> | 1 |                           |
| <i>colchicine tablet 0.6mg</i>         | 3 | QL(360 EA per 90 days)    |
| <i>febuxostat</i>                      | 3 | QL(90 EA per 90 days); ST |
| KRYSTEXXA                              | 5 |                           |
| <i>probenecid/colchicine</i>           | 2 |                           |
| <i>probenecid tablet</i>               | 2 |                           |

### Antimigraine Agents

| <b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b> |   |                          |
|--|---|--------------------------|
| AIMOVIG INJECTION 140MG/ML   | 3 | QL(3 ML per 84 days); PA |
| AIMOVIG INJECTION 70MG/ML  | 3 | QL(6 ML per 84 days); PA |
| EMGALITY INJECTION 120MG/ML  | 3 | QL(5 ML per 84 days); PA |

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|--|------------------|----------------------------|
| EMGALITY INJECTION 100MG/ML                                | 3                | QL(9 ML per 84 days); PA   |
| NURTEC   | 5                | QL(18 EA per 30 days); PA  |
| QULIPTA TABLET 10MG  | 5                | QL(186 EA per 31 days); PA |
| QULIPTA TABLET 60MG  | 5                | QL(31 EA per 31 days); PA  |
| QULIPTA TABLET 30MG  | 5                | QL(62 EA per 31 days); PA  |
| UBRELVY  | 5                | QL(16 EA per 30 days); PA  |
| <b>Ergot Alkaloids</b>                                     |                  |                            |
| <i>dihydroergotamine mesylate solution</i>                 | 2                | QL(24 ML per 90 days)      |
| MIGERGOT   | 2                |                            |
| <b>Serotonin (5-HT) Receptor Agonist</b>                   |                  |                            |
| <i>eletriptan hydrobromide tablet 40mg</i>                 | 3                | QL(18 EA per 90 days)      |
| <i>eletriptan hydrobromide tablet 20mg</i>                 | 3                | QL(36 EA per 90 days)      |
| <i>naratriptan hcl tablet 2.5mg</i>                        | 2                | QL(24 EA per 90 days)      |
| <i>naratriptan hcl tablet 1mg</i>                          | 2                | QL(60 EA per 90 days)      |
| <i>rizatriptan benzoate odt tablet disintegrating 5mg</i>  | 2                | QL(162 EA per 90 days)     |
| <i>rizatriptan benzoate odt tablet disintegrating 10mg</i> | 2                | QL(81 EA per 90 days)      |
| <i>rizatriptan benzoate tablet 5mg</i>                     | 2                | QL(162 EA per 90 days)     |
| <i>rizatriptan benzoate tablet 10mg</i>                    | 2                | QL(81 EA per 90 days)      |
| SUMATRIPTAN SUCCINATE REFILL                               | 4                |                            |
| <i>sumatriptan succinate tablet</i>                        | 2                |                            |
| <i>sumatriptan succinate injection</i>                     | 4                |                            |
| <i>sumatriptan solution</i>                                | 4                | QL(36 EA per 90 days)      |
| <i>zolmitriptan odt tablet disintegrating 2.5mg</i>        | 2                | QL(108 EA per 90 days)     |
| <i>zolmitriptan odt tablet disintegrating 5mg</i>          | 2                | QL(54 EA per 90 days)      |
| <i>zolmitriptan tablet 2.5mg</i>                           | 2                | QL(108 EA per 90 days)     |
| <i>zolmitriptan tablet 5mg</i>                             | 2                | QL(54 EA per 90 days)      |
| <b>Antimyasthenic Agents</b>                               |                  |                            |
| <b>Parasympathomimetics</b>                                |                  |                            |
| <i>pyridostigmine bromide er</i>                           | 4                |                            |
| <i>pyridostigmine bromide solution</i>                     | 4                |                            |
| <i>pyridostigmine bromide tablet 60mg</i>                  | 2                |                            |
| <b>Antimycobacterials</b>                                  |                  |                            |
| <b>Antimycobacterials, Other</b>                           |                  |                            |
| <i>dapsone tablet</i>                                      | 2                |                            |
| PRETOMANID   | 4                |                            |
| <i>rifabutin</i>   | 4                |                            |
| <b>Antituberculars</b>                                     |                  |                            |
| <i>ethambutol hydrochloride</i>                            | 2                |                            |
| <i>isoniazid syrup, tablet</i>                             | 2                |                            |
| PRIFTIN  | 4                |                            |
| <i>pyrazinamide tablet</i>                                 | 2                |                            |
| <i>rifampin capsule</i>                                    | 2                |                            |
| <i>rifampin injection</i>                                  | 4                |                            |
| SIRTURO  | 5                | PA                         |

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| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| TRECATOR   | 4         |                     |
| <b>Antineoplastics</b>   |           |                     |
| <b>Alkylation Agents</b>   |           |                     |
| <i>cyclophosphamide capsule</i>                                      | 3         | B/D                 |
| <i>cyclophosphamide injection 1gm, 2gm, 500mg</i>                    | 2         |                     |
| GLEOSTINE CAPSULE 10MG, 40MG   | 4         |                     |
| GLEOSTINE CAPSULE 100MG  | 5         |                     |
| LEUKERAN   | 4         |                     |
| MATULANE   | 5         |                     |
| <i>oxaliplatin injection 50mg/10ml, 50mg</i>                         | 5         |                     |
| VALCHLOR   | 5         | PA; OVM             |
| ZEPZELCA   | 5         | PA                  |
| <b>Antiandrogens</b>   |           |                     |
| <i>abiraterone acetate tablet 250mg</i>                              | 4         |                     |
| <i>abirtega</i>  | 4         |                     |
| <i>bicalutamide</i>  | 2         |                     |
| ERLEADA  | 5         | PA; OVM             |
| EULEXIN  | 5         | PA; OVM             |
| <i>nilutamide</i>  | 5         |                     |
| NUBEQA   | 5         | PA; OVM             |
| XTANDI   | 5         | PA; OVM             |
| YONSA  | 5         | PA; OVM             |
| <b>Antiangiogenic Agents</b>   |           |                     |
| <i>lenalidomide</i>  | 5         | PA                  |
| POMALYST   | 5         | PA; OVM             |
| THALOMID   | 5         | PA; OVM             |
| <b>Antiestrogens/Modifiers</b>                                       |           |                     |
| EMCYT  | 5         |                     |
| ORSERDU  | 5         | PA; OVM             |
| SOLTAMOX   | 3         |                     |
| <i>tamoxifen citrate tablet</i>                                      | 2         |                     |
| <i>toremifene citrate</i>  | 4         |                     |
| <b>Antimetabolites</b>   |           |                     |
| DROXIA   | 4         |                     |
| <i>fluorouracil injection 2.5gm/50ml</i>                             | 2         | B/D                 |
| GEMCITABINE HYDROCHLORIDE INJECTION<br>1GM/10ML, 200MG/2ML, 2GM/20ML | 3         |                     |
| GEMCITABINE HYDROCHLORIDE INJECTION<br>1GM/26.3ML, 2GM/52.6ML        | 5         |                     |
| <i>hydroxyurea capsule</i>   | 2         |                     |
| <i>mercaptopurine tablet</i>   | 2         |                     |
| <i>mercaptopurine suspension</i>                                     | 5         |                     |
| PURIXAN  | 5         |                     |
| TABLOID  | 5         | PA; OVM             |

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|--|------------------|----------------------------|
| <b><i>Antineoplastics, Other</i></b>                   |                  |                            |
| AKEEGA   | 5                | PA; OVM                    |
| <i>bleomycin sulfate injection 15unit</i>              | 2                |                            |
| DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML,<br>80MG/8ML   | 5                |                            |
| <i>docetaxel injection 20mg/ml</i>                     | 5                |                            |
| DOXORUBICIN HYDROCHLORIDE INJECTION 10MG               | 4                |                            |
| INREBIC  | 5                | PA; OVM                    |
| ITOVEBI  | 5                | PA; OVM                    |
| IWLIFIN  | 5                | PA; OVM                    |
| IXEMPRA KIT  | 5                |                            |
| KISQALI FEMARA 200 DOSE                                | 5                | PA; OVM                    |
| KISQALI FEMARA 400 DOSE                                | 5                | PA; OVM                    |
| KISQALI FEMARA 600 DOSE                                | 5                | PA; OVM                    |
| LAZCLUZE   | 5                | PA; OVM                    |
| <i>leucovorin calcium tablet</i>                       | 2                |                            |
| <i>leucovorin calcium injection 200mg, 500mg, 50mg</i> | 2                |                            |
| LONSURF  | 5                | PA; OVM                    |
| LYSODREN   | 3                |                            |
| OGSIVEO  | 5                | PA; OVM                    |
| OJEMDA   | 5                | PA; OVM                    |
| ONUREG   | 5                | PA; OVM                    |
| REVUFORJ   | 5                | PA; OVM                    |
| RYLAZE   | 5                | PA                         |
| TICE BCG   | 3                |                            |
| <i>valrubicin</i>                                      | 3                |                            |
| VINCRISTINE SULFATE INJECTION 1MG/ML                   | 2                | B/D                        |
| VONJO  | 5                | PA; OVM                    |
| ZOLINZA  | 5                | PA; OVM                    |
| <b><i>Aromatase Inhibitors, 3rd Generation</i></b>     |                  |                            |
| <i>anastrozole tablet</i>                              | 2                |                            |
| <i>exemestane</i>                                      | 2                |                            |
| <i>letrozole</i>                                       | 2                |                            |
| <b><i>Enzyme Inhibitors</i></b>                        |                  |                            |
| <i>irinotecan hydrochloride injection 40mg/2ml</i>     | 2                |                            |
| <b><i>Molecular Target Inhibitors</i></b>              |                  |                            |
| ALECENSA   | 5                | PA; OVM                    |
| ALUNBRIG   | 5                | PA; OVM                    |
| AUGTYRO  | 5                | PA; OVM                    |
| AYVAKIT  | 5                | PA; OVM                    |
| BALVERSA   | 5                | PA; OVM                    |
| BOSULIF  | 5                | PA; OVM                    |
| BRAFTOVI CAPSULE 75MG                                  | 5                | PA; OVM                    |
| BRUKINSA   | 5                | PA; OVM                    |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| CABOMETYX  | 5                | PA; OVM                    |
| CALQUENCE TABLET                                 | 5                | PA; OVM                    |
| CALQUENCE CAPSULE                                | 5                | QL(124 EA per 31 days); PA |
| CAPRELSA   | 5                |                            |
| COMETRIQ   | 5                | PA; OVM                    |
| COPIKTRA   | 5                | PA; OVM                    |
| COTELLIC   | 5                | PA; OVM                    |
| <i>dasatinib</i>                                 | 5                | PA; OVM                    |
| DAURISMO   | 5                | PA; OVM                    |
| ERIVEDGE   | 5                | PA; OVM                    |
| <i>erlotinib hydrochloride tablet</i>            | 5                | PA; OVM                    |
| <i>everolimus tablet soluble 2mg, 3mg, 5mg</i>   | 5                | PA; OVM                    |
| <i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i> | 5                | PA; OVM                    |
| EXKIVITY   | 5                | QL(124 EA per 31 days); PA |
| FOTIVDA  | 5                | PA; OVM                    |
| FRUZAQLA   | 5                | PA; OVM                    |
| GAVRETO  | 5                | PA; OVM                    |
| <i>gefitinib</i>                                 | 5                |                            |
| GILOTrif   | 5                | PA; OVM                    |
| IBRANCE  | 5                | PA; OVM                    |
| ICLUSIG  | 5                | PA; OVM                    |
| IDHIFA   | 5                | PA; OVM                    |
| <i>imatinib mesylate tablet 100mg</i>            | 3                |                            |
| <i>imatinib mesylate tablet 400mg</i>            | 4                |                            |
| IMBRUVICA CAPSULE, SUSPENSION                    | 5                | PA; OVM                    |
| IMBRUVICA TABLET 420MG                           | 5                | PA; OVM                    |
| IMKELDI  | 5                | PA; OVM                    |
| INLYTA   | 5                | PA; OVM                    |
| INQOVI   | 5                | PA; OVM                    |
| JAKAFI   | 5                | PA; OVM                    |
| JAYPIRCA   | 5                | PA; OVM                    |
| KISQALI  | 5                | PA; OVM                    |
| KOSELUGO   | 5                | PA; OVM                    |
| KRAZATI  | 5                | PA; OVM                    |
| <i>lapatinib ditosylate</i>                      | 5                | PA; OVM                    |
| LENVIMA 10 MG DAILY DOSE                         | 5                | PA; OVM                    |
| LENVIMA 12MG DAILY DOSE                          | 5                | PA; OVM                    |
| LENVIMA 14 MG DAILY DOSE                         | 5                | PA; OVM                    |
| LENVIMA 18 MG DAILY DOSE                         | 5                | PA; OVM                    |
| LENVIMA 20 MG DAILY DOSE                         | 5                | PA; OVM                    |
| LENVIMA 24 MG DAILY DOSE                         | 5                | PA; OVM                    |
| LENVIMA 4 MG DAILY DOSE                          | 5                | PA; OVM                    |
| LENVIMA 8 MG DAILY DOSE                          | 5                | PA; OVM                    |
| LORBRENA   | 5                | PA; OVM                    |

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|---------------------------------|------------------|----------------------------|
| LUMAKRAS                        | 5                | PA; OVM                    |
| LYNPARZA TABLET                 | 5                | PA; OVM                    |
| LYTGOBI TABLET THERAPY PACK 4MG | 5                | PA; OVM; 12MG              |
| LYTGOBI TABLET THERAPY PACK 4MG | 5                | PA; OVM; 16MG              |
| LYTGOBI TABLET THERAPY PACK 4MG | 5                | PA; OVM; 20MG              |
| MEKINIST                        | 5                | PA; OVM                    |
| MEKTOVI                         | 5                | PA; OVM                    |
| NERLYNX                         | 5                | PA; OVM                    |
| NINLARO                         | 5                | PA; OVM                    |
| ODOMZO                          | 5                | PA; OVM                    |
| OJJAARA                         | 5                | PA; OVM                    |
| <i>pazopanib hydrochloride</i>  | 5                | PA; OVM                    |
| PEMAZYRE                        | 5                | PA; OVM                    |
| PIQRAY 200MG DAILY DOSE         | 5                | PA; OVM                    |
| PIQRAY 250MG DAILY DOSE         | 5                | PA; OVM                    |
| PIQRAY 300MG DAILY DOSE         | 5                | PA; OVM                    |
| QINLOCK                         | 5                | PA; OVM                    |
| RETEVMO                         | 5                | PA; OVM                    |
| REZLIDHIA                       | 5                | PA; OVM                    |
| ROZLYTREK                       | 5                | PA; OVM                    |
| RUBRACA                         | 5                | QL(124 EA per 31 days); PA |
| RYDAPT                          | 5                | PA; OVM                    |
| SCEMBLIX                        | 5                | PA; OVM                    |
| <i>sorafenib</i>                | 5                | PA; OVM                    |
| <i>sorafenib tosylate</i>       | 5                | PA; OVM                    |
| SPRYCEL                         | 5                | PA; OVM                    |
| STIVARGA                        | 5                | PA; OVM                    |
| <i>sunitinib malate</i>         | 5                | PA; OVM                    |
| TABRECTA                        | 5                | PA; OVM                    |
| TAFINLAR                        | 5                | PA; OVM                    |
| TAGRISSO                        | 5                | PA; OVM                    |
| TALZENNA                        | 5                | PA; OVM                    |
| TASIGNA                         | 5                | PA; OVM                    |
| TAZVERIK                        | 5                | PA; OVM                    |
| TEPMETKO                        | 5                | PA; OVM                    |
| TIBSOVO                         | 5                | PA; OVM                    |
| <i>torpenz</i>                  | 5                | PA; OVM                    |
| TRUQAP                          | 5                | PA; OVM                    |
| TUKYSA                          | 5                | PA; OVM                    |
| TURALIO CAPSULE 125MG           | 5                | PA; OVM                    |
| VANFLYTA                        | 5                | PA; OVM                    |
| VENCLEXTA STARTING PACK         | 5                | PA; OVM                    |
| VENCLEXTA TABLET 10MG, 50MG     | 3                | PA; OVM                    |
| VENCLEXTA TABLET 100MG          | 5                | PA; OVM                    |

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|--|------------------|----------------------------|
| VERZENIO   | 5                | PA; OVM                    |
| VITRAKVI   | 5                | PA; OVM                    |
| VIZIMPRO   | 5                | PA; OVM                    |
| XALKORI  | 5                | PA; OVM                    |
| XOSPATA  | 5                | PA; OVM                    |
| XPOVIO   | 5                | PA; OVM                    |
| XPOVIO 60 MG TWICE WEEKLY                                    | 5                | PA; OVM                    |
| XPOVIO 80 MG TWICE WEEKLY                                    | 5                | PA; OVM                    |
| ZEJULA   | 5                | PA; OVM                    |
| ZELBORAF   | 5                | PA; OVM                    |
| ZYDELIG  | 5                | PA; OVM                    |
| ZYKADIA TABLET   | 5                | PA; OVM                    |
| <b><i>Monoclonal Antibodies/Antibody-Drug Conjugates</i></b> |                  |                            |
| DANYELZA   | 5                | PA                         |
| ENHERTU  | 5                | PA                         |
| HERCEPTIN HYLECTA  | 5                |                            |
| LIBTAYO  | 5                | PA                         |
| MARGENZA   | 5                | PA                         |
| MONJUVI  | 5                | PA                         |
| PADCEV   | 5                | PA                         |
| POLIVY   | 5                | PA                         |
| RYBREVANT  | 5                | PA                         |
| SARCLISA   | 5                | PA                         |
| TIVDAK   | 5                | PA                         |
| TRODELVY   | 5                | PA                         |
| <b><i>Retinoids</i></b>                                      |                  |                            |
| <i>bexarotene</i>  | 5                | PA; OVM                    |
| PANRETIN   | 3                |                            |
| <i>tretinooin capsule 10mg</i>                               | 5                |                            |
| <b><i>Treatment Adjuncts</i></b>                             |                  |                            |
| <i>mesna tablet</i>  | 3                |                            |
| MESNEX TABLET  | 3                |                            |
| VORANIGO   | 5                | PA; OVM                    |
| <b>Antiparasitics</b>  |                  |                            |
| <b><i>Anthelmintics</i></b>                                  |                  |                            |
| <i>albendazole tablet</i>                                    | 4                |                            |
| <i>ivermectin tablet 3mg</i>                                 | 2                | PA                         |
| <i>praziquantel tablet</i>                                   | 2                |                            |
| <b><i>Antiprotozoals</i></b>                                 |                  |                            |
| <i>atovaquone</i>  | 4                |                            |
| <i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>          | 2                |                            |
| <i>atovaquone/proguanil hydrochloride</i>                    | 2                |                            |
| BENZNIDAZOLE   | 4                |                            |
| <i>chloroquine phosphate tablet</i>                          | 2                |                            |

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|---|------------------|----------------------------|
| COARTEM   | 3                |                            |
| hydroxychloroquine sulfate tablet 200mg                                       | 1                |                            |
| mefloquine hydrochloride  | 2                |                            |
| nitazoxanide  | 3                |                            |
| pentamidine isethionate injection   | 4                |                            |
| pentamidine isethionate inhalation solution reconstituted                     | 4                | B/D                        |
| PRIMAQUINE PHOSPHATE TABLET   | 3                |                            |
| pyrimethamine tablet  | 5                |                            |
| quinine sulfate capsule 324mg   | 2                | PA                         |
| <b>Antiparkinson Agents</b>   |                  |                            |
| <i>Anticholinergics</i>   |                  |                            |
| benztropine mesylate tablet   | 2                | PA                         |
| TRIHEXYYPHENIDYL HCL SOLUTION   | 2                | PA                         |
| trihexyphenidyl hydrochloride   | 2                | PA                         |
| <i>Antiparkinson Agents, Other</i>  |                  |                            |
| carbidopa/levodopa/entacapone   | 4                |                            |
| entacapone  | 4                |                            |
| <i>Dopamine Agonists</i>  |                  |                            |
| apomorphine hydrochloride injection   | 5                |                            |
| bromocriptine mesylate capsule, tablet  | 2                |                            |
| pramipexole dihydrochloride   | 2                |                            |
| pramipexole dihydrochloride er  | 4                |                            |
| ropinirole er   | 2                |                            |
| ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg                               | 2                |                            |
| ropinirole hydrochloride tablet 0.25mg, 3mg                                   | 2                |                            |
| <i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>       |                  |                            |
| carbidopa/levodopa  | 2                |                            |
| carbidopa/levodopa er   | 2                |                            |
| CARBIDOPA/LEVODOPA ODT  | 2                |                            |
| carbidopa tablet  | 4                |                            |
| RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG                                | 4                | QL(300 EA per 30 days); ST |
| RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG | 4                | QL(360 EA per 30 days); ST |
| <i>Monoamine Oxidase B (MAO-B) Inhibitors</i>                                 |                  |                            |
| rasagiline mesylate tablet  | 4                |                            |
| selegiline hcl capsule, tablet  | 2                |                            |
| <b>Antipsychotics</b>   |                  |                            |
| <i>1st Generation/Typical</i>   |                  |                            |
| chlorpromazine hcl tablet   | 4                | PA                         |
| CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE                                      | 4                | PA                         |
| chlorpromazine hydrochloride tablet   | 4                | PA                         |

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|--|------------------|----------------------------|
| <i>fluphenazine decanoate injection</i>                                      | 4                |                            |
| FLUPHENAZINE HCL CONCENTRATE   | 2                |                            |
| FLUPHENAZINE HYDROCHLORIDE ELIXIR  | 2                |                            |
| FLUPHENAZINE HYDROCHLORIDE INJECTION   | 4                |                            |
| <i>fluphenazine hydrochloride tablet</i>                                     | 2                |                            |
| <i>haloperidol decanoate injection</i>                                       | 4                |                            |
| <i>haloperidol lactate</i>   | 2                |                            |
| <i>haloperidol concentrate, tablet</i>                                       | 2                |                            |
| <i>loxapine</i>  | 2                |                            |
| MOLINDONE HYDROCHLORIDE  | 2                |                            |
| <i>perphenazine tablet</i>   | 2                | PA                         |
| PIMOZIDE   | 2                |                            |
| <i>thioridazine hydrochloride</i>  | 2                |                            |
| <i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>                               | 2                |                            |
| <i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>                             | 2                |                            |
| <i>trifluoperazine hydrochloride tablet 1mg</i>                              | 2                |                            |
| <b>2nd Generation/Atypical</b>   |                  |                            |
| ABILITY ASIMTUFI   | 5                | ST                         |
| ABILITY MAINTENA   | 5                | ST                         |
| <i>ariPIPRAZOLE</i>  | 3                |                            |
| <i>ariPIPRAZOLE odt</i>  | 4                |                            |
| ARISTADA   | 5                | ST                         |
| ARISTADA INITIO  | 5                | ST                         |
| <i>asenapine maleate sl</i>  | 3                |                            |
| CAPLYTA  | 5                | ST                         |
| FANAPT   | 5                | PA                         |
| FANAPT TITRATION PACK  | 4                | PA                         |
| INVEGA HAFYERA   | 5                | ST                         |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML  | 4                | ST                         |
| INVEGA SUSTENNA INJECTION 117MG/0.75ML,<br>156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 5                | ST                         |
| INVEGA TRINZA  | 5                | ST                         |
| <i>lurasidone hydrochloride</i>  | 3                |                            |
| LYBALVI  | 5                | QL(30 EA per 30 days); PA  |
| NUPLAZID CAPSULE   | 5                | PA                         |
| NUPLAZID TABLET 10MG   | 5                | PA                         |
| <i>olanzapine odt</i>  | 2                | PA                         |
| <i>olanzapine injection</i>  | 2                |                            |
| <i>olanzapine tablet</i>   | 2                | PA                         |
| <i>paliperidone er tablet extended release 24 hour 6mg</i>                   | 2                | QL(180 EA per 90 days)     |
| <i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg,<br/>9mg</i>   | 2                | QL(90 EA per 90 days)      |
| PERSERIS   | 5                | ST                         |
| <i>quetiapine fumarate</i>   | 2                |                            |

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|--|------------------|----------------------------|
| <i>quetiapine fumarate er</i>  | 2                |                            |
| REXULTI  | 5                | ST                         |
| <i>risperidone er injection 12.5mg, 25mg</i>                           | 4                | ST                         |
| <i>risperidone er injection 37.5mg, 50mg</i>                           | 5                | ST                         |
| RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG                           | 2                |                            |
| <i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i> | 2                |                            |
| <i>risperidone tablet</i>  | 2                |                            |
| <i>risperidone solution</i>  | 2                | QL(720 ML per 90 days)     |
| RYKINDO  | 5                | QL(2 EA per 28 days); ST   |
| SECUADO  | 5                | QL(31 EA per 31 days); PA  |
| VRAYLAR CAPSULE  | 5                | ST                         |
| <i>ziprasidone hcl</i>   | 2                |                            |
| <i>ziprasidone mesylate</i>  | 4                |                            |
| ZYPREXA RELPREVV INJECTION 210MG                                       | 4                | ST                         |
| ZYPREXA RELPREVV INJECTION 300MG, 405MG                                | 5                | ST                         |
| <b>Treatment-Resistant</b>   |                  |                            |
| CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG                             | 2                | PA                         |
| <i>clozapine odt tablet disintegrating 100mg, 25mg</i>                 | 2                | PA                         |
| <i>clozapine odt tablet disintegrating 150mg, 200mg</i>                | 4                | PA                         |
| <i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>                       | 2                | PA                         |
| VERSACLOZ  | 5                | PA                         |
| <b>Antispasticity Agents</b>   |                  |                            |
| <b>Antispasticity Agents</b>   |                  |                            |
| <i>baclofen tablet 10mg, 20mg</i>                                      | 2                |                            |
| <i>baclofen tablet 5mg</i>   | 3                |                            |
| DANTRIUM IV  | 4                |                            |
| <i>dantrolene sodium capsule, injection</i>                            | 2                |                            |
| LIORESAL INTRATHECAL INJECTION 10MG/20ML                               | 4                |                            |
| LIORESAL INTRATHECAL INJECTION 0.05MG/ML                               | 4                | B/D                        |
| <i>revonto</i>   | 2                |                            |
| SOHONOS CAPSULE 1.5MG, 1MG   | 5                | QL(124 EA per 31 days); PA |
| SOHONOS CAPSULE 10MG   | 5                | QL(62 EA per 31 days); PA  |
| SOHONOS CAPSULE 2.5MG, 5MG   | 5                | QL(93 EA per 31 days); PA  |
| <i>tizanidine hcl tablet 2mg</i>                                       | 2                |                            |
| <i>tizanidine hydrochloride capsule</i>                                | 2                |                            |
| <i>tizanidine hydrochloride tablet 4mg</i>                             | 2                |                            |
| <b>Antivirals</b>  |                  |                            |
| <b>Anti-cytomegalovirus (CMV) Agents</b>                               |                  |                            |
| LIVTENCITY   | 5                | PA                         |
| PREVYMIS PACKET  | 5                | QL(112 EA per 28 days); PA |
| PREVYMIS TABLET  | 5                | QL(28 EA per 28 days); PA  |
| <i>valganciclovir</i>  | 3                |                            |
| <i>valganciclovir hydrochloride</i>                                    | 5                |                            |

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|--|------------------|----------------------------|
| <b><i>Anti-hepatitis B (HBV) Agents</i></b>  |                  |                            |
| <i>adefovir dipivoxil</i>  | 3                |                            |
| <i>entecavir</i>   | 3                |                            |
| <i>lamivudine tablet 100mg</i>   | 2                |                            |
| <b><i>Anti-hepatitis C (HCV) Agents</i></b>  |                  |                            |
| EPCLUSA  | 5                | PA                         |
| HARVONI TABLET   | 5                | PA                         |
| HARVONI PACKET 33.75MG; 150MG  | 5                | QL(31 EA per 31 days); PA  |
| HARVONI PACKET 45MG; 200MG   | 5                | QL(62 EA per 31 days); PA  |
| LEDIPASVIR/SOFOSBUVIR  | 5                | PA                         |
| RIBAVIRIN CAPSULE  | 2                |                            |
| RIBAVIRIN TABLET 200MG   | 2                |                            |
| SOFOSBUVIR/VELPATASVIR   | 5                | PA                         |
| VOSEVI   | 5                | PA                         |
| <b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>                            |                  |                            |
| BIKTARVY   | 5                |                            |
| CABENUVA   | 5                |                            |
| DOVATO   | 5                |                            |
| GENVOYA  | 5                | QL(31 EA per 31 days)      |
| ISENTRESS HD   | 5                |                            |
| ISENTRESS PACKET   | 3                |                            |
| ISENTRESS TABLET   | 5                |                            |
| ISENTRESS TABLET CHEWABLE 25MG   | 3                |                            |
| ISENTRESS TABLET CHEWABLE 100MG  | 5                |                            |
| JULUCA   | 5                |                            |
| STRIBILD   | 5                |                            |
| TIVICAY PD   | 4                | QL(372 EA per 31 days)     |
| TIVICAY TABLET 10MG  | 4                |                            |
| TIVICAY TABLET 25MG, 50MG  | 5                |                            |
| <b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b> |                  |                            |
| COMPLERA   | 5                |                            |
| DELSTRIGO  | 5                |                            |
| EDURANT  | 5                |                            |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>                           | 3                |                            |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>                              | 5                |                            |
| EFAVIRENZ CAPSULE  | 4                |                            |
| <i>efavirenz tablet</i>  | 4                |                            |
| <i>etravirine</i>  | 5                |                            |
| INTELENCE TABLET 25MG  | 3                |                            |
| <i>nevirapine er tablet extended release 24 hour 400mg</i>                             | 2                |                            |
| NEVIRAPINE SUSPENSION  | 4                |                            |
| <i>nevirapine tablet</i>   | 2                |                            |
| PIFELTRO   | 5                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b> |                  |                            |
| <i>abacavir</i>   | 4                |                            |
| <i>abacavir sulfate/lamivudine</i>  | 3                |                            |
| CIMDUO  | 5                |                            |
| DESCOVY   | 5                | QL(31 EA per 31 days)      |
| <i>emtricitabine</i>  | 3                |                            |
| <i>emtricitabine/tenofovir disoproxil</i>   | 5                |                            |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>                    | 3                |                            |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>      | 5                |                            |
| EMTRIVA SOLUTION  | 3                |                            |
| <i>lamivudine/zidovudine</i>  | 2                |                            |
| <i>lamivudine solution 10mg/ml</i>  | 2                |                            |
| <i>lamivudine tablet 150mg, 300mg</i>   | 2                |                            |
| ODEFSEY   | 5                |                            |
| <i>tenofovir disoproxil fumarate</i>  | 3                |                            |
| TRIUMEQ   | 5                |                            |
| TRIUMEQ PD  | 4                |                            |
| VIREAD POWDER   | 5                |                            |
| VIREAD TABLET 150MG, 200MG, 250MG   | 3                |                            |
| <i>zidovudine</i>   | 2                |                            |
| <b>Anti-HIV Agents, Other</b>   |                  |                            |
| FUZEON  | 5                |                            |
| <i>maraviroc</i>  | 5                |                            |
| RUKOBIA   | 5                | QL(62 EA per 31 days)      |
| SELZENTRY SOLUTION  | 5                |                            |
| SELZENTRY TABLET 25MG   | 3                |                            |
| SELZENTRY TABLET 75MG   | 5                |                            |
| SUNLENCA TABLET THERAPY PACK  | 5                | QL(10 EA per 365 days)     |
| TROGARZO  | 5                |                            |
| TYBOST  | 3                |                            |
| <b>Anti-HIV Agents, Protease Inhibitors (PI)</b>  |                  |                            |
| APTIVUS CAPSULE   | 5                |                            |
| <i>atazanavir</i>   | 4                |                            |
| <i>atazanavir sulfate capsule 300mg</i>   | 4                |                            |
| <i>darunavir</i>  | 5                |                            |
| EVOTAZ  | 5                |                            |
| <i>fosamprenavir calcium</i>  | 5                |                            |
| LEXIVA SUSPENSION   | 4                |                            |
| <i>lopinavir/ritonavir tablet</i>   | 3                |                            |
| <i>lopinavir/ritonavir solution</i>   | 4                |                            |
| NORVIR PACKET   | 3                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| PREZCOBIX  | 5                |                             |
| PREZISTA SUSPENSION  | 4                |                             |
| PREZISTA TABLET 75MG   | 3                |                             |
| PREZISTA TABLET 150MG  | 5                |                             |
| REYATAZ PACKET   | 5                |                             |
| ritonavir  | 2                |                             |
| SYMTUZA  | 5                |                             |
| VIRACEPT   | 5                |                             |
| <b>Anti-influenza Agents</b>                                 |                  |                             |
| <i>amantadine hcl capsule, solution, tablet</i>              | 2                |                             |
| <i>oseltamivir phosphate capsule 30mg</i>                    | 2                | QL(168 EA per 180 days)     |
| <i>oseltamivir phosphate capsule 45mg, 75mg</i>              | 2                | QL(84 EA per 180 days)      |
| <i>oseltamivir phosphate suspension reconstituted</i>        | 2                | QL(1050 ML per 180 days)    |
| RELENZA DISKHALER  | 3                | QL(180 EA per 90 days)      |
| RIMANTADINE HYDROCHLORIDE                                    | 2                |                             |
| <b>Antiherpetic Agents</b>                                   |                  |                             |
| <i>acyclovir sodium injection 50mg/ml</i>                    | 4                | B/D                         |
| <i>acyclovir capsule 200mg</i>                               | 2                |                             |
| <i>acyclovir suspension 200mg/5ml</i>                        | 2                |                             |
| <i>acyclovir tablet 400mg, 800mg</i>                         | 2                |                             |
| <i>famciclovir tablet</i>                                    | 2                |                             |
| <i>valacyclovir hydrochloride</i>                            | 2                |                             |
| <b>Antiviral, Coronavirus Agents</b>                         |                  |                             |
| LAGEVRIO   | 3                | QL(40 EA per 30 days)       |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG                    | 3                | QL(40 EA per 30 days)       |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG                    | 3                | QL(60 EA per 30 days)       |
| <b>Anxiolytics</b>   |                  |                             |
| <b>Anxiolytics, Other</b>                                    |                  |                             |
| <i>buspirone hcl tablet 15mg</i>                             | 2                |                             |
| <i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i> | 2                |                             |
| <i>meprobamate</i>   | 4                |                             |
| <b>Benzodiazepines</b>                                       |                  |                             |
| <i>alprazolam</i>  | 2                | QL(150 EA per 30 days); NDS |
| <i>alprazolam er tablet extended release 24 hour 3mg</i>     | 2                | QL(100 EA per 30 days); NDS |
| <i>alprazolam er tablet extended release 24 hour 2mg</i>     | 2                | QL(150 EA per 30 days); NDS |
| <i>alprazolam er tablet extended release 24 hour 1mg</i>     | 2                | QL(300 EA per 30 days); NDS |
| <i>alprazolam er tablet extended release 24 hour 0.5mg</i>   | 2                | QL(600 EA per 30 days); NDS |
| ALPRAZOLAM INTENSOL  | 2                | QL(300 ML per 30 days); NDS |
| <i>chlordiazepoxide hcl capsule 10mg, 5mg</i>                | 4                | QL(120 EA per 30 days); NDS |
| <i>chlordiazepoxide hydrochloride capsule 25mg</i>           | 4                | QL(120 EA per 30 days); NDS |
| <i>clorazepate dipotassium tablet 15mg</i>                   | 2                | QL(180 EA per 30 days); NDS |
| <i>clorazepate dipotassium tablet 7.5mg</i>                  | 2                | QL(360 EA per 30 days); NDS |
| <i>clorazepate dipotassium tablet 3.75mg</i>                 | 2                | QL(720 EA per 30 days); NDS |
| <i>diazepam intensol</i>                                     | 2                | QL(240 ML per 30 days); NDS |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---|------------------|------------------------------|
| <i>diazepam tablet</i>  | 2                | QL(120 EA per 30 days); NDS  |
| <i>diazepam oral solution</i>   | 2                | QL(1200 ML per 30 days); NDS |
| <i>diazepam concentrate</i>   | 2                | QL(240 ML per 30 days); NDS  |
| <i>diazepam injection 5mg/ml</i>  | 4                | NDS                          |
| <i>lorazepam intensol</i>   | 2                | QL(150 ML per 30 days); NDS  |
| <i>lorazepam tablet</i>   | 2                | QL(150 EA per 30 days); NDS  |
| <i>lorazepam injection 2mg/ml, 4mg/ml</i>                               | 2                | QL(150 ML per 30 days); NDS  |
| <i>midazolam hcl syrup</i>  | 2                | NDS                          |
| <i>oxazepam capsule 10mg, 15mg</i>                                      | 4                | QL(120 EA per 30 days); NDS  |
| <i>oxazepam capsule 30mg</i>  | 4                | QL(60 EA per 30 days); NDS   |
| <b>Bipolar Agents</b>   |                  |                              |
| <b>Mood Stabilizers</b>   |                  |                              |
| <i>lithium</i>  | 1                |                              |
| <i>lithium carbonate er</i>   | 1                |                              |
| LITHIUM CARBONATE CAPSULE 600MG   | 1                |                              |
| <i>lithium carbonate capsule 150mg, 300mg</i>                           | 1                |                              |
| <i>lithium carbonate tablet</i>   | 1                |                              |
| <b>Blood Glucose Regulators</b>   |                  |                              |
| <b>Antidiabetic Agents</b>  |                  |                              |
| <i>acarbose tablet</i>  | 1                |                              |
| BYDUREON BCISE  | 3                | QL(10.2 ML per 84 days); PA  |
| BYETTA INJECTION 5MCG/0.02ML  | 3                | QL(3.6 ML per 84 days); PA   |
| BYETTA INJECTION 10MCG/0.04ML   | 3                | QL(7.2 ML per 84 days); PA   |
| CYCLOSET  | 4                | QL(540 EA per 90 days)       |
| <i>glimepiride tablet 1mg, 2mg, 4mg</i>                                 | 1                |                              |
| <i>glipizide er</i>   | 1                |                              |
| <i>glipizide/metformin hydrochloride</i>                                | 1                |                              |
| <i>glipizide tablet 10mg, 5mg</i>                                       | 1                |                              |
| <i>glipizide tablet 2.5mg</i>   | 2                | QL(90 EA per 90 days)        |
| GLYBURIDE MICRONIZED  | 1                |                              |
| <i>glyburide/metformin hydrochloride</i>                                | 1                |                              |
| <i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>                              | 1                |                              |
| GLYXAMBI  | 3                | QL(90 EA per 90 days)        |
| JANUMET   | 3                | QL(180 EA per 90 days)       |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR<br>1000MG; 50MG, 500MG; 50MG | 3                | QL(180 EA per 90 days)       |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR<br>1000MG; 100MG             | 3                | QL(90 EA per 90 days)        |
| JANUVIA   | 3                | QL(90 EA per 90 days)        |
| JENTADUETO  | 3                | QL(180 EA per 90 days)       |
| JENTADUETO XR TABLET EXTENDED RELEASE 24<br>HOUR 2.5MG; 1000MG          | 3                | QL(180 EA per 90 days)       |
| JENTADUETO XR TABLET EXTENDED RELEASE 24<br>HOUR 5MG; 1000MG            | 3                | QL(90 EA per 90 days)        |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>        | 1                |                            |
| <i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>                            | 1                |                            |
| MIGLITOL  | 2                |                            |
| MOUNJARO  | 3                | QL(2 ML per 28 days); PA   |
| <i>nateglinide</i>  | 1                |                            |
| OZEMPIC INJECTION 2MG/1.5ML   | 3                | QL(1.5 ML per 28 days); PA |
| OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML   | 3                | QL(3 ML per 28 days); PA   |
| <i>pioglitazone hcl-glimepiride</i>   | 1                | QL(90 EA per 90 days)      |
| <i>pioglitazone hcl/metformin hcl</i>   | 1                | QL(270 EA per 90 days)     |
| <i>pioglitazone hcl tablet 45mg</i>   | 1                | QL(90 EA per 90 days)      |
| <i>pioglitazone hydrochloride tablet 15mg, 30mg</i>                                   | 1                | QL(90 EA per 90 days)      |
| <i>repaglinide</i>  | 1                |                            |
| RYBELSUS TABLET 7MG   | 3                | QL(180 EA per 90 days); PA |
| RYBELSUS TABLET 3MG   | 3                | QL(420 EA per 90 days); PA |
| RYBELSUS TABLET 1.5MG   | 3                | QL(540 EA per 90 days); PA |
| RYBELSUS TABLET 14MG, 4MG, 9MG  | 3                | QL(90 EA per 90 days); PA  |
| SOLIQUA 100/33  | 3                | QL(60 ML per 90 days)      |
| SYMLINPEN 120   | 4                |                            |
| SYMLINPEN 60  | 4                |                            |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG | 3                | QL(180 EA per 90 days)     |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG                              | 3                | QL(90 EA per 90 days)      |
| SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG                            | 3                | QL(180 EA per 90 days)     |
| SYNJARDY TABLET 5MG; 500MG  | 3                | QL(360 EA per 90 days)     |
| TRADJENTA   | 3                | QL(90 EA per 90 days)      |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG | 3                | QL(180 EA per 90 days)     |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG      | 3                | QL(90 EA per 90 days)      |
| TRULICITY   | 3                | QL(2 ML per 28 days); PA   |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG      | 3                | QL(180 EA per 90 days)     |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG                   | 3                | QL(90 EA per 90 days)      |
| <b>Glycemic Agents</b>  |                  |                            |
| BAQSIMI ONE PACK  | 3                |                            |
| BAQSIMI TWO PACK  | 3                |                            |
| <i>diazoxide suspension</i>   | 4                |                            |
| GLUCAGEN HYPOKIT  | 3                |                            |
| GLUCAGON EMERGENCY KIT  | 3                |                            |

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|---|------------------|----------------------------|
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML     | 3                |                            |
| <i>glucagon emergency kit for low blood sugar injection 1mg</i> | 3                |                            |
| GVOKE HYPOOPEN 1-PACK   | 3                |                            |
| GVOKE HYPOOPEN 2-PACK   | 3                |                            |
| GVOKE KIT   | 3                |                            |
| GVOKE PFS   | 3                |                            |
| <b><i>Insulins</i></b>  |                  |                            |
| APIDRA  | 3                | ST                         |
| APIDRA SOLOSTAR   | 3                | ST                         |
| HUMALOG   | 3                |                            |
| HUMALOG JUNIOR KWIKPEN  | 3                |                            |
| HUMALOG KWIKPEN   | 3                |                            |
| HUMALOG MIX 50/50   | 3                |                            |
| HUMALOG MIX 50/50 KWIKPEN                                       | 3                |                            |
| HUMALOG MIX 75/25   | 3                |                            |
| HUMALOG MIX 75/25 KWIKPEN                                       | 3                |                            |
| HUMALOG TEMPO PEN   | 3                |                            |
| HUMULIN 70/30   | 3                |                            |
| HUMULIN 70/30 KWIKPEN   | 3                |                            |
| HUMULIN N   | 3                |                            |
| HUMULIN N KWIKPEN   | 3                |                            |
| HUMULIN R   | 3                |                            |
| HUMULIN R U-500 (CONCENTRATED)                                  | 5                | PA                         |
| HUMULIN R U-500 KWIKPEN   | 5                |                            |
| INSULIN LISPRO  | 3                |                            |
| INSULIN LISPRO JUNIOR KWIKPEN                                   | 3                |                            |
| INSULIN LISPRO KWIKPEN  | 3                |                            |
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN                 | 3                |                            |
| LANTUS  | 2                |                            |
| LANTUS SOLOSTAR   | 2                |                            |
| LEVEMIR   | 2                |                            |
| LEVEMIR FLEXPEN   | 2                |                            |
| LYUMJEV   | 3                |                            |
| LYUMJEV KWIKPEN   | 3                |                            |
| LYUMJEV TEMPO PEN   | 3                |                            |
| NOVOLIN 70/30   | 2                |                            |
| NOVOLIN 70/30 FLEXPEN   | 2                |                            |
| NOVOLIN 70/30 FLEXPEN RELION                                    | 2                |                            |
| NOVOLIN 70/30 RELION  | 2                |                            |
| NOVOLIN N   | 2                |                            |
| NOVOLIN N FLEXPEN   | 2                |                            |
| NOVOLIN N FLEXPEN RELION  | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| NOVOLIN N RELION   | 2                |                            |
| NOVOLIN R  | 2                |                            |
| NOVOLIN R FLEXPEN  | 2                |                            |
| NOVOLIN R FLEXPEN RELION   | 2                |                            |
| NOVOLIN R RELION   | 2                |                            |
| NOVOLOG  | 2                |                            |
| NOVOLOG FLEXPEN  | 2                |                            |
| NOVOLOG FLEXPEN RELION   | 2                |                            |
| NOVOLOG MIX 70/30  | 2                |                            |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN  | 2                |                            |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION   | 2                |                            |
| NOVOLOG MIX 70/30 RELION   | 2                |                            |
| NOVOLOG PENFILL  | 2                |                            |
| NOVOLOG RELION   | 2                |                            |
| TOUJEO MAX SOLOSTAR  | 2                |                            |
| TOUJEO SOLOSTAR  | 2                |                            |
| <b>Blood Products and Modifiers</b>  |                  |                            |
| <i>Anticoagulants</i>  |                  |                            |
| ARGATROBAN INJECTION 250MG/2.5ML   | 4                |                            |
| CEPROTIN   | 4                |                            |
| <i>dabigatran etexilate capsule 150mg, 75mg</i>  | 4                |                            |
| ELIQUIS STARTER PACK   | 3                |                            |
| ELIQUIS TABLET 2.5MG   | 3                | QL(180 EA per 90 days)     |
| ELIQUIS TABLET 5MG   | 3                | QL(194 EA per 90 days)     |
| <i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml,<br/>150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i> | 4                |                            |
| <i>fondaparinux sodium injection 2.5mg/0.5ml</i>   | 4                |                            |
| <i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml,<br/>7.5mg/0.6ml</i>  | 5                |                            |
| FRAGMIN INJECTION 10000UNIT/4ML,<br>2500UNIT/0.2ML, 5000UNIT/0.2ML, 95000UNIT/3.8ML                                    | 4                |                            |
| FRAGMIN INJECTION 10000UNIT/ML,<br>12500UNIT/0.5ML, 15000UNIT/0.6ML,<br>18000UNT/0.72ML, 7500UNIT/0.3ML                | 5                |                            |
| <i>heparin sodium/sodium chloride 0.9% premix injection<br/>1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>                 | 2                |                            |
| <i>heparin sodium/sodium chloride 0.9% injection<br/>1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>                        | 2                |                            |
| <i>heparin sodium injection 10000unit/ml, 1000unit/ml,<br/>20000unit/ml, 5000unit/ml</i>                               | 2                |                            |
| <i>jantoven</i>  | 1                |                            |
| <i>warfarin sodium tablet</i>  | 1                |                            |
| XARELTO STARTER PACK   | 3                |                            |
| XARELTO SUSPENSION RECONSTITUTED   | 3                | QL(2700 ML per 90 days)    |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| XARELTO TABLET 15MG, 2.5MG  | 3                | QL(180 EA per 90 days)     |
| XARELTO TABLET 10MG, 20MG   | 3                | QL(90 EA per 90 days)      |
| <b>Blood Products and Modifiers, Other</b>  |                  |                            |
| <i>anagrelide hydrochloride</i>   | 2                |                            |
| ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML,<br>100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML,<br>200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML,<br>25MCG/ML, 300MCG/0.6ML, 40MCG/0.4ML, 40MCG/ML,<br>500MCG/ML, 60MCG/0.3ML, 60MCG/ML | 4                | PA                         |
| EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML,<br>2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML   | 4                | PA                         |
| GRANIX  | 5                |                            |
| NEULASTA  | 5                | PA; OVM                    |
| NEULASTA ONPRO KIT  | 5                | PA; OVM                    |
| NEUPOGEN  | 5                |                            |
| PROCIT INJECTION 10000UNIT/ML, 2000UNIT/ML,<br>3000UNIT/ML, 4000UNIT/ML   | 3                | PA                         |
| PROCIT INJECTION 20000UNIT/ML, 40000UNIT/ML   | 5                | PA                         |
| PROMACTA TABLET   | 5                | PA                         |
| PROMACTA PACKET 25MG  | 5                | PA                         |
| VOYDEYA   | 5                | QL(180 EA per 30 days); PA |
| ZARXIO  | 5                |                            |
| <b>Hemostasis Agents</b>  |                  |                            |
| <i>tranexamic acid tablet</i>   | 2                | QL(90 EA per 63 days)      |
| <b>Platelet Modifying Agents</b>  |                  |                            |
| <i>aspirin/dipyridamole er</i>  | 4                |                            |
| BRILINTA  | 3                |                            |
| CABLIVI   | 5                | PA                         |
| <i>cilostazol</i>   | 2                |                            |
| <i>clopidogrel tablet 75mg</i>  | 1                |                            |
| <i>clopidogrel tablet 300mg</i>   | 2                |                            |
| DOPTELET  | 5                | PA                         |
| <i>prasugrel hydrochloride</i>  | 2                |                            |
| <b>Cardiovascular Agents</b>  |                  |                            |
| <b>Alpha-adrenergic Agonists</b>  |                  |                            |
| <i>clonidine</i>  | 1                | QL(12 EA per 84 days)      |
| <i>clonidine hydrochloride tablet</i>   | 1                |                            |
| <i>droxidopa</i>  | 5                |                            |
| <i>guanfacine hydrochloride</i>   | 2                |                            |
| <i>midodrine hydrochloride</i>  | 2                |                            |
| <b>Alpha-adrenergic Blocking Agents</b>   |                  |                            |
| <i>doxazosin mesylate tablet</i>  | 1                |                            |
| <i>prazosin hydrochloride capsule</i>   | 1                |                            |
| <i>terazosin hcl capsule 10mg, 1mg, 5mg</i>   | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>terazosin hydrochloride capsule 2mg</i>               | 1                |                            |
| <b>Angiotensin II Receptor Antagonists</b>               |                  |                            |
| <i>candesartan cilexetil</i>                             | 1                |                            |
| <b>EDARBI</b>  | 4                |                            |
| <i>irbesartan</i>  | 1                |                            |
| <i>losartan potassium tablet</i>                         | 1                |                            |
| <i>olmesartan medoxomil tablet</i>                       | 1                |                            |
| <i>telmisartan</i>                                       | 1                |                            |
| <b>VALSARTAN SOLUTION</b>                                | 4                |                            |
| <i>valsartan tablet</i>                                  | 1                |                            |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>    |                  |                            |
| <i>benazepril hydrochloride tablet</i>                   | 1                |                            |
| <i>captopril tablet</i>                                  | 1                |                            |
| <i>enalapril maleate tablet</i>                          | 1                |                            |
| <i>enalaprilat</i>                                       | 2                |                            |
| <i>fosinopril sodium</i>                                 | 1                |                            |
| <i>lisinopril tablet</i>                                 | 1                |                            |
| <i>moexipril hydrochloride</i>                           | 1                |                            |
| <b>PERINDOPRIL ERBUMINE TABLET 2MG, 8MG</b>              | 1                |                            |
| <i>perindopril erbumine tablet 4mg</i>                   | 1                |                            |
| <i>quinapril hydrochloride</i>                           | 1                |                            |
| <i>ramipril</i>  | 1                |                            |
| <i>trandolapril</i>                                      | 1                |                            |
| <b>Antiarrhythmics</b>                                   |                  |                            |
| <i>amiodarone hydrochloride tablet</i>                   | 2                |                            |
| <b>DIGOXIN SOLUTION</b>                                  | 2                |                            |
| <i>digoxin tablet 250mcg, 62.5mcg</i>                    | 2                |                            |
| <i>digoxin tablet 125mcg</i>                             | 2                | QL(90 EA per 90 days)      |
| <i>disopyramide phosphate capsule</i>                    | 2                |                            |
| <i>dofetilide</i>  | 2                |                            |
| <i>flecainide acetate</i>                                | 2                |                            |
| <i>ibutilide fumarate</i>                                | 2                |                            |
| <i>mexiletine hydrochloride capsule</i>                  | 2                |                            |
| <b>MULTAQ</b>  | 3                | QL(180 EA per 90 days)     |
| <b>NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG</b> | 4                |                            |
| <i>pacerone tablet 100mg, 200mg, 400mg</i>               | 2                |                            |
| <i>propafenone hcl</i>                                   | 2                |                            |
| <i>propafenone hydrochloride er</i>                      | 2                |                            |
| <i>propafenone hydrochloride tablet 300mg</i>            | 2                |                            |
| <i>quinidine gluconate cr</i>                            | 2                |                            |
| <b>QUINIDINE SULFATE TABLET</b>                          | 2                |                            |
| <i>sorine tablet 120mg, 160mg</i>                        | 2                |                            |
| <i>sotalol hcl tablet 120mg, 160mg, 240mg</i>            | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>sotalol hydrochloride (af)</i>   | 2                |                            |
| <i>sotalol hydrochloride tablet 80mg</i>                                    | 2                |                            |
| <b>Beta-adrenergic Blocking Agents</b>                                      |                  |                            |
| <i>acebutolol hydrochloride</i>   | 2                |                            |
| <i>atenolol tablet</i>  | 1                |                            |
| <i>betaxolol hcl tablet 10mg, 20mg</i>                                      | 1                |                            |
| <i>bisoprolol fumarate</i>  | 1                |                            |
| <i>carvedilol</i>   | 1                |                            |
| <i>carvedilol phosphate er</i>  | 4                | QL(90 EA per 90 days)      |
| <i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>                   | 1                |                            |
| <i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i> | 1                | QL(180 EA per 90 days)     |
| <i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>   | 1                | QL(270 EA per 90 days)     |
| <i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>                         | 1                |                            |
| <i>nadolol tablet 20mg, 40mg, 80mg</i>                                      | 1                |                            |
| <i>nebivolol hydrochloride tablet 20mg</i>                                  | 3                | QL(180 EA per 90 days)     |
| <i>nebivolol hydrochloride tablet 10mg</i>                                  | 3                | QL(360 EA per 90 days)     |
| <i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>                            | 3                | QL(90 EA per 90 days)      |
| <i>pindolol tablet</i>  | 1                |                            |
| <b>PROPRANOLOL HCL SOLUTION 40MG/5ML</b>                                    | 1                |                            |
| <i>propranolol hcl tablet 40mg</i>  | 1                |                            |
| <i>propranolol hydrochloride er</i>   | 1                |                            |
| <b>PROPRANOLOL HYDROCHLORIDE SOLUTION</b>                                   | 1                |                            |
| <i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>              | 1                |                            |
| <i>timolol maleate tablet 10mg, 20mg, 5mg</i>                               | 1                |                            |
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>                    |                  |                            |
| <i>amlodipine besylate tablet</i>   | 1                |                            |
| <b>CLEVIPREX INJECTION 50MG/100ML</b>                                       | 4                |                            |
| <i>felodipine er</i>  | 1                | QL(90 EA per 90 days)      |
| <i>isradipine</i>   | 1                |                            |
| <i>nicardipine hcl capsule</i>  | 1                |                            |
| <i>nifedipine er</i>  | 1                | QL(180 EA per 90 days)     |
| <i>nimodipine capsule</i>   | 4                |                            |
| <b>NISOLDIPIINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG</b>           | 4                | QL(180 EA per 90 days)     |
| <b>NISOLDIPIINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG</b>         | 4                | QL(90 EA per 90 days)      |
| <i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>     | 4                | QL(90 EA per 90 days)      |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>                 |                  |                            |
| <i>cartia xt</i>  | 1                |                            |
| <i>dilt-xr</i>  | 1                |                            |
| <i>diltiazem hcl cd</i>   | 2                |                            |

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| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg                  | 1         |                            |
| diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour            | 1         |                            |
| diltiazem hcl tablet 30mg, 60mg   | 1         |                            |
| diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg | 1         |                            |
| diltiazem hydrochloride er capsule extended release 24 hour 360mg                             | 2         |                            |
| diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg         | 1         |                            |
| diltiazem hydrochloride tablet 120mg, 90mg  | 1         |                            |
| matzim la   | 1         |                            |
| taztia xt   | 1         |                            |
| tiadylt er  | 1         |                            |
| VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG                                | 1         |                            |
| verapamil hcl er tablet extended release 120mg  | 1         |                            |
| VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG                                       | 1         |                            |
| verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg                         | 1         |                            |
| verapamil hcl tablet 40mg, 80mg   | 1         |                            |
| VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG                             | 1         |                            |
| verapamil hydrochloride er tablet extended release 180mg, 240mg                               | 1         |                            |
| verapamil hydrochloride injection   | 4         |                            |
| verapamil hydrochloride tablet 120mg  | 1         |                            |
| <b>Cardiovascular Agents, Other</b>   |           |                            |
| aliskiren   | 3         |                            |
| AMILORIDE/HYDROCHLOROTHIAZIDE   | 1         |                            |
| amlodipine besylate/atorvastatin calcium  | 1         |                            |
| amlodipine besylate/benazepril hydrochloride  | 1         |                            |
| amlodipine besylate/valsartan   | 1         |                            |
| amlodipine/olmesartan medoxomil   | 2         |                            |
| amlodipine/valsartan/hydrochlorothiazide  | 2         |                            |
| atenolol/chlorthalidone   | 1         |                            |
| ATTRUBY   | 5         | QL(112 EA per 28 days); PA |
| benazepril hydrochloride/hydrochlorothiazide  | 1         |                            |
| bisoprolol fumarate/hydrochlorothiazide   | 1         |                            |
| candesartan cilexetil/hydrochlorothiazide   | 1         |                            |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE   | 1         |                            |
| CORLANOR SOLUTION   | 4         | QL(1350 ML per 90 days)    |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| CORLANOR TABLET  | 4                | QL(180 EA per 90 days)     |
| <i>dobutamine hcl injection 250mg/20ml</i>                             | 2                |                            |
| EDARBYCLOR   | 4                |                            |
| <i>enalapril maleate/hydrochlorothiazide</i>                           | 1                |                            |
| ENTRESTO TABLET  | 3                |                            |
| <i>fosinopril sodium/hydrochlorothiazide</i>                           | 1                |                            |
| <i>irbesartan/hydrochlorothiazide</i>                                  | 1                |                            |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i>                  | 3                |                            |
| <i>ivabradine hydrochloride</i>  | 4                | QL(180 EA per 90 days)     |
| <i>lisinopril/hydrochlorothiazide</i>                                  | 1                |                            |
| <i>losartan potassium/hydrochlorothiazide</i>                          | 1                |                            |
| <i>metoprolol/hydrochlorothiazide</i>                                  | 1                |                            |
| <i>metyrosine</i>  | 5                |                            |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>             | 1                |                            |
| <i>olmesartan medoxomil/hydrochlorothiazide</i>                        | 1                |                            |
| <i>pentoxifylline er</i>   | 2                |                            |
| QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET<br>25MG; 20MG                     | 2                |                            |
| <i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i> | 2                |                            |
| <i>ranolazine er</i>   | 4                |                            |
| <i>spironolactone/hydrochlorothiazide</i>                              | 1                |                            |
| TELMISARTAN/AMLODIPINE   | 1                |                            |
| <i>telmisartan/hydrochlorothiazide</i>                                 | 1                |                            |
| TRANDOLAPRIL/VERAPAMIL HCL ER  | 2                |                            |
| <i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>            | 1                |                            |
| <i>triamterene/hydrochlorothiazide tablet</i>                          | 1                |                            |
| <i>valsartan/hydrochlorothiazide</i>                                   | 1                |                            |
| VECAMYL  | 5                | PA                         |
| VYNDAMAX   | 5                | PA                         |
| <b>Diuretics, Loop</b>   |                  |                            |
| <i>bumetanide tablet</i>   | 1                |                            |
| <i>bumetanide injection</i>  | 2                |                            |
| <i>furosemide tablet</i>   | 1                |                            |
| <i>furosemide injection</i>  | 4                |                            |
| FUROSEMIDE ORAL SOLUTION 40MG/5ML                                      | 1                |                            |
| <i>furosemide oral solution 10mg/ml</i>                                | 1                |                            |
| <i>torsemide tablet</i>  | 1                |                            |
| <b>Diuretics, Potassium-sparing</b>                                    |                  |                            |
| <i>amiloride hcl tablet</i>  | 1                |                            |
| <i>triamterene capsule</i>   | 4                |                            |
| <b>Diuretics, Thiazide</b>   |                  |                            |
| <i>chlorthalidone tablet 25mg, 50mg</i>                                | 1                |                            |
| <i>hydrochlorothiazide capsule, tablet</i>                             | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>indapamide tablet</i>                                 | 1                |                            |
| <i>metolazone</i>  | 1                |                            |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>            |                  |                            |
| <i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i> | 2                |                            |
| <i>fenofibrate capsule 130mg, 43mg</i>                   | 2                |                            |
| <i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>       | 2                |                            |
| <i>fenofibric acid dr capsule delayed release 45mg</i>   | 1                | QL(270 EA per 90 days)     |
| <i>fenofibric acid dr capsule delayed release 135mg</i>  | 1                | QL(90 EA per 90 days)      |
| <i>gemfibrozil tablet</i>                                | 2                |                            |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>       |                  |                            |
| <i>atorvastatin calcium</i>                              | 1                |                            |
| <i>fluvastatin sodium er</i>                             | 1                | QL(90 EA per 90 days)      |
| <i>fluvastatin capsule 40mg</i>                          | 1                | QL(180 EA per 90 days)     |
| <i>fluvastatin capsule 20mg</i>                          | 1                | QL(360 EA per 90 days)     |
| <i>LIVALO TABLET 2MG</i>                                 | 3                | QL(180 EA per 90 days)     |
| <i>LIVALO TABLET 1MG</i>                                 | 3                | QL(360 EA per 90 days)     |
| <i>LIVALO TABLET 4MG</i>                                 | 3                | QL(90 EA per 90 days)      |
| <i>lovastatin tablet</i>                                 | 1                |                            |
| <i>pravastatin sodium tablet 40mg</i>                    | 1                | QL(180 EA per 90 days)     |
| <i>pravastatin sodium tablet 10mg, 20mg</i>              | 1                | QL(360 EA per 90 days)     |
| <i>pravastatin sodium tablet 80mg</i>                    | 1                | QL(90 EA per 90 days)      |
| <i>rosuvastatin calcium tablet 20mg</i>                  | 1                | QL(180 EA per 90 days)     |
| <i>rosuvastatin calcium tablet 10mg, 5mg</i>             | 1                | QL(360 EA per 90 days)     |
| <i>rosuvastatin calcium tablet 40mg</i>                  | 1                | QL(90 EA per 90 days)      |
| <i>simvastatin tablet 40mg</i>                           | 1                | QL(180 EA per 90 days)     |
| <i>simvastatin tablet 10mg, 20mg, 5mg</i>                | 1                | QL(360 EA per 90 days)     |
| <i>simvastatin tablet 80mg</i>                           | 1                | QL(90 EA per 90 days)      |
| <b>Dyslipidemics, Other</b>                              |                  |                            |
| <i>cholestyramine light packet</i>                       | 2                |                            |
| <i>cholestyramine light powder</i>                       | 3                |                            |
| <i>cholestyramine packet</i>                             | 2                |                            |
| <i>cholestyramine powder</i>                             | 3                |                            |
| <i>colesevelam hydrochloride</i>                         | 3                |                            |
| <i>colestipol hcl packet, tablet</i>                     | 2                |                            |
| <i>colestipol hcl granules</i>                           | 3                |                            |
| <i>colestipol hydrochloride</i>                          | 2                |                            |
| <i>ezetimibe</i>   | 2                | QL(90 EA per 90 days)      |
| <i>ezetimibe/simvastatin</i>                             | 2                |                            |
| <i>icosapent ethyl</i>                                   | 4                |                            |
| <i>NEXLETOL</i>  | 4                | QL(90 EA per 90 days); PA  |
| <i>NEXLIZET</i>  | 4                | QL(90 EA per 90 days); PA  |
| <i>niacin er</i>   | 2                |                            |
| <i>NIACIN TABLET 500MG</i>                               | 2                |                            |
| <i>omega-3-acid ethyl esters</i>                         | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|--|------------------|--|
| <i>prevalite packet</i>  | 2                |  |
| <i>prevalite powder</i>  | 3                |  |
| REPATHA  | 3                | PA   |
| REPATHA PUSHTRONEX SYSTEM  | 3                | PA   |
| REPATHA SURECLICK  | 3                | PA   |
| <b>Mineralocorticoid Receptor Antagonists</b>  |                  |  |
| <i>eplerenone</i>  | 1                |  |
| KERENDIA   | 4                | QL(90 EA per 90 days); PA                    |
| <i>spironolactone tablet</i>   | 1                |  |
| <b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>                                       |                  |  |
| FARXIGA  | 3                | QL(90 EA per 90 days)                        |
| JARDIANCE  | 3                | QL(90 EA per 90 days)                        |
| <b>Vasodilators, Direct-acting Arterial/Venous</b>   |                  |  |
| <i>isosorbide dinitrate tablet</i>   | 1                |  |
| ISOSORBIDE MONONITRATE   | 1                |  |
| <i>isosorbide mononitrate er</i>   | 1                |  |
| NITRO-BID  | 2                |  |
| NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR   | 4                |  |
| <i>nitroglycerin transdermal</i>   | 2                |  |
| <i>nitroglycerin solution 0.4mg/spray</i>  | 4                |  |
| <i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>                                       | 2                |  |
| VERQUVO TABLET 10MG  | 4                | QL(30 EA per 30 days); PA                    |
| VERQUVO TABLET 2.5MG, 5MG  | 4                | QL(60 EA per 30 days); PA                    |
| <b>Vasodilators, Direct-acting Arterial</b>  |                  |  |
| <i>hydralazine hydrochloride tablet</i>  | 1                |  |
| <i>minoxidil tablet</i>  | 2                |  |
| <b>Central Nervous System Agents</b>   |                  |  |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>                             |                  |  |
| ADDERALL TABLET 7.5MG; 7.5MG; 7.5MG; 7.5MG   | 4                | QL(180 EA per 90 days); 30MG Oral Tablet     |
| ADDERALL TABLET 5MG; 5MG; 5MG; 5MG   | 4                | QL(270 EA per 90 days); 20MG Oral Tablet     |
| ADDERALL TABLET 2.5MG; 2.5MG; 2.5MG; 2.5MG   | 4                | QL(360 EA per 90 days); 10MG Oral Tablet     |
| ADDERALL TABLET 3.125MG; 3.125MG; 3.125MG; 3.125MG   | 4                | QL(360 EA per 90 days); 12.5MG Oral Tablet   |
| ADDERALL TABLET 3.75MG; 3.75MG; 3.75MG; 3.75MG   | 4                | QL(360 EA per 90 days); 15MG Oral Tablet     |
| ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG   | 4                | QL(360 EA per 90 days); 5MG Oral Tablet      |
| ADDERALL TABLET 1.875MG; 1.875MG; 1.875MG; 1.875MG   | 4                | QL(360 EA per 90 days); 7.5MG Oral Tablet    |
| <i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i> | 2                | QL(180 EA per 90 days); 10MG ER Oral Capsule |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b>                   |
|---|------------------|--|
| amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg | 2                | QL(180 EA per 90 days); 15MG ER Oral Capsule |
| amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg             | 2                | QL(180 EA per 90 days); 20MG ER Oral Capsule |
| amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg | 2                | QL(180 EA per 90 days); 25MG ER Oral Capsule |
| amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg     | 2                | QL(180 EA per 90 days); 30MG ER Oral Capsule |
| amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg | 2                | QL(180 EA per 90 days); 5MG ER Oral Capsule  |
| amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg                               | 2                | QL(180 EA per 90 days); 30MG Oral Tablet     |
| amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg                                       | 2                | QL(270 EA per 90 days); 20MG Oral Tablet     |
| amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg                               | 2                | QL(360 EA per 90 days); 10MG Oral Tablet     |
| amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg                       | 2                | QL(360 EA per 90 days); 12.5MG Oral Tablet   |
| amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg                           | 2                | QL(360 EA per 90 days); 15MG Oral Tablet     |
| amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg                           | 2                | QL(360 EA per 90 days); 5MG Oral Tablet      |
| amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg                       | 2                | QL(360 EA per 90 days); 7.5MG Oral Tablet    |
| dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 5mg                       | 2                | QL(270 EA per 90 days)                       |
| dextroamphetamine sulfate er capsule extended release 24 hour 15mg                            | 2                | QL(360 EA per 90 days)                       |
| dextroamphetamine sulfate solution  | 2                |  |
| dextroamphetamine sulfate tablet 30mg   | 2                | QL(180 EA per 90 days)                       |
| dextroamphetamine sulfate tablet 20mg   | 2                | QL(270 EA per 90 days)                       |
| dextroamphetamine sulfate tablet 15mg   | 2                | QL(360 EA per 90 days)                       |
| dextroamphetamine sulfate tablet 10mg, 5mg  | 2                | QL(540 EA per 90 days)                       |
| zenzedi tablet 10mg, 5mg  | 2                | QL(540 EA per 90 days)                       |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                      |                  |  |
| atomoxetine hydrochloride capsule 10mg, 25mg  | 4                | QL(180 EA per 90 days)                       |
| atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg  | 4                | QL(180 EA per 90 days)                       |
| atomoxetine capsule 100mg, 80mg   | 4                | QL(90 EA per 90 days)                        |
| clonidine hydrochloride er  | 2                | QL(360 EA per 90 days)                       |
| dexamethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg                        | 2                | QL(30 EA per 30 days)                        |
| dexamethylphenidate hcl tablet 10mg, 5mg  | 2                | QL(60 EA per 30 days)                        |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dexamethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i> | 2                | QL(30 EA per 30 days)      |
| <i>dexamethylphenidate hydrochloride capsule extended release 24 hour</i>                                | 2                | QL(30 EA per 30 days)      |
| <i>dexamethylphenidate hydrochloride tablet 2.5mg</i>  | 2                | QL(60 EA per 30 days)      |
| <i>guanfacine hydrochloride er</i>   | 2                | QL(180 EA per 90 days)     |
| <i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>            | 2                |                            |
| <i>methylphenidate hydrochloride er (la)</i>   | 2                | QL(90 EA per 90 days)      |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour 30mg</i>                            | 2                | QL(180 EA per 90 days)     |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg</i>                            | 2                | QL(270 EA per 90 days)     |
| <i>methylphenidate hydrochloride er capsule extended release 40mg</i>                                    | 2                |                            |
| <b>METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG</b>                             | 2                | QL(180 EA per 90 days)     |
| <i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>                   | 2                | QL(180 EA per 90 days)     |
| <i>methylphenidate hydrochloride er tablet extended release 10mg</i>                                     | 2                | QL(270 EA per 90 days)     |
| <i>methylphenidate hydrochloride er tablet extended release 20mg</i>                                     | 2                | QL(450 EA per 90 days)     |
| <i>methylphenidate hydrochloride solution</i>  | 2                |                            |
| <i>methylphenidate hydrochloride tablet</i>  | 2                | QL(270 EA per 90 days)     |
| <i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>  | 2                | QL(270 EA per 90 days)     |
| <i>methylphenidate hydrochloride tablet chewable 10mg</i>  | 2                | QL(540 EA per 90 days)     |
| <b>Central Nervous System, Other</b>   |                  |                            |
| <i>benzphetamine hcl tablet 50mg</i>   | 4                | EX                         |
| <i>caffeine citrate injection</i>  | 2                |                            |
| <i>caffeine citrate oral solution 60mg/3ml</i>   | 2                |                            |
| <b>COBENFY</b>   | 5                | QL(62 EA per 31 days); PA  |
| <b>COBENFY STARTER PACK</b>  | 5                | QL(62 EA per 31 days); PA  |
| <i>diethylpropion hcl</i>  | 2                | EX                         |
| <b>DIETHYLPROMION HCL ER</b>   | 2                | EX                         |
| <b>FIRDAPSE</b>  | 5                | PA                         |
| <b>NUEDEXTA</b>  | 4                | QL(180 EA per 90 days); PA |
| <i>phendimetrazine tartrate</i>  | 2                | EX                         |
| <b>PHENDIMETRAZINE TARTRATE ER</b>   | 2                | EX                         |
| <i>phentermine hcl tablet 37.5mg</i>   | 2                | EX                         |
| <i>phentermine hydrochloride capsule</i>   | 2                | EX                         |
| <i>riluzole</i>  | 2                |                            |
| <i>tetrabenazine tablet 12.5mg</i>   | 4                | QL(248 EA per 31 days); PA |
| <i>tetrabenazine tablet 25mg</i>   | 5                | QL(124 EA per 31 days); PA |

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| <b>Drug Name</b>                                    | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| VEOZAH  | 4                | QL(90 EA per 90 days); PA  |
| <b>Fibromyalgia Agents</b>                          |                  |                            |
| <i>pregabalin capsule 225mg, 300mg</i>              | 4                | QL(180 EA per 90 days)     |
| <i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i> | 4                | QL(270 EA per 90 days)     |
| <i>pregabalin capsule 25mg, 75mg</i>                | 4                | QL(360 EA per 90 days)     |
| <i>pregabalin solution</i>                          | 4                | QL(2700 ML per 90 days)    |
| SAVELLA   | 3                | QL(180 EA per 90 days)     |
| SAVELLA TITRATION PACK                              | 3                | QL(165 EA per 84 days)     |
| <b>Multiple Sclerosis Agents</b>                    |                  |                            |
| AVONEX PEN  | 5                | QL(4 EA per 28 days); PA   |
| AVONEX INJECTION 30MCG/0.5ML                        | 5                | QL(4 EA per 28 days); PA   |
| BETASERON   | 5                | QL(14 EA per 28 days); PA  |
| COPAXONE INJECTION 40MG/ML                          | 5                | QL(12 ML per 28 days); PA  |
| <i>dalfampridine er</i>                             | 3                | QL(62 EA per 31 days); PA  |
| <i>dimethyl fumarate</i>                            | 3                | QL(62 EA per 31 days); PA  |
| <i>dimethyl fumarate starterpack</i>                | 5                | QL(62 EA per 31 days); PA  |
| EXTAVIA   | 5                | QL(15 EA per 30 days); PA  |
| <i>fingolimod hydrochloride</i>                     | 5                | QL(31 EA per 31 days); PA  |
| <i>glatiramer acetate injection 40mg/ml</i>         | 5                | QL(12 ML per 28 days); PA  |
| <i>glatiramer acetate injection 20mg/ml</i>         | 5                | QL(31 ML per 31 days); PA  |
| <i>glatopa injection 40mg/ml</i>                    | 5                | QL(12 ML per 28 days); PA  |
| <i>glatopa injection 20mg/ml</i>                    | 5                | QL(31 ML per 31 days); PA  |
| PLEGRIDY  | 5                | QL(1 ML per 28 days); PA   |
| PLEGRIDY STARTER PACK                               | 5                | QL(1 ML per 28 days); PA   |
| REBIF   | 5                | QL(6 ML per 28 days); PA   |
| REBIF REBIDOSE                                      | 5                | QL(6 ML per 28 days); PA   |
| REBIF REBIDOSE TITRATION PACK                       | 5                | QL(4.2 ML per 28 days); PA |
| REBIF TITRATION PACK                                | 5                | QL(4.2 ML per 28 days); PA |
| <i>teriflunomide tablet 14mg</i>                    | 4                | QL(31 EA per 31 days); PA  |
| <i>teriflunomide tablet 7mg</i>                     | 4                | QL(62 EA per 31 days); PA  |
| <b>Dental and Oral Agents</b>                       |                  |                            |
| <b>Dental and Oral Agents</b>                       |                  |                            |
| <i>cevimeline hydrochloride</i>                     | 2                |                            |
| <i>chlorhexidine gluconate solution</i>             | 2                |                            |
| <i>clinpro 5000</i>                                 | 4                |                            |
| <i>denta 5000 plus</i>                              | 4                |                            |
| <i>dentagel</i>                                     | 4                |                            |
| <i>doxycycline hyclate tablet 20mg</i>              | 2                |                            |
| <i>fluoridex daily defense paste</i>                | 4                |                            |
| <i>fluoridex enhanced whitening</i>                 | 4                |                            |
| <i>fluorimax 5000</i>                               | 4                |                            |
| <i>just right 5000 paste</i>                        | 4                |                            |
| KEPIVANCE INJECTION 5.16MG                          | 5                |                            |
| <i>kourzeq</i>                                      | 2                |                            |

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|--|------------------|----------------------------|
| <i>lidocaine hydrochloride viscous</i>                     | 2                |                            |
| <i>oralone dental paste</i>                                | 2                |                            |
| <i>periogard</i>   | 2                |                            |
| <i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>         | 2                |                            |
| PREVIDENT 5000 BOOSTER PLUS                                | 3                |                            |
| PREVIDENT 5000 DRY MOUTH                                   | 3                |                            |
| PREVIDENT 5000 ENAMEL PROTECT                              | 3                |                            |
| PREVIDENT 5000 KIDS  | 3                |                            |
| PREVIDENT 5000 ORTHO DEFENSE                               | 3                |                            |
| PREVIDENT 5000 PLUS  | 4                |                            |
| PREVIDENT 5000 SENSITIVE                                   | 3                |                            |
| PREVIDENT FLUORIDE   | 4                |                            |
| <i>sf</i>  | 2                |                            |
| <i>sf 5000 plus</i>  | 2                |                            |
| <i>sodium fluoride 5000 plus</i>                           | 2                |                            |
| <i>sodium fluoride 5000 ppm</i>                            | 2                |                            |
| <i>sodium fluoride 5000 ppm dry mouth</i>                  | 2                |                            |
| SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT                    | 2                |                            |
| SODIUM FLUORIDE 5000 PPM SENSITIVE                         | 2                |                            |
| <i>sodium fluoride gel 1.1%</i>                            | 2                |                            |
| <i>triamcinolone acetonide dental paste</i>                | 2                |                            |
| <b>Dermatological Agents</b>                               |                  |                            |
| <b>Acne and Rosacea Agents</b>                             |                  |                            |
| <i>accutane</i>  | 2                |                            |
| <i>acitretin</i>   | 4                |                            |
| <i>adapalene gel 0.3%</i>                                  | 2                |                            |
| <i>adapalene gel 0.1%</i>                                  | 2                | PA                         |
| <i>adapalene cream</i>                                     | 2                | PA                         |
| <i>amnesteem capsule 10mg, 20mg, 40mg</i>                  | 2                |                            |
| <i>azelaic acid</i>  | 4                | QL(150 GM per 90 days)     |
| <i>claravis</i>  | 2                |                            |
| <i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i> | 2                |                            |
| <i>clindamycin/benzoyl peroxide</i>                        | 2                |                            |
| <i>erythromycin/benzoyl peroxide</i>                       | 2                |                            |
| <i>isotretinoin capsule</i>                                | 2                |                            |
| <i>metronidazole cream 0.75%</i>                           | 2                |                            |
| <i>metronidazole gel 0.75%, 1%</i>                         | 2                |                            |
| <i>metronidazole lotion 0.75%</i>                          | 2                |                            |
| <i>neuac</i>   | 2                |                            |
| <i>tazarotene cream, gel</i>                               | 4                |                            |
| TAZORAC CREAM 0.05%  | 4                |                            |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i>                 | 2                |                            |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i>                  | 2                |                            |
| <i>zenatane</i>  | 2                |                            |

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|--|------------------|----------------------------|
| <b>Dermatitis and Pruritus Agents</b>                |                  |                            |
| ala-cort cream 2.5%                                  | 2                |                            |
| ALCLOMETASONE DIPROPIONATE OINTMENT                  | 2                |                            |
| alclometasone dipropionate cream                     | 2                |                            |
| AMCINONIDE   | 4                |                            |
| ammonium lactate cream, lotion                       | 2                |                            |
| BETAMETHASONE DIPROPIONATE AUGMENTED GEL             | 2                |                            |
| betamethasone dipropionate augmented cream, ointment | 2                |                            |
| betamethasone dipropionate augmented lotion          | 2                | QL(360 ML per 90 days)     |
| betamethasone dipropionate cream, lotion, ointment   | 2                |                            |
| betamethasone valerate cream, lotion, ointment       | 2                |                            |
| clobetasol propionate e                              | 4                |                            |
| clobetasol propionate emollient foam                 | 4                |                            |
| clobetasol propionate cream 0.05%                    | 3                | QL(180 GM per 90 days)     |
| clobetasol propionate ointment, solution             | 3                |                            |
| clobetasol propionate foam, liquid, shampoo          | 4                |                            |
| clobetasol propionate gel                            | 4                | QL(180 GM per 90 days)     |
| clodan   | 4                |                            |
| desonide cream, lotion, ointment                     | 3                |                            |
| desoximetasone cream 0.25%                           | 4                |                            |
| desoximetasone gel                                   | 4                |                            |
| desoximetasone ointment 0.25%                        | 4                |                            |
| fluocinolone acetonide body                          | 2                |                            |
| fluocinolone acetonide scalp                         | 2                |                            |
| fluocinolone acetonide topical                       | 2                |                            |
| fluocinolone acetonide cream 0.01%, 0.025%           | 2                |                            |
| fluocinolone acetonide ointment 0.025%               | 2                |                            |
| fluocinolone acetonide solution 0.01%                | 2                |                            |
| fluocinonide emulsified base                         | 3                |                            |
| fluocinonide cream 0.05%                             | 2                |                            |
| fluocinonide cream 0.1%                              | 3                |                            |
| fluocinonide gel, ointment, solution                 | 3                |                            |
| FLURANDRENOLIDE CREAM                                | 4                |                            |
| fluticasone propionate cream 0.05%                   | 2                |                            |
| fluticasone propionate ointment 0.005%               | 2                |                            |
| halobetasol propionate cream, ointment               | 2                |                            |
| HYDROCORTISONE BUTYRATE (LIPID)                      | 2                |                            |
| hydrocortisone butyrate (lipophilic)                 | 2                |                            |
| HYDROCORTISONE BUTYRATE CREAM, OINTMENT, SOLUTION    | 2                |                            |
| hydrocortisone valerate                              | 2                |                            |
| hydrocortisone cream 1%, 2.5%                        | 2                |                            |
| HYDROCORTISONE LOTION 2.5%                           | 2                |                            |
| hydrocortisone ointment 2.5%                         | 2                |                            |

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|--|------------------|------------------------------|
| <i>hydrocortisone ointment 1%</i>                          | 2                | QL(90 GM per 90 days)        |
| <i>mometasone furoate cream 0.1%</i>                       | 2                |                              |
| <i>mometasone furoate ointment 0.1%</i>                    | 2                |                              |
| <i>mometasone furoate solution 0.1%</i>                    | 2                |                              |
| <i>pimecrolimus</i>  | 3                |                              |
| <i>selenium sulfide</i>                                    | 2                |                              |
| <i>tacrolimus ointment 0.03%, 0.1%</i>                     | 4                |                              |
| <i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>    | 2                |                              |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i>         | 2                |                              |
| <i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i> | 2                |                              |
| <i>triderm</i>   | 2                |                              |
| <b>Dermatological Agents, Other</b>                        |                  |                              |
| <i>calcipotriene/betamethasone dipropionate ointment</i>   | 4                |                              |
| CALCIPOTRIENE SOLUTION                                     | 2                | QL(180 ML per 90 days); PA   |
| <i>calcipotriene cream, ointment</i>                       | 2                | QL(360 GM per 90 days); PA   |
| CALCITRIOL OINTMENT 3MCG/GM                                | 4                |                              |
| CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION             | 2                |                              |
| <i>clotrimazole/betamethasone dipropionate cream</i>       | 2                |                              |
| DUOBRII  | 4                |                              |
| FILSUVEZ   | 5                | QL(725.4 GM per 31 days); PA |
| FLUOROURACIL CREAM 0.5%                                    | 3                |                              |
| <i>fluorouracil cream 5%</i>                               | 2                |                              |
| FLUOROURACIL EXTERNAL SOLUTION 2%                          | 2                |                              |
| <i>fluorouracil external solution 5%</i>                   | 2                | QL(10 ML per 30 days)        |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%              | 4                |                              |
| <i>imiquimod cream 5%</i>                                  | 2                |                              |
| METHOXSALEN CAPSULE  | 4                |                              |
| <i>nystatin/triamcinolone</i>                              | 2                |                              |
| <i>nystatin/triamcinolone acetonide ointment</i>           | 2                |                              |
| OTEZLA TABLET 20MG   | 5                | QL(62 EA per 31 days); PA    |
| PODOFILOX SOLUTION   | 2                |                              |
| SANTYL   | 3                | QL(180 GM per 90 days)       |
| <i>silver sulfadiazine</i>                                 | 2                |                              |
| <i>ssd</i>   | 2                |                              |
| <b>Pediculicides/Scabicides</b>                            |                  |                              |
| <i>malathion</i>   | 4                |                              |
| <i>permethrin cream</i>                                    | 2                |                              |
| <b>Topical Anti-infectives</b>                             |                  |                              |
| <i>acyclovir cream 5%</i>                                  | 3                |                              |
| <i>acyclovir ointment 5%</i>                               | 2                |                              |
| <i>ciclodan solution</i>                                   | 2                |                              |
| <i>ciclopirox nail lacquer</i>                             | 2                |                              |

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|--|------------------|----------------------------|
| <i>ciclopirox olamine</i>  | 2                |                            |
| <i>ciclopirox gel, shampoo, suspension</i>                                 | 2                |                            |
| <i>clindamycin phosphate gel 1%</i>  | 2                |                            |
| <i>clindamycin phosphate lotion 1%</i>                                     | 2                |                            |
| <i>clindamycin phosphate external solution 1%</i>                          | 2                |                            |
| <b>ERY</b>   | 2                |                            |
| <i>erythromycin gel 2%</i>   | 2                |                            |
| <i>erythromycin solution 2%</i>  | 2                |                            |
| <i>mafenide acetate</i>  | 2                |                            |
| <i>mupirocin</i>   | 2                |                            |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>                               |                  |                            |
| <b>Electrolyte/Mineral Replacement</b>                                     |                  |                            |
| <i>carglumic acid</i>  | 5                |                            |
| DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX                                       | 2                |                            |
| DEXTROSE 10%   | 4                |                            |
| DEXTROSE 10%/SODIUM CHLORIDE 0.45%   | 4                |                            |
| DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%  | 4                |                            |
| <i>dextrose 5%</i>   | 4                |                            |
| DEXTROSE 5%/SODIUM CHLORIDE 0.2%   | 4                |                            |
| <i>dextrose 5%/sodium chloride 0.3%</i>                                    | 4                |                            |
| DEXTROSE 5%/SODIUM CHLORIDE 0.33%  | 4                |                            |
| DEXTROSE 5%/SODIUM CHLORIDE 0.45%  | 4                |                            |
| <i>dextrose 5%/sodium chloride 0.9%</i>                                    | 4                |                            |
| DEXTROSE 50%   | 2                |                            |
| DEXTROSE 70%   | 2                |                            |
| <i>dextrose/sodium chloride</i>  | 4                |                            |
| <i>fluoride tablet chewable 1mg</i>  | 2                |                            |
| ISOLYTE-P/DEXTROSE 5%  | 4                |                            |
| ISOLYTE-S PH 7.4   | 4                |                            |
| ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L;<br>3MEQ/L; 5MEQ/L; 140MEQ/L | 4                |                            |
| <i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>              | 4                |                            |
| <i>kcl 0.15%/d5w/nacl 0.2%</i>   | 4                |                            |
| <i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>               | 4                |                            |
| <i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>                 | 4                |                            |
| <i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>                | 4                |                            |
| KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L;<br>0.9%                      | 4                |                            |
| <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                |                            |

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|--|-----------|---------------------|
| MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML  | 4         |                     |
| <i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>  | 4         |                     |
| MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L   | 4         |                     |
| <i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>  | 4         |                     |
| NORMOSOL -R  | 4         |                     |
| NORMOSOL-R   | 4         |                     |
| PLASMA-LYTE A  | 4         |                     |
| PLASMA-LYTE-148  | 4         |                     |
| <i>plenamine</i>   | 4         | B/D                 |
| <i>potassium chloride er</i>   | 1         |                     |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L  | 4         |                     |
| <i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>  | 4         |                     |
| <i>potassium chloride/dextrose injection 5%; 20meq/l</i>   | 4         |                     |
| <i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>   | 4         |                     |
| <i>potassium chloride packet, oral solution</i>  | 1         |                     |
| POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML   | 4         |                     |
| <i>potassium citrate er</i>  | 2         |                     |
| PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML | 4         | B/D                 |
| PROSOL   | 4         | B/D                 |
| <i>sodium bicarbonate injection 8.4%</i>   | 4         |                     |
| <i>sodium chloride 0.45% injection</i>   | 4         |                     |
| <i>sodium chloride injection 0.9%, 3%, 5%</i>  | 4         |                     |
| <i>sodium fluoride tablet chewable 1mg</i>   | 2         |                     |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML;<br>880MG/100ML; 34MEQ/L; 1760MG/100ML;<br>372MG/100ML; 406MG/100ML; 526MG/100ML;<br>492MG/100ML; 492MG/100ML; 526MG/100ML;<br>356MG/100ML; 500MG/100ML; 356MG/100ML;<br>390MG/100ML; 34MG/100ML; 152MG/100ML | 4                | B/D                        |
| <b>Electrolyte/Mineral/Metal Modifiers</b>   |                  |                            |
| CHEMET   | 3                |                            |
| <i>deferasirox tablet soluble 125mg</i>  | 4                |                            |
| <i>deferasirox tablet soluble 250mg, 500mg</i>   | 5                |                            |
| <i>deferasirox tablet 180mg, 90mg</i>  | 3                |                            |
| <i>deferasirox tablet 360mg</i>  | 4                |                            |
| <i>deferiprone</i>   | 5                |                            |
| FERRIPROX TWICE-A-DAY  | 5                |                            |
| FERRIPROX SOLUTION   | 5                |                            |
| FERRIPROX TABLET 1000MG  | 5                |                            |
| JYNARQUE   | 5                | PA                         |
| <i>penicillamine tablet</i>  | 4                |                            |
| <i>tolvaptan</i>   | 5                | PA                         |
| TRIENTINE HYDROCHLORIDE CAPSULE 500MG  | 5                |                            |
| <i>trientine hydrochloride capsule 250mg</i>   | 5                |                            |
| XPHOZAH  | 5                | QL(62 EA per 31 days); PA  |
| <b>Phosphate Binders</b>   |                  |                            |
| AURYXIA  | 4                | PA                         |
| <i>calcium acetate capsule</i>   | 1                |                            |
| <i>calcium acetate tablet 667mg</i>  | 1                |                            |
| FERRIC CITRATE   | 4                | PA                         |
| <i>sevelamer carbonate tablet</i>  | 2                |                            |
| <i>sevelamer carbonate packet 0.8gm</i>  | 2                | QL(180 EA per 90 days)     |
| <i>sevelamer carbonate packet 2.4gm</i>  | 2                | QL(270 EA per 90 days)     |
| <b>Potassium Binders</b>   |                  |                            |
| LOKELMA PACKET 5GM   | 4                | QL(270 EA per 90 days)     |
| LOKELMA PACKET 10GM  | 4                | QL(94 EA per 90 days)      |
| <i>sodium polystyrene sulfonate powder</i>   | 2                |                            |
| <i>sps</i>   | 2                |                            |
| VELTASSA PACKET 8.4GM  | 4                | QL(270 EA per 90 days)     |
| VELTASSA PACKET 16.8GM, 25.2GM   | 4                | QL(90 EA per 90 days)      |
| <b>Vitamins</b>  |                  |                            |
| AQUASOL A PARENTERAL   | 4                | EX                         |
| DRISDOL CAPSULE  | 4                | EX                         |
| <i>folic acid tablet 1mg</i>   | 2                | EX                         |
| PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG;<br>12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG;<br>1.84MG; 10MG; 25MG  | 2                |                            |

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|--|------------------|---------------------------------|
| <i>vitamin d capsule 50000unit</i>                                     | 2                | EX                              |
| WESTAB PLUS  | 2                |                                 |
| <b>Gastrointestinal Agents</b>   |                  |                                 |
| <i>Anti-Constipation Agents</i>  |                  |                                 |
| <i>constulose</i>  | 2                |                                 |
| <i>enulose</i>   | 2                |                                 |
| <i>generlac</i>  | 2                |                                 |
| <i>lactulose solution</i>  | 2                |                                 |
| LINZESS  | 3                | QL(90 EA per 90 days)           |
| <i>lubiprostone</i>  | 4                | QL(180 EA per 90 days)          |
| MOVANTIK   | 4                | PA                              |
| <i>Anti-Diarrheal Agents</i>   |                  |                                 |
| <i>alosetron hydrochloride</i>   | 4                | PA                              |
| <i>diphenoxylate hydrochloride/atropine sulfate</i>                    | 2                | PA                              |
| DIPHENOXYLATE/ATROPINE LIQUID  | 2                | PA                              |
| <i>loperamide hydrochloride capsule</i>                                | 2                |                                 |
| XERMELO  | 5                | PA; OVM                         |
| <i>Antispasmodics, Gastrointestinal</i>                                |                  |                                 |
| <i>chlordiazepoxide hydrochloride/clidinium bromide</i>                | 2                | QL(240 EA per 30 days); PA; NDS |
| <i>dicyclomine hcl solution</i>  | 2                | PA                              |
| <i>dicyclomine hydrochloride injection</i>                             | 2                |                                 |
| <i>dicyclomine hydrochloride capsule, tablet</i>                       | 2                | PA                              |
| <i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i> | 2                |                                 |
| <i>glycopyrrolate tablet 1mg, 2mg</i>                                  | 2                |                                 |
| <i>methscopolamine bromide tablet</i>                                  | 2                |                                 |
| <i>Gastrointestinal Agents, Other</i>                                  |                  |                                 |
| GATTEX   | 5                | PA                              |
| GAVILYTE-C   | 2                |                                 |
| <i>gavilyte-g</i>  | 2                |                                 |
| <i>gavilyte-n/flavor pack</i>  | 2                |                                 |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK                   | 4                |                                 |
| <i>metoclopramide hcl solution</i>                                     | 2                |                                 |
| <i>metoclopramide hydrochloride tablet</i>                             | 2                |                                 |
| METOCLOPRAMIDE ODT TABLET DISINTEGRATING 5MG                           | 2                |                                 |
| MYALEPT  | 5                | PA                              |
| <i>nitroglycerin ointment 0.4%</i>                                     | 4                |                                 |
| <i>peg-3350/electrolytes</i>   | 2                |                                 |
| <i>peg-3350/nacl/na bicarbonate/kcl</i>                                | 2                |                                 |
| RECTIV   | 4                |                                 |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i>              | 3                |                                 |
| <i>ursodiol capsule 300mg</i>  | 2                |                                 |

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|---|------------------|-----------------------------|
| <i>ursodiol tablet</i>  | 2                |                             |
| VOWST   | 5                | QL(12 EA per 30 days); PA   |
| XIFAXAN TABLET 550MG  | 5                | QL(93 EA per 31 days)       |
| <b>Histamine2 (H2) Receptor Antagonists</b>   |                  |                             |
| <i>famotidine suspension reconstituted</i>  | 1                |                             |
| <i>famotidine tablet 20mg, 40mg</i>   | 1                |                             |
| NIZATIDINE CAPSULE 300MG  | 2                |                             |
| <i>nizatidine capsule 150mg</i>   | 2                |                             |
| <b>Protectants</b>  |                  |                             |
| <i>misoprostol</i>  | 2                |                             |
| <i>sucralfate tablet</i>  | 2                |                             |
| <b>Proton Pump Inhibitors</b>   |                  |                             |
| <i>esomeprazole magnesium capsule delayed release</i>   | 3                |                             |
| <i>esomeprazole sodium injection 40mg</i>   | 2                |                             |
| <i>lansoprazole capsule delayed release</i>   | 2                |                             |
| <i>omeprazole dr capsule delayed release 10mg</i>   | 1                |                             |
| <i>omeprazole capsule delayed release 20mg, 40mg</i>  | 1                |                             |
| <i>pantoprazole sodium tablet delayed release</i>   | 1                |                             |
| <i>rabeprazole sodium</i>   | 4                | QL(180 EA per 90 days)      |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>   |                  |                             |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>   |                  |                             |
| <i>betaine anhydrous</i>  | 5                |                             |
| CERDELGA  | 5                |                             |
| CHOLBAM   | 5                | PA                          |
| CREON CAPSULE DELAYED RELEASE PARTICLES<br>120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT;<br>3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT;<br>114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT,<br>60000UNIT; 12000UNIT; 38000UNIT | 3                |                             |
| <i>cromolyn sodium concentrate 100mg/5ml</i>  | 2                |                             |
| CYSTAGON  | 4                |                             |
| DAYBUE  | 5                | QL(3720 ML per 31 days); PA |
| ENDARI  | 5                | QL(180 EA per 30 days); PA  |
| JOENJA  | 5                | QL(60 EA per 30 days); PA   |
| <i>l-glutamine</i>  | 5                | QL(180 EA per 30 days); PA  |
| <i> miglustat</i>   | 5                |                             |
| <i> nitisinone</i>  | 5                |                             |
| OPFOLDA   | 4                | QL(24 EA per 90 days); PA   |
| OXBRYTA   | 5                | PA                          |
| PALYNZIQ  | 5                | PA                          |

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| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT   | 4         |                            |
| PROCYSB1 CAPSULE DELAYED RELEASE   | 5         |                            |
| PROLASTIN-C INJECTION 1000MG/20ML  | 5         | PA                         |
| PYRUKYND   | 5         | QL(56 EA per 28 days); PA  |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 0  | 5         | QL(14 EA per 28 days); PA  |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG  | 5         | QL(7 EA per 28 days); PA   |
| RAVICTI  | 5         | PA                         |
| <i>sapropterin dihydrochloride</i>   | 5         |                            |
| <i>sodium phenylbutyrate powder, tablet</i>  | 5         |                            |
| SUCRAID  | 5         |                            |
| VYNDAQEL   | 5         | PA                         |
| WELIREG  | 5         | PA; OVM                    |
| <i>yargesa</i>   | 5         |                            |
| ZEMAIRA  | 5         | PA                         |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 3         |                            |
| <b>Genitourinary Agents</b>  |           |                            |
| <i>Antispasmodics, Urinary</i>   |           |                            |
| <i>darifenacin hydrobromide er</i>   | 4         | PA                         |
| <i>fesoterodine fumarate er</i>  | 3         |                            |
| <i>flavoxate hcl</i>   | 1         |                            |
| GEMTESA  | 4         | QL(90 EA per 90 days)      |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR  | 3         | QL(90 EA per 90 days)      |
| <i>oxybutynin chloride er</i>  | 2         | QL(180 EA per 90 days); PA |
| <i>oxybutynin chloride solution</i>  | 2         | PA                         |
| <i>oxybutynin chloride tablet 5mg</i>  | 2         | PA                         |
| <i>solifenacain succinate</i>  | 3         | PA                         |
| <i>tolterodine tartrate</i>  | 2         | PA                         |
| <i>tolterodine tartrate er</i>   | 2         | QL(90 EA per 90 days); PA  |
| <i>trospium chloride</i>   | 2         | QL(180 EA per 90 days); PA |
| <i>trospium chloride er</i>  | 2         | QL(90 EA per 90 days); PA  |
| <i>Benign Prostatic Hypertrophy Agents</i>   |           |                            |
| <i>alfuzosin hcl er</i>  | 1         | QL(90 EA per 90 days)      |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>dutasteride capsule</i>   | 2                | QL(90 EA per 90 days)      |
| <i>finasteride tablet</i>  | 2                |                            |
| <i>silodosin capsule 4mg</i>   | 3                | QL(180 EA per 90 days)     |
| <i>silodosin capsule 8mg</i>   | 3                | QL(90 EA per 90 days)      |
| <i>tadalafil tablet 2.5mg</i>  | 3                | QL(180 EA per 90 days); PA |
| <i>tadalafil tablet 5mg</i>  | 3                | QL(90 EA per 90 days); PA  |
| <i>tamsulosin hydrochloride</i>  | 1                | QL(180 EA per 90 days)     |
| <b>Genitourinary Agents, Other</b>   |                  |                            |
| <i>acetic acid 0.25%</i>   | 2                |                            |
| <i>bethanechol chloride tablet</i>   | 2                |                            |
| CAVERJECT INJECTION 20MCG, 40MCG   | 3                | QL(6 EA per 30 days); EX   |
| EDEX INJECTION 10MCG, 20MCG, 40MCG   | 4                | QL(6 EA per 30 days); EX   |
| ELMIRON  | 3                |                            |
| MUSE PELLET 1000MCG, 250MCG, 500MCG  | 3                | QL(6 EA per 30 days); EX   |
| <i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>   | 4                | QL(6 EA per 30 days); EX   |
| <i>tadalafil tablet 10mg, 20mg</i>   | 3                | QL(6 EA per 30 days); EX   |
| <i>vardenafil hydrochloride</i>  | 4                | QL(6 EA per 30 days); EX   |
| <i>vardenafil hydrochloride odt</i>  | 4                | QL(6 EA per 30 days); EX   |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>                                  |                  |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>                                  |                  |                            |
| DEPO-MEDROL  | 4                |                            |
| DEXAMETHASONE INTENSOL   | 2                |                            |
| DEXAMETHASONE SODIUM PHOSPHATE +RFID   | 2                |                            |
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML  | 2                |                            |
| <i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>                                    | 2                |                            |
| DEXAMETHASONE SOLUTION   | 1                |                            |
| <i>dexamethasone elixir</i>  | 1                |                            |
| <i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>                               | 1                |                            |
| <i>fludrocortisone acetate tablet</i>  | 1                |                            |
| <i>hydrocortisone tablet 10mg, 20mg, 5mg</i>   | 1                |                            |
| MEDROL TABLET 2MG  | 4                |                            |
| <i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>                                       | 4                |                            |
| <i>methylprednisolone dose pack tablet therapy pack</i>  | 1                |                            |
| <i>methylprednisolone sodium succinate</i>   | 4                |                            |
| <i>methylprednisolone sodiumsuccinate injection 40mg</i>   | 4                |                            |
| <i>methylprednisolone tablet</i>   | 1                |                            |
| PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG                                 | 2                |                            |
| <i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i> | 2                |                            |
| <i>prednisolone solution</i>   | 2                |                            |
| PREDNISONE INTENSOL  | 2                |                            |

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|--|------------------|----------------------------|
| PREDNISONE SOLUTION  | 2                |                            |
| <i>prednisone tablet therapy pack</i>  | 2                |                            |
| <i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>                               | 2                |                            |
| SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG  | 4                |                            |
| <i>triamcinolone acetonide injection 40mg/ml</i>   | 4                |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>                      |                  |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>                      |                  |                            |
| <i>desmopressin acetate tablet</i>   | 2                |                            |
| <i>desmopressin acetate injection</i>  | 4                |                            |
| DESMOPRESSIN ACETATE NASAL SOLUTION 0.01%  | 4                |                            |
| <i>desmopressin acetate nasal solution 0.01%</i>   | 4                |                            |
| GENOTROPIN   | 5                | PA                         |
| GENOTROPIN MINIQUICK INJECTION 0.2MG   | 4                | PA                         |
| GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5                | PA                         |
| INCRELEX   | 5                | PA                         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>         |                  |                            |
| <b>Androgens</b>   |                  |                            |
| <i>danazol capsule</i>   | 2                |                            |
| <i>methyltestosterone capsule</i>  | 2                |                            |
| TESTOPEL   | 4                |                            |
| <i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>                               | 3                |                            |
| TESTOSTERONE ENANTHATE INJECTION   | 3                |                            |
| <i>testosterone pump gel 1.62%</i>   | 3                | QL(450 GM per 90 days); PA |
| <i>testosterone pump gel 1%</i>  | 4                | PA                         |
| TESTOSTERONE GEL 10MG/ACT  | 4                | PA                         |
| <i>testosterone gel 20.25mg/1.25gm</i>   | 3                | QL(225 GM per 90 days); PA |
| <i>testosterone gel 40.5mg/2.5gm</i>   | 3                | QL(450 GM per 90 days); PA |
| <i>testosterone gel 25mg/2.5gm</i>   | 4                | QL(900 GM per 90 days); PA |
| <i>testosterone solution</i>   | 4                | PA                         |
| <b>Estrogens</b>   |                  |                            |
| <i>afirmelle</i>   | 2                |                            |
| <i>altavera</i>  | 2                |                            |
| <i>alyacen 1/35</i>  | 2                |                            |
| <i>amabelz</i>   | 2                |                            |
| <i>amethia</i>   | 2                | QL(91 EA per 91 days)      |
| <i>apri</i>  | 2                |                            |
| <i>aranelle</i>  | 2                |                            |
| <i>ashlyna</i>   | 2                | QL(91 EA per 91 days)      |
| <i>aubra eq</i>  | 2                |                            |
| <i>aurovela 1.5/30</i>   | 2                |                            |
| <i>aurovela 1/20</i>   | 2                |                            |
| <i>aurovela 24 fe</i>  | 2                |                            |

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|---|------------------|----------------------------|
| <i>aurovela fe 1.5/30</i>   | 2                |                            |
| <i>aurovela fe 1/20</i>   | 2                |                            |
| <i>aviane</i>   | 2                |                            |
| <i>ayuna</i>  | 2                |                            |
| <i>azurette</i>   | 2                |                            |
| <i>balziva</i>  | 2                |                            |
| <i>blisovi 24 fe</i>  | 2                |                            |
| <i>blisovi fe 1.5/30</i>  | 2                |                            |
| <i>blisovi fe 1/20</i>  | 2                |                            |
| <i>briellyn</i>   | 2                |                            |
| <i>camrese</i>  | 2                | QL(91 EA per 91 days)      |
| <i>camrese lo</i>   | 2                | QL(91 EA per 91 days)      |
| <i>chateal eq</i>   | 2                |                            |
| <i>cryselle-28</i>  | 2                |                            |
| <i>cyred eq</i>   | 2                |                            |
| <i>dasetta 1/35</i>   | 2                |                            |
| <i>daysee</i>   | 2                | QL(91 EA per 91 days)      |
| <i>delyla</i>   | 2                |                            |
| <b>DEPO-ESTRADIOL INJECTION 5MG/ML</b>  | 3                |                            |
| <i>desogestrel/ethinyl estradiol</i>  | 2                |                            |
| <i>drospirenone/ethinyl estradiol</i>   | 2                |                            |
| <i>elonest</i>  | 2                |                            |
| <i>eluryng</i>  | 3                |                            |
| <i>enilloring</i>   | 3                |                            |
| <i>enskyce</i>  | 2                |                            |
| <i>estarylla</i>  | 2                |                            |
| <i>estradiol valerate injection 10mg/ml, 20mg/ml</i>                                  | 3                |                            |
| <i>estradiol/norethindrone acetate</i>  | 2                |                            |
| <i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i> | 4                |                            |
| <i>estradiol cream, oral tablet, vaginal tablet</i>                                   | 2                |                            |
| <i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>                       | 2                |                            |
| <i>etonogestrel/ethinyl estradiol</i>   | 3                |                            |
| <i>famina</i>   | 2                |                            |
| <i>feirza 1.5/30</i>  | 2                |                            |
| <i>feirza 1/20</i>  | 2                |                            |
| <i>fyavolv</i>  | 2                |                            |
| <i>hailey 1.5/30</i>  | 2                |                            |
| <i>hailey 24 fe</i>   | 2                |                            |
| <i>hailey fe 1.5/30</i>   | 2                |                            |
| <i>hailey fe 1/20</i>   | 2                |                            |
| <i>haloette</i>   | 3                |                            |
| <b>IMVEXXY MAINTENANCE PACK</b>   | 3                | PA                         |
| <b>IMVEXXY STARTER PACK</b>   | 3                | PA                         |

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|---|------------------|----------------------------|
| <i>isibloom</i>   | 2                |                            |
| <i>jaimiess</i>   | 2                | QL(91 EA per 91 days)      |
| <i>jasmiel</i>  | 2                |                            |
| <i>jinteli</i>  | 2                |                            |
| <i>juleber</i>  | 2                |                            |
| <i>junel 1.5/30</i>   | 2                |                            |
| <i>junel 1/20</i>   | 2                |                            |
| <i>junel fe 1.5/30</i>  | 2                |                            |
| <i>junel fe 1/20</i>  | 2                |                            |
| <i>junel fe 24</i>  | 2                |                            |
| <i>kalliga</i>  | 2                |                            |
| <i>kariva</i>   | 2                |                            |
| <i>kelnor 1/50</i>  | 2                |                            |
| <i>kurvelo</i>  | 2                |                            |
| <i>larin 1.5/30</i>   | 2                |                            |
| <i>larin 1/20</i>   | 2                |                            |
| <i>larin 24 fe</i>  | 2                |                            |
| <i>larin fe 1.5/30</i>  | 2                |                            |
| <i>larin fe 1/20</i>  | 2                |                            |
| <i>leena</i>  | 2                |                            |
| <i>lessina</i>  | 2                |                            |
| <i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>                     | 2                | QL(91 EA per 91 days)      |
| <i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i> | 2                |                            |
| <i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>         | 2                | QL(91 EA per 91 days)      |
| <i>levora 0.15/30-28</i>  | 2                |                            |
| <i>lo-zumandimine</i>   | 2                |                            |
| <i>lojaimiess</i>   | 2                | QL(91 EA per 91 days)      |
| <i>loryna</i>   | 2                |                            |
| <i>low-ogestrel</i>   | 2                |                            |
| <i>lutera</i>   | 2                |                            |
| <i>marlissa</i>   | 2                |                            |
| <i>MENEST TABLET 1.25MG, 2.5MG</i>  | 4                |                            |
| <i>microgestin 1.5/30</i>   | 2                |                            |
| <i>microgestin 1/20</i>   | 2                |                            |
| <i>microgestin 24 fe</i>  | 2                |                            |
| <i>microgestin fe 1.5/30</i>  | 2                |                            |
| <i>microgestin fe 1/20</i>  | 2                |                            |
| <i>mil</i>  | 2                |                            |
| <i>mimvey</i>   | 2                |                            |
| <i>mono-linyah</i>  | 2                |                            |
| <i>nikki</i>  | 2                |                            |
| <i>norelgestromin/ethinyl estradiol</i>                                     | 2                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet</i> | 2                |                            |
| <i>norethindrone acetate/ethinyl estradiol tablet</i>                  | 2                |                            |
| <i>norgestimate/ethinyl estradiol</i>                                  | 2                |                            |
| <i>nortrel 1/35</i>  | 2                |                            |
| <i>nylia 1/35</i>  | 2                |                            |
| <i>nymyo</i>   | 2                |                            |
| <i>ocella</i>  | 2                |                            |
| <i>orsythia</i>  | 2                |                            |
| <i>philith</i>   | 2                |                            |
| <i>pimtrea</i>   | 2                |                            |
| <i>portia-28</i>   | 2                |                            |
| <b>PREMARIN CREAM</b>  | 3                |                            |
| <i>reclipsen</i>   | 2                |                            |
| <i>rivelsa</i>   | 2                | QL(91 EA per 91 days)      |
| <i>simliya</i>   | 2                |                            |
| <i>simpesse</i>  | 2                | QL(91 EA per 91 days)      |
| <i>sprintec 28</i>   | 2                |                            |
| <i>sronyx</i>  | 2                |                            |
| <i>syeda</i>   | 2                |                            |
| <i>tarina 24 fe</i>  | 2                |                            |
| <i>tarina fe 1/20 eq</i>   | 2                |                            |
| <i>tilia fe</i>  | 2                |                            |
| <i>tri femynor</i>   | 2                |                            |
| <i>tri-estarylla</i>   | 2                |                            |
| <i>tri-legest fe</i>   | 2                |                            |
| <i>tri-linyah</i>  | 2                |                            |
| <i>tri-lo-estarylla</i>  | 2                |                            |
| <i>tri-lo-marzia</i>   | 2                |                            |
| <i>tri-lo-mili</i>   | 2                |                            |
| <i>tri-lo-sprintec</i>   | 2                |                            |
| <i>tri-mili</i>  | 2                |                            |
| <i>tri-nymyo</i>   | 2                |                            |
| <i>tri-sprintec</i>  | 2                |                            |
| <i>tri-vylibra</i>   | 2                |                            |
| <i>tri-vylibra lo</i>  | 2                |                            |
| <i>turqoz</i>  | 2                |                            |
| <i>tydemy</i>  | 2                |                            |
| <i>valtya 1/50</i>   | 2                |                            |
| <b>VELIVET</b>   | 2                |                            |
| <i>vestura</i>   | 2                |                            |
| <i>vienna</i>  | 2                |                            |
| <i>viorele</i>   | 2                |                            |
| <i>volnea</i>  | 2                |                            |

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| <b>Drug Name</b>  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---|------------------|----------------------------|
| <i>vyfemla</i>  | 2                |                            |
| <i>vylibra</i>  | 2                |                            |
| <i>xarah fe</i>   | 2                |                            |
| <i>xulane</i>   | 2                |                            |
| <i>yuvafem</i>  | 2                |                            |
| <i>zafemy</i>   | 2                |                            |
| <i>zumandimine</i>  | 2                |                            |
| <b>Progestins</b>   |                  |                            |
| <i>camila</i>   | 2                |                            |
| <b>CRINONE</b>  | 3                | PA                         |
| <i>deblitane</i>  | 2                |                            |
| <b>DEPO-SUBQ PROVERA 104</b>  | 3                | QL(0.65 ML per 90 days)    |
| <i>errin</i>  | 2                |                            |
| <i>gallifrey</i>  | 2                |                            |
| <i>heather</i>  | 2                |                            |
| <i>incassia</i>   | 2                |                            |
| <i>jencycla</i>   | 2                |                            |
| <b>LILETTA</b>  | 3                |                            |
| <i>lyleq</i>  | 2                |                            |
| <i>lyza</i>   | 2                |                            |
| <i>medroxyprogesterone acetate tablet</i>   | 2                |                            |
| <i>medroxyprogesterone acetate injection 150mg/ml</i>   | 2                |                            |
| <i>medroxyprogesterone acetate injection 150mg/ml</i>   | 3                |                            |
| <i>megestrol acetate tablet</i>   | 2                |                            |
| <b>MEGESTROL ACETATE SUSPENSION 625MG/5ML</b>   | 4                |                            |
| <i>megestrol acetate suspension 40mg/ml</i>   | 4                |                            |
| <b>NEXPLANON</b>  | 3                |                            |
| <i>nora-be</i>  | 2                |                            |
| <i>norethindrone acetate tablet</i>   | 2                |                            |
| <i>norethindrone tablet</i>   | 2                |                            |
| <i>norlyda</i>  | 2                |                            |
| <i>progesterone capsule</i>   | 2                |                            |
| <i>sharobel</i>   | 2                |                            |
| <b>Selective Estrogen Receptor Modifying Agents</b>   |                  |                            |
| <i>clomid</i>   | 2                | PA                         |
| <i>clomiphene citrate tablet</i>  | 2                | PA                         |
| <b>DUAVEE</b>   | 3                |                            |
| <i>raloxifene hydrochloride</i>   | 1                | QL(90 EA per 90 days)      |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>   |                  |                            |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>   |                  |                            |
| <i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 1                |                            |
| <i>levo-t</i>   | 1                |                            |
| <i>levothyroxine sodium tablet</i>  | 1                |                            |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| <i>levothyroxine sodium injection 200mcg, 500mcg</i>   | 1                |                            |
| <i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 1                |                            |
| <i>liothyronine sodium tablet</i>  | 1                |                            |
| NP THYROID 120   | 2                |                            |
| NP THYROID 15  | 2                |                            |
| NP THYROID 30  | 2                |                            |
| NP THYROID 60  | 2                |                            |
| NP THYROID 90  | 2                |                            |
| SYNTHROID TABLET   | 3                |                            |
| THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG   | 2                |                            |
| <i>unithroid</i>   | 1                |                            |
| <b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>   |                  |                            |
| <i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>   |                  |                            |
| <i>cabergoline</i>   | 2                |                            |
| FIRMAGON INJECTION 80MG  | 4                |                            |
| FIRMAGON INJECTION 120MG/VIAL  | 5                |                            |
| <i>lanreotide acetate</i>  | 5                |                            |
| <i>leuprolide acetate injection 1mg/0.2ml</i>  | 2                |                            |
| <i>leuprolide acetate injection 22.5mg</i>   | 4                |                            |
| LUPRON DEPOT (1-MONTH)   | 5                |                            |
| LUPRON DEPOT (3-MONTH)   | 5                |                            |
| LUPRON DEPOT (4-MONTH)   | 5                |                            |
| LUPRON DEPOT (6-MONTH)   | 5                |                            |
| <i>mifepristone tablet 300mg</i>   | 5                | PA                         |
| <i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>                                       | 4                |                            |
| <i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>  | 5                |                            |
| ORGOVYX  | 5                | PA; OVM                    |
| RECORLEV   | 5                | QL(248 EA per 31 days); PA |
| SIGNIFOR   | 5                |                            |
| SOMATULINE DEPOT   | 5                |                            |
| SOMAVERT   | 5                | PA                         |
| SYNAREL  | 3                |                            |
| TRELSTAR MIXJECT   | 4                |                            |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>  |                  |                            |
| <i>Antithyroid Agents</i>  |                  |                            |
| <i>methimazole tablet 10mg, 5mg</i>  | 2                |                            |
| <i>propylthiouracil tablet</i>   | 2                |                            |
| <b>Immunological Agents</b>  |                  |                            |
| <i>Angioedema Agents</i>   |                  |                            |
| BERINERT   | 5                | PA                         |
| CINRYZE  | 5                |                            |
| HAEGARDA   | 5                | PA                         |
| <i>icatibant acetate</i>   | 5                | QL(27 ML per 30 days); PA  |

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| <b>Drug Name</b>   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--|------------------|-----------------------------|
| sajazir  | 5                | QL(27 ML per 30 days); PA   |
| <b>Immunoglobulins</b>   |                  |                             |
| BIVIGAM INJECTION 10%, 5GM/50ML  | 5                | PA                          |
| FLEBOGAMMA DIF INJECTION 10GM/100ML,<br>10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML,<br>5GM/100ML, 5GM/50ML | 5                | PA                          |
| GAMUNEX-C  | 5                | PA                          |
| HYPERHEP B   | 3                |                             |
| NABI-HB INJECTION 312UNIT/ML   | 3                |                             |
| SYNAGIS INJECTION 100MG/ML   | 5                |                             |
| VARIZIG INJECTION 125UNIT/1.2ML  | 3                |                             |
| <b>Immunological Agents, Other</b>   |                  |                             |
| ACTEMRA ACTPEN   | 5                | QL(3.6 ML per 28 days); PA  |
| ACTEMRA INJECTION 162MG/0.9ML  | 5                | QL(3.6 ML per 28 days); PA  |
| ARCALYST   | 5                | PA                          |
| BENLYSTA   | 5                |                             |
| COSENTYX SENSOREADY PEN  | 5                | QL(8 ML per 28 days); PA    |
| COSENTYX UNOREADY  | 5                | QL(8 ML per 28 days); PA    |
| COSENTYX INJECTION 75MG/0.5ML  | 5                | QL(4 ML per 28 days); PA    |
| COSENTYX INJECTION 150MG/ML  | 5                | QL(8 ML per 28 days); PA    |
| DUPIXENT INJECTION 100MG/0.67ML  | 5                | QL(1.34 ML per 28 days); PA |
| DUPIXENT INJECTION 200MG/1.14ML  | 5                | QL(4.56 ML per 28 days); PA |
| DUPIXENT INJECTION 300MG/2ML   | 5                | QL(8 ML per 28 days); PA    |
| ILARIS INJECTION 150MG/ML  | 5                | QL(2 ML per 28 days); PA    |
| KEVZARA  | 5                | QL(2.28 ML per 28 days); PA |
| KINERET  | 5                | QL(18.8 ML per 28 days); PA |
| ORENCIA CLICKJECT  | 5                | QL(4 ML per 28 days); PA    |
| ORENCIA INJECTION 50MG/0.4ML   | 5                | QL(1.6 ML per 28 days); PA  |
| ORENCIA INJECTION 87.5MG/0.7ML   | 5                | QL(2.8 ML per 28 days); PA  |
| ORENCIA INJECTION 125MG/ML   | 5                | QL(4 ML per 28 days); PA    |
| OTEZLA TABLET THERAPY PACK 0   | 5                | QL(110 EA per 365 days); PA |
| OTEZLA TABLET 30MG   | 5                | QL(62 EA per 31 days); PA   |
| RINVOQ LQ  | 5                | QL(360 ML per 30 days); PA  |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR<br>30MG, 45MG   | 5                | QL(31 EA per 31 days); PA   |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR<br>15MG   | 5                | QL(93 EA per 31 days); PA   |
| SKYRIZI PEN  | 5                | QL(1 ML per 28 days); PA    |
| SKYRIZI INJECTION 150MG/ML   | 5                | QL(1 ML per 28 days); PA    |
| SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML   | 5                | QL(2.4 ML per 56 days); PA  |
| SKYRIZI INJECTION 600MG/10ML   | 5                | QL(20 ML per 28 days); PA   |
| STELARA INJECTION 45MG/0.5ML   | 5                | QL(1 ML per 28 days); PA    |
| STELARA INJECTION 90MG/ML  | 5                | QL(2 ML per 28 days); PA    |
| TALTZ INJECTION 20MG/0.25ML  | 5                | QL(0.75 ML per 28 days); PA |

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|---|------------------|------------------------------|
| TALTZ INJECTION 40MG/0.5ML  | 5                | QL(1.5 ML per 28 days); PA   |
| TALTZ INJECTION 80MG/ML   | 5                | QL(3 ML per 28 days); PA     |
| TAVNEOS   | 5                | QL(180 EA per 30 days); PA   |
| TYENNE INJECTION 162MG/0.9ML                                      | 5                | QL(3.6 ML per 28 days); PA   |
| WEZLANA INJECTION 45MG/0.5ML                                      | 5                | QL(1 ML per 28 days); PA     |
| WEZLANA INJECTION 90MG/ML   | 5                | QL(2 ML per 28 days); PA     |
| XELJANZ XR  | 5                | QL(30 EA per 30 days); PA    |
| XELJANZ SOLUTION  | 5                | QL(720 ML per 30 days); PA   |
| XELJANZ TABLET 5MG  | 5                | QL(60 EA per 30 days); PA    |
| XELJANZ TABLET 10MG   | 5                | QL(62 EA per 31 days); PA    |
| XOLAIR  | 5                | PA                           |
| YESINTEK INJECTION 45MG/0.5ML                                     | 5                | QL(1 ML per 28 days); PA     |
| YESINTEK INJECTION 90MG/ML  | 5                | QL(2 ML per 28 days); PA     |
| ZILBRYSQ INJECTION 16.6MG/0.416ML                                 | 5                | QL(12.48 ML per 30 days); PA |
| ZILBRYSQ INJECTION 23MG/0.574ML                                   | 5                | QL(17.22 ML per 30 days); PA |
| ZILBRYSQ INJECTION 32.4MG/0.81ML                                  | 5                | QL(24.3 ML per 30 days); PA  |
| <b><i>Immunostimulants</i></b>                                    |                  |                              |
| ACTIMMUNE   | 5                |                              |
| BESREMI   | 5                | PA; OVM                      |
| <b><i>Immunosuppressants</i></b>                                  |                  |                              |
| ASTAGRAF XL   | 4                | B/D                          |
| <i>azathioprine tablet</i>  | 2                | B/D                          |
| CIMZIA  | 5                | QL(6 EA per 28 days); PA     |
| CIMZIA STARTER KIT  | 5                | QL(6 EA per 28 days); PA     |
| <i>cyclosporine modified</i>                                      | 2                | B/D                          |
| <i>cyclosporine capsule</i>                                       | 2                | B/D                          |
| ENBREL MINI   | 5                | QL(8 ML per 28 days); PA     |
| ENBREL SURECLICK  | 5                | QL(8 ML per 28 days); PA     |
| ENBREL INJECTION 25MG/0.5ML                                       | 5                | QL(16 ML per 28 days); PA    |
| ENBREL INJECTION 25MG/0.5ML, 50MG/ML                              | 5                | QL(8 ML per 28 days); PA     |
| ENVARSUS XR   | 4                | B/D                          |
| <i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>               | 5                | B/D                          |
| <i>gengraf capsule 100mg, 25mg</i>                                | 4                | B/D                          |
| <i>gengraf solution</i>   | 4                | B/D                          |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0          | 5                | QL(2 EA per 28 days); PA     |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML | 5                | QL(4 EA per 28 days); PA     |
| HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML                  | 5                | QL(4 EA per 28 days); PA     |
| HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML                  | 5                | QL(6 EA per 28 days); PA     |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK                              | 5                | QL(4 EA per 28 days); PA     |
| HUMIRA PEN-PS/UV STARTER INJECTION 0                              | 5                | QL(3 EA per 28 days); PA     |

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|--|------------------|--|
| HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML  | 5                | QL(6 EA per 28 days); PA                               |
| HUMIRA PEN INJECTION 80MG/0.8ML  | 5                | QL(4 EA per 28 days); PA; Abbvie labeled products only |
| HUMIRA PEN INJECTION 40MG/0.8ML  | 5                | QL(6 EA per 28 days); PA                               |
| HUMIRA PEN INJECTION 40MG/0.4ML  | 5                | QL(6 EA per 28 days); PA; Abbvie labeled products only |
| HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML  | 5                | QL(2 EA per 28 days); PA; Abbvie labeled products only |
| HUMIRA INJECTION 40MG/0.8ML  | 5                | QL(6 EA per 28 days); PA                               |
| HUMIRA INJECTION 40MG/0.4ML  | 5                | QL(6 EA per 28 days); PA; Abbvie labeled products only |
| JYLAMVO  | 4                | PA; OVM  |
| <i>leflunomide</i>   | 2                | QL(90 EA per 90 days)                                  |
| <i>methotrexate sodium tablet</i>  | 1                |  |
| METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML   | 2                |  |
| <i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>  | 2                |  |
| <i>methotrexate injection 50mg/2ml</i>   | 2                |  |
| <i>mycophenolate mofetil capsule, tablet</i>   | 2                | B/D  |
| <i>mycophenolate mofetil suspension reconstituted</i>  | 5                | B/D  |
| <i>mycophenolic acid dr</i>  | 2                | B/D  |
| PEGASYS  | 5                |  |
| PROGRAF PACKET   | 3                | B/D  |
| RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML | 4                | ST   |
| REZUROCK   | 5                | PA; OVM  |
| SANDIMMUNE SOLUTION  | 4                | B/D  |
| SIMPONI INJECTION 50MG/0.5ML   | 5                | QL(0.5 ML per 28 days); PA                             |
| SIMPONI INJECTION 100MG/ML   | 5                | QL(3 ML per 28 days); PA                               |
| <i>sirolimus tablet</i>  | 4                | B/D  |
| <i>sirolimus solution</i>  | 5                | B/D  |
| <i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>  | 2                | B/D  |
| TREXALL  | 3                |  |
| XATMEP   | 4                | PA; OVM  |
| <b>Vaccines</b>  |                  |  |
| ABRYSVO  | 3                |  |
| ACTHIB INJECTION 0   | 3                |  |
| ADACEL   | 3                |  |
| AREXVY   | 3                |  |
| BCG VACCINE INJECTION 50MG   | 3                |  |
| BEXSERO  | 3                |  |

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|--|------------------|----------------------------|
| BOOSTRIX   | 3                |                            |
| DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML                    | 3                |                            |
| DENGVAXIA  | 3                |                            |
| DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC                            | 3                |                            |
| ENGERIX-B  | 3                | B/D                        |
| GARDASIL 9   | 3                |                            |
| HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML                                | 3                |                            |
| HEPLISAV-B   | 3                | B/D                        |
| HIBERIX  | 3                |                            |
| IMOVAX RABIES (H.D.C.V.)   | 3                | B/D                        |
| INFANRIX   | 3                |                            |
| IPOP INACTIVATED IPV   | 3                |                            |
| IXCHIQ   | 3                |                            |
| IXIARO   | 3                |                            |
| JYNNEOS  | 3                |                            |
| KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML                | 3                |                            |
| M-M-R II   | 3                |                            |
| MENACTRA   | 3                |                            |
| MENQUADFI  | 3                |                            |
| MENVEO   | 3                |                            |
| MRESVIA  | 3                |                            |
| PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 3                |                            |
| PEDVAX HIB INJECTION 7.5MCG/0.5ML  | 3                |                            |
| PENBRAYA   | 3                |                            |
| PENTACEL   | 3                |                            |
| PREHEVBRIOD  | 3                | B/D                        |
| PRIORIX  | 3                |                            |
| PROQUAD  | 3                |                            |
| QUADRACEL  | 3                |                            |
| RABAVERT   | 3                | B/D                        |
| RECOMBIVAX HB  | 3                | B/D                        |
| ROTARIX  | 3                |                            |
| ROTATEQ SOLUTION   | 3                |                            |
| SHINGRIX   | 3                |                            |
| STAMARIL   | 3                |                            |
| TDVAX  | 3                |                            |
| TENIVAC  | 3                |                            |
| TICOVAC  | 3                |                            |
| TRUMENBA   | 3                |                            |
| TWINRIX  | 3                |                            |

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| <b>Drug Name</b>                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--|------------------|----------------------------|
| TYPHIM VI  | 3                |                            |
| VAQTA  | 3                |                            |
| VARIVAX  | 3                |                            |
| VAXCHORA   | 3                |                            |
| VIVOTIF  | 3                |                            |
| YF-VAX   | 3                |                            |
| <b>Inflammatory Bowel Disease Agents</b>         |                  |                            |
| <i>Aminosalicylates</i>                          |                  |                            |
| balsalazide disodium                             | 2                |                            |
| mesalamine dr capsule delayed release            | 3                | QL(1080 EA per 90 days)    |
| mesalamine dr tablet delayed release 800mg       | 3                | QL(540 EA per 90 days)     |
| mesalamine dr tablet delayed release 1.2gm       | 4                | QL(360 EA per 90 days)     |
| mesalamine er capsule extended release 24 hour   | 4                | QL(360 EA per 90 days)     |
| mesalamine suppository                           | 3                | QL(90 EA per 90 days)      |
| mesalamine kit                                   | 4                |                            |
| mesalamine enema                                 | 4                | QL(5400 ML per 90 days)    |
| PENTASA CAPSULE EXTENDED RELEASE 250MG           | 4                |                            |
| sulfasalazine tablet, tablet delayed release     | 1                |                            |
| <i>Glucocorticoids</i>                           |                  |                            |
| budesonide er                                    | 5                |                            |
| budesonide capsule delayed release particles 3mg | 3                |                            |
| HYDROCORTISONE CREAM 1%                          | 2                |                            |
| hydrocortisone cream 2.5%                        | 2                |                            |
| hydrocortisone enema 100mg/60ml                  | 2                |                            |
| procto-med hc                                    | 2                |                            |
| proctosol hc                                     | 2                |                            |
| proctozone-hc                                    | 2                |                            |
| <b>Metabolic Bone Disease Agents</b>             |                  |                            |
| <i>Metabolic Bone Disease Agents</i>             |                  |                            |
| alendronate sodium solution                      | 2                | QL(900 ML per 84 days)     |
| alendronate sodium tablet 35mg, 70mg             | 1                | QL(12 EA per 84 days)      |
| alendronate sodium tablet 10mg                   | 1                | QL(90 EA per 90 days)      |
| calcitonin-salmon solution                       | 2                |                            |
| calcitriol capsule 0.25mcg, 0.5mcg               | 2                |                            |
| calcitriol solution 1mcg/ml                      | 2                |                            |
| cinacalcet hydrochloride tablet 30mg             | 3                |                            |
| cinacalcet hydrochloride tablet 60mg, 90mg       | 4                |                            |
| DOXERCALCIFEROL CAPSULE 2.5MCG                   | 4                |                            |
| doxercalciferol injection                        | 4                |                            |
| FORTEO INJECTION 560MCG/2.24ML                   | 5                | QL(2.4 ML per 28 days); PA |
| ibandronate sodium tablet                        | 2                | QL(3 EA per 84 days)       |
| paricalcitol capsule                             | 2                |                            |
| PROLIA   | 4                | PA                         |
| risedronate sodium tablet 30mg, 5mg              | 2                |                            |

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|--|------------------|-----------------------------|
| risedronate sodium tablet 35mg                       | 2                | QL(12 EA per 84 days)       |
| risedronate sodium tablet 150mg                      | 2                | QL(3 EA per 84 days)        |
| TERIPARATIDE INJECTION 620MCG/2.48ML                 | 5                | QL(2.48 ML per 28 days); PA |
| TYMLOS   | 5                | PA                          |
| XGEVA  | 5                | PA                          |
| ZOLEDRONIC ACID INJECTION 4MG/100ML                  | 1                |                             |
| <b>Miscellaneous Therapeutic Agents</b>              |                  |                             |
| <i>Miscellaneous Therapeutic Agents</i>              |                  |                             |
| ALCOHOL PREP PADS                                    | 1                | ST                          |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"   | 1                |                             |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"        | 1                |                             |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM     | 1                |                             |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM          | 1                |                             |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM       | 1                |                             |
| CEQUR SIMPLICITY 2U                                  | 3                |                             |
| CEQUR SIMPLICITY INSERTER                            | 3                |                             |
| CURITY GAUZE PADS 2"X2" 12 PLY                       | 2                | ST                          |
| <i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i> | 1                |                             |
| fomepizole injection 1.5gm/1.5ml                     | 2                |                             |
| INPEN 100/BLUE/LILLY/HUMALOG                         | 1                |                             |
| INPEN 100/BLUE/NOVOLOG/FIASP                         | 1                |                             |
| INPEN 100/GREY/LILLY/HUMALOG                         | 1                |                             |
| INPEN 100/GREY/NOVOLOG/FIASP                         | 1                |                             |
| INPEN 100/PINK/LILLY/HUMALOG                         | 1                |                             |
| INPEN 100/PINK/NOVOLOG/FIASP                         | 1                |                             |
| INTRALIPID INJECTION 20GM/100ML, 30GM/100ML          | 4                | B/D                         |
| <i>levocarnitine solution, tablet</i>                | 2                |                             |
| NOVOPEN ECHO   | 1                |                             |
| OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)              | 3                |                             |
| OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)                   | 3                |                             |
| OMNIPOD 5 G7 INTRO KIT (GEN 5)                       | 3                |                             |
| OMNIPOD 5 G7 PODS (GEN 5)                            | 3                |                             |
| OMNIPOD 5 LIBRE2 PLUS G6                             | 3                |                             |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS                        | 3                |                             |
| OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)              | 3                |                             |
| OMNIPOD CLASSIC PODS (GEN 3)                         | 3                |                             |
| OMNIPOD DASH INTRO KIT (GEN 4)                       | 3                |                             |
| OMNIPOD DASH PDM KIT (GEN 4)                         | 3                |                             |
| OMNIPOD DASH PODS (GEN 4)                            | 3                |                             |
| PROTOPAM CHLORIDE INJECTION                          | 4                |                             |
| RIVFLOZA INJECTION 128MG/0.8ML                       | 5                | QL(0.8 ML per 28 days); PA  |

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|--|------------------|----------------------------|
| RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML  | 5                | QL(1 ML per 28 days); PA   |
| SKYCLARYS  | 5                | QL(93 EA per 31 days); PA  |
| sodium chloride 0.9%   | 2                |                            |
| V-GO 20  | 1                |                            |
| V-GO 30  | 1                |                            |
| V-GO 40  | 1                |                            |
| <b>Ophthalmic Agents</b>   |                  |                            |
| <i>Ophthalmic Agents, Other</i>  |                  |                            |
| atropine sulfate solution 1%   | 2                |                            |
| bacitracin/polymyxin b   | 1                |                            |
| brimonidine tartrate/timolol maleate   | 3                |                            |
| CYSTARAN   | 5                |                            |
| dorzolamide hcl/timolol maleate  | 2                |                            |
| dorzolamide hydrochloride/timolol maleate pf   | 2                |                            |
| LACRISERT  | 3                |                            |
| neo-polycin  | 2                |                            |
| neo-polycin hc   | 2                |                            |
| neomycin/bacitracin/polymyxin  | 2                |                            |
| neomycin/polymyxin/bacitracin/hydrocortisone   | 2                |                            |
| neomycin/polymyxin/dexamethasone   | 2                |                            |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN  | 2                |                            |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE<br>OPHTHALMIC SUSPENSION 1%; 3.5MG/ML;<br>10000UNIT/ML | 2                |                            |
| OXERVATE   | 5                | PA                         |
| polycin  | 1                |                            |
| polymyxin b sulfate(trimethoprim sulfate   | 2                |                            |
| RESTASIS   | 3                | QL(180 EA per 90 days)     |
| RESTASIS MULTIDOSE   | 3                | QL(180 ML per 90 days)     |
| ROCKLATAN  | 3                | ST                         |
| SIMBRINZA  | 3                |                            |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM<br>PHOSPHATE                                    | 2                |                            |
| TOBRADEX ST  | 3                |                            |
| TOBRADEX OINTMENT  | 3                |                            |
| tobramycin/dexamethasone   | 2                |                            |
| <i>Ophthalmic Anti-allergy Agents</i>  |                  |                            |
| ALOCRIL  | 4                |                            |
| azelastine hcl ophthalmic solution 0.05%   | 2                |                            |
| CROMOLYN SODIUM SOLUTION 4%  | 2                |                            |
| epinastine hcl   | 2                |                            |
| olopatadine hydrochloride  | 2                |                            |
| <i>Ophthalmic Anti-Infectives</i>  |                  |                            |
| AZASITE  | 4                |                            |

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|--|------------------|----------------------------|
| BACITRACIN   | 1                |                            |
| BESIVANCE  | 4                |                            |
| <i>ciprofloxacin hydrochloride solution 0.3%</i>                     | 1                |                            |
| <i>erythromycin ointment 5mg/gm</i>                                  | 2                |                            |
| <i>gatifloxacin</i>  | 2                |                            |
| <i>gentamicin sulfate ophthalmic solution 0.3%</i>                   | 2                |                            |
| LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%                          | 2                |                            |
| MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%                             | 2                |                            |
| <i>moxifloxacin hydrochloride solution 0.5%</i>                      | 2                |                            |
| NATACYN  | 3                |                            |
| <i>ofloxacin ophthalmic solution 0.3%</i>                            | 2                |                            |
| SULFACETAMIDE SODIUM OINTMENT 10%                                    | 2                |                            |
| <i>sulfacetamide sodium solution 10%</i>                             | 2                |                            |
| <i>tobramycin solution 0.3%</i>                                      | 1                |                            |
| TRIFLURIDINE   | 2                |                            |
| XDEMVY   | 5                | QL(10 ML per 31 days); PA  |
| ZIRGAN   | 3                |                            |
| <b><i>Ophthalmic Anti-inflammatories</i></b>                         |                  |                            |
| DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%              | 2                |                            |
| <i>diclofenac sodium ophthalmic solution 0.1%</i>                    | 2                |                            |
| <i>diluprednate</i>  | 3                |                            |
| <i>fluorometholone</i>   | 2                |                            |
| FLURBIPROFEN SODIUM  | 2                |                            |
| FML FORTE  | 4                |                            |
| ILEVRO   | 4                |                            |
| <i>ketorolac tromethamine solution 0.5%</i>                          | 2                |                            |
| <i>loteprednol etabonate suspension 0.5%</i>                         | 4                |                            |
| NEVANAC  | 4                |                            |
| OZURDEX  | 4                |                            |
| PRED MILD  | 3                |                            |
| <i>prednisolone acetate</i>  | 2                |                            |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%                 | 2                |                            |
| <b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>             |                  |                            |
| BETAXOLOL HCL SOLUTION 0.5%  | 2                |                            |
| BETOPTIC-S   | 4                |                            |
| CARTEOLOL HCL  | 2                |                            |
| LEVOBUNOLOL HCL SOLUTION 0.5%  | 2                |                            |
| <i>timolol maleate ophthalmic gel forming</i>                        | 1                |                            |
| <i>timolol maleate solution 0.25%, 0.5%</i>                          | 1                |                            |
| <b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b> |                  |                            |
| <i>acetazolamide</i>   | 2                |                            |
| <i>acetazolamide er</i>  | 2                |                            |

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|---|------------------|----------------------------|
| APRACLONIDINE   | 1                |                            |
| <i>brimonidine tartrate solution 0.15%, 0.2%</i>                                    | 1                |                            |
| <i>brimonidine tartrate solution 0.1%</i>   | 3                |                            |
| <i>brinzolamide</i>   | 4                |                            |
| <i>dorzolamide hydrochloride</i>  | 2                |                            |
| <i>methazolamide tablet</i>   | 4                |                            |
| <i>pilocarpine hcl solution 1%, 2%, 4%</i>  | 2                |                            |
| <i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>                                | 2                |                            |
| RHOPRESSA   | 3                | ST                         |
| <b><i>Ophthalmic Prostaglandin and Prostamide Analogs</i></b>                       |                  |                            |
| <i>bimatoprost</i>  | 4                |                            |
| <i>latanoprost solution</i>   | 2                |                            |
| LUMIGAN   | 3                |                            |
| <i>travoprost</i>   | 3                |                            |
| VYZULTA   | 4                |                            |
| <b>Otic Agents</b>  |                  |                            |
| <b><i>Otic Agents</i></b>   |                  |                            |
| <i>acetic acid</i>  | 2                |                            |
| CETRAXAL  | 3                |                            |
| CIPRO HC  | 3                |                            |
| <i>ciprofloxacin</i>  | 2                |                            |
| <i>ciprofloxacin/dexamethasone</i>  | 3                |                            |
| <i>flac</i>   | 2                |                            |
| <i>fluocinolone acetonide oil 0.01%</i>   | 2                |                            |
| <i>hydrocortisone/acetic acid</i>   | 2                |                            |
| <i>neomycin/polymyxin/hc</i>  | 2                |                            |
| <i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>        | 2                |                            |
| <i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | 2                |                            |
| <i>ofloxacin otic solution 0.3%</i>   | 2                |                            |
| <b>Respiratory Tract/Pulmonary Agents</b>   |                  |                            |
| <b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>                          |                  |                            |
| ALVESCO   | 3                | QL(37 GM per 90 days)      |
| ARNUITY ELLIPTA   | 3                |                            |
| ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT  | 3                | QL(39 GM per 90 days)      |
| ASMANEX TWISTHALER 120 METERED DOSES  | 3                | QL(3 EA per 90 days)       |
| ASMANEX TWISTHALER 14 METERED DOSES   | 3                | QL(3 EA per 90 days)       |
| ASMANEX TWISTHALER 30 METERED DOSES   | 3                | QL(3 EA per 90 days)       |
| ASMANEX TWISTHALER 60 METERED DOSES   | 3                | QL(3 EA per 90 days)       |
| <i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>                         | 3                | B/D                        |
| <i>flunisolide solution 0.025%</i>  | 2                |                            |
| FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT             | 3                | QL(360 EA per 90 days)     |

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|--|------------------|--|
| FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT | 3                | QL(720 EA per 90 days)                 |
| FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT   | 3                | QL(64 GM per 90 days)                  |
| FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT                            | 3                | QL(72 GM per 90 days)                  |
| <i>fluticasone propionate suspension 50mcg/act</i>                                   | 2                |  |
| <i>mometasone furoate suspension 50mcg/act</i>                                       | 2                |  |
| PULMICORT FLEXHALER  | 3                |  |
| QVAR REDIHALER   | 3                | QL(64 GM per 90 days)                  |
| <b>Antihistamines</b>  |                  |  |
| <i>azelastine hcl nasal solution 0.15%</i>   | 2                |  |
| <i>azelastine hydrochloride</i>  | 2                |  |
| <i>cetirizine hydrochloride solution 5mg/5ml</i>                                     | 2                |  |
| <i>desloratadine</i>   | 2                | QL(90 EA per 90 days)                  |
| DESLORATADINE ODT  | 2                | QL(90 EA per 90 days)                  |
| <i>diphenhydramine hydrochloride injection</i>                                       | 2                |  |
| <i>hydroxyzine hcl tablet 50mg</i>   | 2                | PA                                     |
| <i>hydroxyzine hydrochloride syrup</i>   | 2                | PA                                     |
| <i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>                                   | 2                | PA                                     |
| <i>hydroxyzine pamoate capsule 25mg, 50mg</i>  | 2                | PA                                     |
| <i>levocetirizine dihydrochloride solution</i>                                       | 2                |  |
| <i>levocetirizine dihydrochloride tablet</i>   | 2                | QL(90 EA per 90 days)                  |
| <i>olopatadine hcl</i>   | 2                |  |
| <b>Antileukotrienes</b>  |                  |  |
| <i>montelukast sodium tablet chewable, packet, tablet</i>                            | 2                | QL(90 EA per 90 days)                  |
| <i>zaflurkast</i>  | 2                | QL(180 EA per 90 days)                 |
| <b>Bronchodilators, Anticholinergic</b>  |                  |  |
| ATROVENT HFA   | 3                |  |
| DUAKLIR PRESSAIR   | 5                | QL(1 EA per 31 days)                   |
| INCRUSE ELLIPTA  | 3                | QL(90 EA per 90 days)                  |
| <i>ipratropium bromide nasal solution</i>  | 1                |  |
| <i>ipratropium bromide inhalation solution</i>                                       | 1                | B/D                                    |
| SPIRIVA HANDIHALER   | 3                | QL(90 EA per 90 days)                  |
| SPIRIVA RESPIMAT   | 3                | QL(12 GM per 90 days)                  |
| <b>Bronchodilators, Sympathomimetic</b>  |                  |  |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT                                    | 3                | QL(216 GM per 90 days); 18 GM INHALER  |
| <i>albuterol sulfate hfa aerosol solution 108mcg/act</i>                             | 3                | QL(102 GM per 90 days); 8.5 GM INHALER |
| <i>albuterol sulfate hfa aerosol solution 108mcg/act</i>                             | 3                | QL(81 GM per 90 days); 6.7 GM INHALER  |
| <i>albuterol sulfate syrup, tablet</i>   | 1                |  |

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|---|------------------|----------------------------|
| ALBUTEROL SULFATE NEBULIZATION SOLUTION<br>2.5MG/0.5ML                            | 1                | B/D                        |
| <i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml,<br/>1.25mg/3ml</i> | 1                | B/D                        |
| <i>arformoterol tartrate</i>  | 3                | B/D                        |
| EPINEPHRINE INJECTION 0.15MG/0.15ML,<br>0.3MG/0.3ML                               | 3                |                            |
| <i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>                            | 3                |                            |
| <i>formoterol fumarate nebulization solution</i>                                  | 4                | B/D                        |
| <i>levalbuterol hcl nebulization solution</i>                                     | 2                | B/D                        |
| <i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>                | 2                | B/D                        |
| LEVALBUTEROL TARTRATE HFA   | 3                | QL(90 GM per 90 days)      |
| <i>levalbuterol nebulization solution</i>   | 2                | B/D                        |
| SEREVENT DISKUS   | 3                | QL(180 EA per 90 days)     |
| STRIVERDI RESPIMAT  | 3                |                            |
| SYMJEPI   | 3                |                            |
| <i>terbutaline sulfate tablet</i>   | 2                |                            |
| XOPENEX HFA   | 4                | QL(90 GM per 90 days)      |
| <b>Cystic Fibrosis Agents</b>   |                  |                            |
| ALYFTREK TABLET 125MG; 50MG; 10MG   | 5                | QL(56 EA per 28 days); PA  |
| ALYFTREK TABLET 50MG; 20MG; 4MG   | 5                | QL(84 EA per 28 days); PA  |
| CAYSTON   | 5                | QL(84 ML per 28 days); PA  |
| KALYDECO  | 5                | PA                         |
| ORKAMBI   | 5                | PA                         |
| PULMOZYME   | 5                | B/D                        |
| TOBI PODHALER   | 5                |                            |
| <i>tobramycin nebulization solution 300mg/4ml</i>                                 | 3                | B/D                        |
| <i>tobramycin nebulization solution 300mg/5ml</i>                                 | 5                | B/D                        |
| TRIKAFTA THERAPY PACK   | 5                | QL(62 EA per 31 days); PA  |
| TRIKAFTA TABLET THERAPY PACK  | 5                | QL(84 EA per 28 days); PA  |
| <b>Mast Cell Stabilizers</b>  |                  |                            |
| <i>cromolyn sodium nebulization solution 20mg/2ml</i>                             | 2                | B/D                        |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>                              |                  |                            |
| <i>roflumilast</i>  | 4                |                            |
| <i>theophylline er tablet extended release 24 hour</i>                            | 2                |                            |
| <i>theophylline er tablet extended release 12 hour 300mg</i>                      | 2                |                            |
| <b>Pulmonary Antihypertensives</b>  |                  |                            |
| ADEMPAS   | 5                | PA                         |
| <i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>                    | 4                | QL(62 EA per 31 days); PA  |
| <i>ambrisentan</i>  | 5                | PA                         |
| <i>bosentan</i>   | 5                | PA                         |
| OPSUMIT   | 5                | QL(31 EA per 31 days); PA  |
| ORENITRAM TITRATION KIT MONTH 1   | 5                | PA                         |
| ORENITRAM TITRATION KIT MONTH 2   | 5                | PA                         |

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| ORENITRAM TITRATION KIT MONTH 3  | 5                | PA                          |
| ORENITRAM TABLET EXTENDED RELEASE 0.125MG  | 4                | PA                          |
| ORENITRAM TABLET EXTENDED RELEASE 0.25MG,<br>1MG, 2.5MG, 5MG   | 5                | PA                          |
| <i>sildenafil citrate (pulmonary arterial hypertension) oral tablet<br/>20mg</i>   | 2                | QL(270 EA per 90 days); PA  |
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>  | 4                | QL(62 EA per 31 days); PA   |
| TRACLEER TABLET SOLUBLE  | 5                | PA                          |
| TYVASO   | 5                | B/D                         |
| TYVASO REFILL KIT  | 5                | B/D                         |
| TYVASO STARTER KIT   | 5                | B/D                         |
| UPTRAVI TITRATION PACK   | 5                | PA                          |
| UPTRAVI TABLET   | 5                | PA                          |
| VENTAVIS   | 5                | B/D                         |
| WINREVAIR  | 5                | QL(1 EA per 21 days); PA    |
| <b>Pulmonary Fibrosis Agents</b>   |                  |                             |
| OFEV   | 5                | PA                          |
| <i>pirfenidone capsule</i>   | 5                | QL(279 EA per 31 days); PA  |
| <i>pirfenidone tablet 267mg</i>  | 5                | QL(279 EA per 31 days); PA  |
| <i>pirfenidone tablet 801mg</i>  | 5                | QL(93 EA per 31 days); PA   |
| <b>Respiratory Tract Agents, Other</b>   |                  |                             |
| <i>acetylcysteine injection</i>  | 2                |                             |
| <i>acetylcysteine inhalation solution</i>  | 2                | B/D                         |
| ADVAIR HFA   | 3                | QL(36 GM per 90 days)       |
| ANORO ELLIPTA  | 3                | QL(180 EA per 90 days)      |
| <i>benzonatate</i>   | 2                | EX                          |
| BREO ELLIPTA   | 3                | QL(180 EA per 90 days)      |
| BREZTRI AEROSPHERE   | 3                |                             |
| <i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>   | 2                | EX                          |
| BRONCHITOL   | 5                | QL(560 EA per 28 days); PA  |
| COMBIVENT RESPIMAT   | 4                |                             |
| DULERA AEROSOL 5MCG/ACT; 50MCG/ACT   | 4                | QL(39 GM per 90 days); PA   |
| DULERA AEROSOL 5MCG/ACT; 100MCG/ACT,<br>5MCG/ACT; 200MCG/ACT   | 4                | QL(52.8 GM per 90 days); PA |
| FASENRA  | 5                | PA                          |
| FASENRA PEN  | 5                | PA                          |
| <i>fluticasone propionate/salmeterol diskus</i>  | 2                | QL(180 EA per 90 days)      |
| <i>fluticasone propionate/salmeterol aerosol powder breath<br/>activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act,<br/>500mcg/act; 50mcg/act</i> | 2                | QL(180 EA per 90 days)      |
| HYDROCODONE POLISTIREX/CHLORPHENIRAMINE<br>POLISTIREX  | 2                | EX                          |
| <i>ipratropium bromide/albuterol sulfate</i>   | 1                | B/D                         |
| NUCALA   | 5                | PA                          |

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| STIOLTO RESPIMAT                     | 3                | QL(12 GM per 90 days)      |
| SYMBICORT                            | 3                | QL(30.6 GM per 90 days)    |
| TRELEGY ELLIPTA                      | 3                |                            |
| wixela inhub                         | 2                | QL(180 EA per 90 days)     |
| <b>Skeletal Muscle Relaxants</b>     |                  |                            |
| <i>Skeletal Muscle Relaxants</i>     |                  |                            |
| chlorzoxazone tablet 250mg           | 2                |                            |
| cyclobenzaprine hydrochloride tablet | 2                | PA                         |
| methocarbamol tablet 500mg, 750mg    | 2                |                            |
| <b>Sleep Disorder Agents</b>         |                  |                            |
| <i>Sleep Promoting Agents</i>        |                  |                            |
| estazolam tablet 2mg                 | 4                | QL(30 EA per 30 days); NDS |
| estazolam tablet 1mg                 | 4                | QL(60 EA per 30 days); NDS |
| ramelteon                            | 3                | QL(90 EA per 90 days)      |
| tasimelteon                          | 5                | QL(31 EA per 31 days); PA  |
| temazepam                            | 2                | QL(30 EA per 30 days); NDS |
| triazolam                            | 2                | QL(60 EA per 30 days); NDS |
| zaleplon                             | 2                | QL(90 EA per 90 days)      |
| zolpidem tartrate er                 | 2                | QL(90 EA per 90 days)      |
| ZOLPIDEM TARTRATE TABLET SUBLINGUAL  | 2                | QL(90 EA per 90 days)      |
| zolpidem tartrate tablet             | 2                | QL(90 EA per 90 days)      |
| <i>Wakefulness Promoting Agents</i>  |                  |                            |
| armodafinil                          | 3                | QL(90 EA per 90 days); PA  |
| modafinil tablet                     | 3                | QL(180 EA per 90 days); PA |
| SODIUM OXYBATE                       | 5                | QL(558 ML per 31 days); PA |
| SUNOSI                               | 4                | QL(90 EA per 90 days); PA  |

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| <i> gentamicin sulfate</i>                     | 64            | <i>heparin sodium/sodium chloride 0.9%</i> | 30            |
| <b>GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE</b> | 4             | <i> premix</i>                             |               |
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| STAMARIL                                  | 60            | <i>tadalafil (pulmonary arterial hypertension)</i> | 68            |
| STELARA                                   | 57            | <i>oral</i>  |               |
| STIOLTO RESPIMAT                          | 69            | TAFINLAR   | 19            |
| STIVARGA                                  | 19            | TAGRISSO   | 19            |
| STREPTOMYCIN SULFATE                      | 4             | TALTZ  | 57            |
| STRIBILD                                  | 24            | TALZENNA   | 19            |
| STRIVERDI RESPIMAT                        | 67            | <i>tamoxifen citrate</i>                           | 16            |
| <i>subvenite</i>                          | 9             | <i>tamsulosin hydrochloride</i>                    | 50            |
| <i>subvenite starter kit/blue</i>         | 9             | <i>tarina 24 fe</i>                                | 54            |
| <i>subvenite starter kit/green</i>        | 9             | <i>tarina fe 1/20 eq</i>                           | 54            |
| <i>subvenite starter kit/orange</i>       | 9             | TASIGNA  | 19            |
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| <i>sucralfate</i>                         | 48            | TAVNEOS  | 58            |
| <i>sulfacetamide sodium</i>               | 8             | <i>tazarotene</i>                                  | 41            |
| SULFACETAMIDE SODIUM                      | 64            | TAZICEF  | 6             |
| SULFACETAMIDE                             | 63            | TAZORAC  | 41            |
| SODIUM/PREDNISOLONE SODIUM                |               | <i>taztia xt</i>                                   | 34            |
| PHOSPHATE                                 |               | TAZVERIK   | 19            |
| <i>sulfadiazine</i>                       | 8             | TDVAX  | 60            |
| <i>sulfamethoxazole/trimethoprim</i>      | 8             | TEFLARO  | 6             |
| <i>sulfamethoxazole/trimethoprim ds</i>   | 8             | <i>telmisartan</i>                                 | 32            |
| <i>sulfasalazine</i>                      | 61            | TELMISARTAN/AMLODIPINE                             | 35            |
| <i>sulindac</i>                           | 1             | <i>telmisartan/hydrochlorothiazide</i>             | 35            |
| <i>sumatriptan</i>                        | 15            | <i>temazepam</i>                                   | 69            |
| <i>sumatriptan succinate</i>              | 15            | TENIVAC  | 60            |
| SUMATRIPTAN SUCCINATE REFILL              | 15            | <i>tenofovir disoproxil fumarate</i>               | 25            |

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| terazosin hcl                          | 31            | toremifene citrate                   | 16            |
| terazosin hydrochloride                | 32            | torpenz                              | 19            |
| terbinafine hcl                        | 14            | torsemide                            | 35            |
| terbinafine hydrochloride              | 14            | TOUJEO MAX SOLOSTAR                  | 30            |
| terbutaline sulfate                    | 67            | TOUJEO SOLOSTAR                      | 30            |
| terconazole                            | 14            | TRACLEER                             | 68            |
| teriflunomide                          | 40            | TRADJENTA                            | 28            |
| TERIPARATIDE                           | 62            | TRAMADOL HCL ER                      | 2             |
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| TESTOSTERONE                           | 51            | tramadol hydrochloride er            | 2             |
| testosterone cypionate                 | 51            | tramadol hydrochloride/acetaminophen | 3             |
| TESTOSTERONE ENANTHATE                 | 51            | trandolapril                         | 32            |
| testosterone pump                      | 51            | TRANDOLAPRIL/VERAPAMIL HCL ER        | 35            |
| tetrabenazine                          | 39            | tranexamic acid                      | 31            |
| tetracycline hydrochloride             | 8             | tranylcypromine sulfate              | 12            |
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| thioridazine hydrochloride             | 22            | trazodone hydrochloride              | 12            |
| thiothixene                            | 22            | TRECATOR                             | 16            |
| THYROID                                | 56            | TRELEGY ELLIPTA                      | 69            |
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| TIBSOVO                                | 19            | tretinooin                           | 41            |
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| timolol maleate                        | 64            | triamterene                          | 35            |
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| TOBRADEX ST                            | 63            | trihexyphenidyl hydrochloride        | 21            |
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| TOBRAMYCIN SULFATE                     | 4             | tri-legest fe                        | 54            |
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| <i>tri-mili</i>                      | 54            | VANCOMYCIN                          | 5             |
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| TRINTELLIX                           | 12            | <i>vancomycin hydrochloride</i>     | 5             |
| <i>tri-nymyo</i>                     | 54            | VANCOMYCIN                          | 5             |
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| TROGARZO                             | 25            | <i>varenicline tartrate</i>         | 4             |
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This formulary was updated on May 1, 2025. For more recent information or other questions, please contact BCN Advantage Customer Service at 1-800-450-3680 (TTY users should call 711), 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

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