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# Your 2027 Blue Cross Blue Shield of Michigan and Blue Care Network Essential Select Drug List

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## **PPO**

Blue Cross® Premier PPO

## **HMO**

Blue Cross® Local HMO

Blue Cross® Preferred HMO

Blue Cross® Select HMO

Call the number on the back of your member ID card to:

- Find a participating retail pharmacy by ZIP code
- Look up lower-cost medication alternatives
- Compare medication pricing and options

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

# Blue Cross Blue Shield of Michigan and Blue Care Network

## Essential Select Drug List

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Blue Cross Blue Shield of Michigan and Blue Care Network's *Essential Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. New drugs must be reviewed by the committee prior to being considered for coverage. The committee selects medications based on safety, clinical effectiveness and opportunity for savings.

This drug list is updated monthly. Refer to our [Drug List Updates](#) document for recent changes or updates that may not yet be reflected on our drug lists.

### About this drug list

Use this list to find information about your drug coverage and medication options. It's divided by chapter into major drug classes or indications for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the "Reading your drug list" section below for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of dispensing pharmacists and expects them to contact the prescribing healthcare professional when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a prescription is written for a nonpreferred or excluded drug.

Coverage and applicable out-of-pocket costs for drugs on this list are based on your drug plan. Not all drugs included in the list are covered by each member's plan. Drugs that aren't listed may not be covered.

Some medications excluded by your pharmacy benefits may be covered under your medical benefits. These are medications that are generally administered in a doctor's office under the supervision of appropriate healthcare personnel and aren't normally dispensed for self-administration.

### Nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

Several drugs and drug categories are excluded from coverage under this drug list and aren't shown. These include:

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Lifestyle drugs (such as drugs to treat erectile dysfunction or weight loss)
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Drugs used to treat infertility
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Note: Most Blue Cross and BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions

- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

## Specialty drugs

For more information on specialty drugs, see the [Specialty Drug Program Pharmacy Benefit Member Guide](#). Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the [15-Day Specialty Drug Limitation Program](#). Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual out-of-pocket cost for a 15-day supply. For more details, visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Preventive drug coverage

Under the Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and prescription drugs with no out-of-pocket costs. These drugs will have a “PV1,” “PV2” or “PV3” listing in the “Notes” column of the drug list.

For a complete list of preventive drugs and coverage requirements, refer to our [Preventive Drug Coverage](#) list or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy). For information specific to your prescription drug benefits, check your Blue Cross or BCN benefits at a glance drug summary.

## New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original, brand-name version won’t be covered. If prior authorization is approved, members must pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay.

## Brand-for-generic substitution

Select brand-name drugs may be covered at a generic copay, and the generic drug **won’t** be covered. These brand-name drugs will be shown without the generic drug and will be listed with a generic copay.

## Prescription coverage

For details about your prescription drug benefits, please call the Customer Service number on the back of your Blue Cross or BCN member ID card. If you have online access, log in to your account at [\*\*bcbsm.com\*\*](http://bcbsm.com) or our mobile app. You can also find general information about Blue Cross and BCN prescription drug coverage at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Vaccines

Select vaccines are covered at pharmacies without out-of-pocket costs for most members whose pharmacies participate with Blue Cross and BCN and are certified to administer vaccines.

# Reading your drug list

This drug list gives you options so you and your doctor can decide your best course of treatment. In this drug list, brand-name medication names are shown in UPPERCASE (for example, CLOBEX). Generic medication names are shown in lowercase (for example, clobetasol).

## Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Note: If you have a high-deductible health plan, the tier cost levels will apply once you meet your deductible. For tiering information specific to your drug benefit, check your Blue Cross or BCN benefits at a glance drug summary.

Select drugs in the generic, preferred brand or nonpreferred brand tiers may also be covered with no out-of-pocket costs when healthcare reform requirements are met. These drugs will have a “PV1,” “PV2” or “PV3” listing in the “Notes” column of the drug list.

| Drug tiers         | 4-tier plan                                                                                                                                                                                                                                                                                                                                                      | 5-tier plan                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>           | This tier includes mostly nonspecialty generic drugs and select nonspecialty brand-name drugs and select specialty generic drugs. Members pay the lowest out-of-pocket cost in this tier. Offering these drugs at the lowest out-of-pocket costs makes them more accessible to members and helps ensure they take them as prescribed.                            |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2</b>           | This tier includes mostly nonspecialty brand-name drugs and select specialty brand-name drugs. Members pay a higher out-of-pocket cost compared to Tier 1. Tier 1 alternatives may be available, offering more cost-effective therapies. Drugs in Tier 2 are preferred over drugs in Tier 3. Members pay a lower out-of-pocket cost compared to Tier 3.          |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3</b>           | This tier includes mostly nonspecialty brand-name drugs and select high cost nonpreferred generic drugs for which there's more cost-effective, generic alternatives or preferred brand-name drugs available. Members pay a higher out-of-pocket cost compared to Tier 2.                                                                                         |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>4</b>           | This tier includes mostly specialty drugs that are used to treat difficult health conditions. It also includes select, high-cost, non-specialty, generic and brand-name drugs and select very high-cost nonspecialty brand-name drugs. Members pay the highest out-of-pocket cost for Tier 4 drugs.<br><b>Drugs in this tier are limited to a 30-day supply.</b> | This tier includes mostly specialty drugs that are used to treat difficult health conditions. It also includes select, high-cost, nonspecialty, generic and brand-name drugs. Members pay a higher out-of-pocket cost compared to Tier 3. These drugs are generally more cost-effective than Tier 5 drugs.<br><b>Drugs in this tier are limited to a 30-day supply.</b> |
| <b>5</b>           |                                                                                                                                                                                                                                                                                                                                                                  | This tier includes mostly high-cost specialty brand-name drugs that are used to treat difficult health conditions. It also includes very high-cost non-specialty brand-name drugs. Members pay highest out-of-pocket cost for Tier 5 drugs.<br><b>Drugs in this tier are limited to a 30-day supply.</b>                                                                |
| <b>Not covered</b> | This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs aren't covered.                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Covered \$0</b> | This tier includes select products that are covered with no out-of-pocket costs.                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Preventive</b>  | This tier includes drugs that are covered with no out-of-pocket costs when Affordable Care Act requirements are met. When ACA requirements aren't met, the drug isn't covered.                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                         |

## Drug list information

In this drug list, some medications are noted with letters next to them to indicate which ones may have coverage requirements or limits. Your drug plan determines how these medications may be paid for.

|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AL</b>   | <b>Age limit</b> — Age restrictions apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>ABA</b>  | <b>Authorized brand alternative</b> — Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but aren't true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered. |
| <b>OVM</b>  | <b>Oncology Value Management</b> — Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your doctor is required to submit more information to determine coverage.                                                                                                                                                                                                        |
| <b>PA</b>   | <b>Prior authorization</b> — Your doctor is required to give more information to determine coverage.                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>PV1</b>  | <b>Preventive 1</b> — Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, the drug isn't covered.                                                                                                                                                                                                                                                                                                                                              |
| <b>PV2</b>  | <b>Preventive 2</b> — Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, coverage and applicable out-of-pocket costs apply, based on each member's benefit design.                                                                                                                                                                                                                                                                            |
| <b>PV3</b>  | <b>Preventive 3</b> — Covered with no out-of-pocket cost when ACA requirements are met. When ACA requirements aren't met, coverage and applicable out-of-pocket costs apply, based on each member's benefit design. Additional coverage requirements may apply.                                                                                                                                                                                                                                |
| <b>QL</b>   | <b>Quantity limit</b> — The quantity of medication dispensed at one time is limited.                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>SP</b>   | <b>Specialty medication</b> — Specialty medications treat complex health conditions and may require special handling or administration.                                                                                                                                                                                                                                                                                                                                                        |
| <b>ST</b>   | <b>Step therapy</b> — Requires you try one or more preferred drugs before a higher-cost medication can be covered.                                                                                                                                                                                                                                                                                                                                                                             |
| <b>15DS</b> | <b>15-day supply</b> — Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.                                                                                                                                                                                                                                                                                                                                                           |

OncoHealth is an independent company providing cancer support services to certain Blue Cross Blue Shield of Michigan and Blue Care Network members.

# How to fill a prescription

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The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**

- Local retail pharmacy
  - Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/](https://www.walgreens.com/pharmacy/).\*
  - You can use any retail pharmacy in your applicable network.
- Limited-distribution specialty drugs
  - Pharmacy options vary based on the drug. Refer to the [\*\*Specialty Drug Program Pharmacy Benefit Member Guide\*\*](#), and search for the drug you take.
- Home delivery
  - Walgreens Specialty Pharmacy\*\*
  - Website: [WalgreensSpecialtyRx.com](https://www.WalgreensSpecialtyRx.com)\*
  - Phone: 1-866-515-1355

- **All other drugs**

- Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
- Mail order
  - Optum Home Delivery\*\*\*
  - Phone: 1-855-811-2223

If you have questions about which mail-order vendor to use, call the Customer Service phone number on the back of your Blue Cross or BCN member ID card or visit [bcbsm.com/pharmacy](https://bcbsm.com/pharmacy).

\* Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

\*\* Walgreens Specialty Pharmacy®, a separate company, provides specialty pharmacy services to Blue Cross and BCN members.

\*\*\* Optum Rx® is an independent company providing home delivery pharmacy and other pharmacy benefit management services to Blue Cross Blue Shield of Michigan and Blue Care Network.

# How prior authorization, step therapy and quantity limits work

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## Prior authorization

Prior authorization may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved. Clinical criteria are based on current medical information and approved by our Pharmacy and Therapeutics Committee.

## Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

For a current list of drugs requiring prior authorization or step therapy, see the **Prior authorization and step therapy coverage criteria** and refer to the column labeled “Essential Select Drug List.”

## Quantity limits

For certain medications, Blue Cross and BCN limits the quantity that can be dispensed per fill. Blue Cross and BCN sets quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs.

For a current list of drugs that have limits on the quantity that can be dispensed per fill, see the **Quantity Limit Program**, and refer to the column labeled “Essential Select Drug List.”

## How to request authorization

Consult your prescription drug benefit packet for information on how to get prior authorization or request reviews for coverage of drugs that aren't included in your plan. You can also call the Customer Service number on the back of your Blue Cross or BCN member ID card for more information.

### To request coverage of a drug:

- Fill out the **Coverage Request Form** online at **bcbsm.com**.
- Send to: Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

Doctors can request authorization for you. We notify the doctor of approved requests and process the claim accordingly. If a request isn't approved, we'll notify you and the doctor in writing. The notification includes the reason for the denial, an explanation of your appeal rights and the appeals process.

Doctors can request authorization one of four ways:

- **Electronic prior authorization:** Doctors can use their electronic health record or CoverMyMeds® to submit electronic prior authorization requests for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Send to:** Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

**Note:** Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth.

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal ([availability.com](http://availability.com)\*), clicking *Payer Spaces* and then clicking the Blue Cross and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- **Call:** 1-888-916-2616
- **Fax:** 1-800-264-6128
- **Write:**  
OncoHealth  
7000 Central Parkway, Ste 1750  
Atlanta, GA 30328

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**This document is current at the time of publication and subject to change. Go to [bcbsm.com/pharmacy](https://bcbsm.com/pharmacy) and click on *Drug lists* for the most up-to-date information about this drug list.**

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to **bcbsm.com** and type “How health insurance works” in the search field.

**Send us your feedback:**

Please send your comments and suggestions about this list to:

Drug Information Services — Mail Code 512C

Blue Cross Blue Shield of Michigan

600 E. Lafayette Blvd.

Detroit, MI 48226-2998

# BCBSM Essential Select Drug List - January 2027

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| Drug Name                                      | Drug Tier   | Notes   |
|------------------------------------------------|-------------|---------|
| <b>Analgesics</b>                              |             |         |
| JOURNAVX                                       | Not covered | QL      |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>    |             |         |
| aspirin 81 oral tablet delayed release         | Preventive  | PV1     |
| aspirin adult low dose                         | Preventive  | PV1     |
| aspirin adult low strength                     | Preventive  | PV1     |
| aspirin childrens                              | Preventive  | PV1     |
| aspirin ec adult low dose                      | Preventive  | PV1     |
| aspirin ec low dose                            | Preventive  | PV1     |
| aspirin ec low strength                        | Preventive  | PV1     |
| aspirin low dose                               | Preventive  | PV1     |
| aspirin oral tablet delayed release 81 mg      | Preventive  | PV1     |
| aspirin regimen                                | Preventive  | PV1     |
| celecoxib oral                                 | 1           |         |
| COMBOGESIC ORAL                                | Not covered |         |
| COXANTO                                        | Not covered | QL      |
| DICLOFENAC PATCH 1.3%                          | Not covered | ABA; QL |
| diclofenac potassium oral capsule              | Not covered | QL      |
| diclofenac potassium oral tablet 25 mg         | Not covered |         |
| diclofenac potassium oral tablet 50 mg         | 1           |         |
| diclofenac sodium er                           | 1           |         |
| diclofenac sodium external solution 1.5 %      | 1           |         |
| diclofenac sodium external solution 2 %        | Not covered | QL      |
| diclofenac sodium oral                         | 1           |         |
| diclofenac-misoprostol                         | Not covered |         |
| diflunisal oral                                | 1           |         |
| DOLOBID                                        | Not covered |         |
| ELYXYB                                         | Not covered |         |
| etodolac                                       | 1           |         |
| etodolac er                                    | 1           |         |
| fenoprofen calcium oral capsule 200 mg, 400 mg | Not covered | QL      |
| fenoprofen calcium oral capsule 300 mg         | Not covered |         |
| fenopron                                       | Not covered |         |
| FLECTOR                                        | Not covered | QL      |
| flurbiprofen oral                              | 1           |         |

| Drug Name                                               | Drug Tier   | Notes  |
|---------------------------------------------------------|-------------|--------|
| ft aspirin adult low dose                               | Preventive  | PV1    |
| ft aspirin low dose                                     | Preventive  | PV1    |
| ft aspirin oral tablet chewable                         | Preventive  | PV1    |
| goodsense aspirin low dose                              | Preventive  | PV1    |
| ibuprofen oral suspension 100 mg/5ml                    | 1           |        |
| ibuprofen oral tablet 300 mg                            | Not covered |        |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg            | 1           |        |
| ibuprofen-famotidine                                    | Not covered | QL     |
| indomethacin er                                         | 1           |        |
| indomethacin oral capsule                               | 1           |        |
| indomethacin oral suspension                            | Not covered |        |
| INDOMETHACIN RECTAL SUPPOSITORY 100 MG                  | Not covered | QL     |
| indomethacin rectal suppository 50 mg                   | 1           | QL     |
| ketoprofen er                                           | 1           |        |
| ketoprofen oral capsule 25 mg                           | 1           | PA; QL |
| ketoprofen oral capsule 50 mg                           | 1           |        |
| ketoprofen oral capsule 75 mg                           | Not covered |        |
| ketorolac tromethamine injection solution 15 mg/ml      | 1           |        |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1           |        |
| ketorolac tromethamine oral                             | 1           | QL     |
| LICART                                                  | Not covered | QL     |
| meclofenamate sodium oral                               | 1           |        |
| mefenamic acid oral                                     | 1           |        |
| meloxicam oral capsule                                  | Not covered | QL     |
| MELOXICAM ORAL SUSPENSION                               | Not covered | ABA    |
| meloxicam oral tablet                                   | 1           |        |
| mm aspirin                                              | Preventive  | PV1    |
| nabumetone oral                                         | 1           |        |
| naproxen dr                                             | 1           |        |
| naproxen oral                                           | 1           |        |
| naproxen sodium er                                      | Not covered |        |
| naproxen sodium oral tablet 275 mg, 550 mg              | 1           |        |
| naproxen-esomeprazole mg                                | Not covered | QL     |
| ORUDIS                                                  | Not covered |        |

| Drug Name                                                                                 | Drug Tier   | Notes       |
|-------------------------------------------------------------------------------------------|-------------|-------------|
| OXAPROZIN ORAL CAPSULE                                                                    | Not covered | ABA; QL     |
| oxaprozin oral tablet                                                                     | 1           |             |
| piroxicam oral                                                                            | 1           |             |
| RELAFEN DS                                                                                | Not covered |             |
| salsalate oral                                                                            | 1           |             |
| SPRIX                                                                                     | Not covered | QL          |
| sulindac oral                                                                             | 1           |             |
| TOLECTIN 600                                                                              | Not covered |             |
| TOLECTIN DS                                                                               | Not covered |             |
| tolmetin sodium                                                                           | Not covered |             |
| VYSCOX                                                                                    | Not covered |             |
| ZYBIC                                                                                     | Not covered |             |
| <b>Opioid Analgesics, Long-acting</b>                                                     |             |             |
| BELBUCA                                                                                   | Not covered | QL          |
| buprenorphine                                                                             | 1           | QL          |
| CONZIP                                                                                    | Not covered |             |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1           | QL          |
| fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr                  | Not covered | QL          |
| hydrocodone bitartrate er oral capsule extended release 12 hour                           | 1           | PA; QL      |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent                          | Not covered | QL          |
| hydromorphone hcl er                                                                      | Not covered | QL          |
| levorphanol tartrate oral                                                                 | Not covered | QL          |
| methadone hcl intensol                                                                    | 1           |             |
| methadone hcl oral concentrate                                                            | 1           |             |
| methadone hcl oral solution                                                               | 1           |             |
| methadone hcl oral tablet                                                                 | 1           |             |
| morphine sulfate er                                                                       | 1           | QL          |
| morphine sulfate er beads                                                                 | Not covered | QL          |
| NUCYNTA ER                                                                                | 3           | PA; QL      |
| OXYCONTIN                                                                                 | Not covered | QL          |
| oxycodone hcl er                                                                          | 1           | PA; QL      |
| TAPENTADOL HCL ER                                                                         | 3           | PA; ABA; QL |

| Drug Name                                                               | Drug Tier   | Notes   |
|-------------------------------------------------------------------------|-------------|---------|
| TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR        | Not covered | ABA     |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour         | 1           |         |
| tramadol hcl er                                                         | 1           |         |
| TRAMADOL HCL ORAL SOLUTION                                              | Not covered | ABA; QL |
| XTAMPZA ER                                                              | 2           | PA; QL  |
| xyvona                                                                  | Not covered | QL      |
| <b>Opioid Analgesics, Short-acting</b>                                  |             |         |
| acetaminophen-codeine                                                   | 1           |         |
| ALLZITAL                                                                | Not covered |         |
| apap-caff-dihydrocodeine                                                | 1           |         |
| ascomp-codeine                                                          | 1           |         |
| bac (butalbital-acetamin-caff)                                          | 1           |         |
| butalbital-acetaminophen oral capsule                                   | Not covered |         |
| butalbital-acetaminophen oral tablet 50-300 mg                          | Not covered |         |
| butalbital-acetaminophen oral tablet 50-325 mg                          | 1           |         |
| butalbital-apap-caff-cod                                                | 1           |         |
| butalbital-apap-caffeine oral capsule                                   | Not covered |         |
| BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION                                  | Not covered |         |
| butalbital-apap-caffeine oral tablet                                    | 1           |         |
| butalbital-asa-caff-codeine                                             | 1           |         |
| butalbital-aspirin-caffeine                                             | 1           |         |
| butorphanol tartrate nasal                                              | 1           |         |
| codeine sulfate                                                         | 1           |         |
| endocet                                                                 | 1           |         |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml | 1           |         |
| hydrocodone-acetaminophen oral tablet                                   | 1           |         |
| hydrocodone-ibuprofen                                                   | 1           |         |
| hydromorphone hcl oral liquid 1 mg/ml                                   | 1           |         |
| hydromorphone hcl oral tablet                                           | 1           |         |
| hydromorphone hcl rectal                                                | 1           |         |
| meperidine hcl oral solution                                            | 1           |         |
| meperidine hcl oral tablet                                              | Not covered |         |

| Drug Name                                                                       | Drug Tier   | Notes  |
|---------------------------------------------------------------------------------|-------------|--------|
| morphine sulfate (concentrate) oral solution 100 mg/5ml                         | 1           |        |
| morphine sulfate oral                                                           | 1           |        |
| morphine sulfate rectal                                                         | 1           |        |
| nalbuphine hcl injection                                                        | 1           |        |
| NALOCET                                                                         | Not covered |        |
| oxycodone hcl oral capsule                                                      | 1           | QL     |
| oxycodone hcl oral concentrate                                                  | 1           | QL     |
| oxycodone hcl oral solution                                                     | 1           | QL     |
| oxycodone hcl oral tablet                                                       | 1           | QL     |
| OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG             | Not covered | ABA    |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION                                           | Not covered |        |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG | Not covered |        |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1           |        |
| oxymorphone hcl                                                                 | 1           | QL     |
| pentazocine-naloxone hcl                                                        | 1           |        |
| PROLATE                                                                         | Not covered |        |
| ROXYBOND                                                                        | Not covered |        |
| tapentadol hcl oral tablet                                                      | 1           | PA; QL |
| TENCON                                                                          | Not covered |        |
| tramadol hcl oral tablet 100 mg, 50 mg                                          | 1           |        |
| tramadol hcl oral tablet 25 mg, 75 mg                                           | Not covered |        |
| tramadol-acetaminophen                                                          | 1           |        |
| <b>Anesthetics</b>                                                              |             |        |
| <b>Local Anesthetics</b>                                                        |             |        |
| COCAINE HCL NASAL                                                               | Not covered |        |
| glydo                                                                           | 1           |        |
| lidocaine external ointment 5 %                                                 | Not covered |        |
| lidocaine external patch 5 %                                                    | Not covered |        |
| lidocaine hcl external solution                                                 | 1           |        |
| lidocaine hcl mouth/throat                                                      | 1           |        |
| lidocaine hcl urethral/mucosal external gel                                     | Not covered |        |

| Drug Name                                                 | Drug Tier   | Notes                      |
|-----------------------------------------------------------|-------------|----------------------------|
| lidocaine hcl urethral/mucosal external prefilled syringe | 1           |                            |
| lidocaine viscous hcl                                     | 1           |                            |
| lidocaine-prilocaine external cream                       | 1           |                            |
| NUMBRINO                                                  | Not covered |                            |
| PLIAGLIS                                                  | Not covered |                            |
| SALICOR                                                   | Not covered |                            |
| ZTLIDO                                                    | Not covered | QL                         |
| <b>Anti-Addiction/Substance Abuse Treatment Agents</b>    |             |                            |
| <b>Alcohol Deterrents/Anti-craving</b>                    |             |                            |
| acamprosate calcium                                       | 1           |                            |
| disulfiram oral                                           | 1           |                            |
| naltrexone hcl oral                                       | 1           |                            |
| <b>Opioid Dependence Treatments</b>                       |             |                            |
| buprenorphine hcl sublingual                              | 1           |                            |
| buprenorphine hcl-naloxone hcl                            | 1           | QL                         |
| lofexidine hcl                                            | Not covered | QL                         |
| ZUBSOLV                                                   | Not covered | QL                         |
| <b>Opioid Reversal Agents</b>                             |             |                            |
| ft naloxone hcl                                           | 1           | QL                         |
| KLOXXADO                                                  | 2           | QL                         |
| naloxone hcl injection                                    | 1           |                            |
| naloxone hcl nasal                                        | 1           | QL                         |
| NARCAN                                                    | Not covered | QL                         |
| OPVEE                                                     | 2           | QL                         |
| REXTOVY                                                   | 2           | QL                         |
| REZENOPY                                                  | Not covered | QL                         |
| RIVIVE                                                    | 2           | QL                         |
| ZURNAI                                                    | Not covered | QL                         |
| <b>Smoking Cessation Agents</b>                           |             |                            |
| bupropion hcl er (smoking det)                            | 1           | PV2; QL; AL (Min 18 Years) |
| ft nicotine                                               | Preventive  | PV1; QL; AL (Min 18 Years) |
| ft nicotine mini                                          | Preventive  | PV1; QL; AL (Min 18 Years) |
| goodsense nicotine mouth/throat gum                       | Preventive  | PV1; QL; AL (Min 18 Years) |
| goodsense nicotine mouth/throat lozenge 4 mg              | Preventive  | PV1; QL; AL (Min 18 Years) |

| Drug Name                                     | Drug Tier   | Notes                      |
|-----------------------------------------------|-------------|----------------------------|
| goodsense nicotine polacrilex                 | Preventive  | PV1; QL; AL (Min 18 Years) |
| habitrol                                      | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine mini                                 | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine polacrilex mini                      | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine polacrilex mouth/throat              | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine step 1                               | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine step 2                               | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine step 3                               | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine transdermal kit                      | Preventive  | PV1; QL; AL (Min 18 Years) |
| nicotine transdermal patch 24 hour 21 mg/24hr | Preventive  | PV1; QL; AL (Min 18 Years) |
| NICOTROL NS                                   | 3           | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate                          | 1           | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate (starter)                | 1           | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate(continue)                | 1           | PV2; QL; AL (Min 18 Years) |
| <b>Antibacterials</b>                         |             |                            |
| <b>Aminoglycosides</b>                        |             |                            |
| ARIKAYCE                                      | 4           | PA; SP; QL                 |
| gentamicin sulfate external                   | 1           |                            |
| HUMATIN                                       | Not covered |                            |
| neomycin sulfate oral                         | 1           |                            |
| <b>Antibacterials, Other</b>                  |             |                            |
| BLUJEP                                        | Not covered | QL                         |
| CLEOCIN VAGINAL SUPPOSITORY                   | 3           |                            |
| clindamycin hcl oral                          | 1           |                            |
| clindamycin palmitate hcl                     | 1           |                            |
| clindamycin phosphate vaginal                 | 1           |                            |
| CLINDESSE                                     | 3           |                            |
| fosfomycin tromethamine                       | 1           |                            |
| LIKMEZ                                        | 3           | QL                         |
| linezolid oral                                | 1           |                            |
| methenamine hippurate                         | 1           |                            |
| METHENAMINE MANDELATE ORAL SOLUTION           | Not covered |                            |
| metronidazole oral capsule                    | Not covered |                            |
| metronidazole oral tablet 125 mg              | Not covered |                            |
| metronidazole oral tablet 250 mg, 500 mg      | 1           |                            |

| Drug Name                                  | Drug Tier   | Notes  |
|--------------------------------------------|-------------|--------|
| metronidazole vaginal                      | 1           |        |
| mupirocin cream                            | Not covered |        |
| mupirocin ointment                         | 1           |        |
| NEO-SYNALAR                                | Not covered |        |
| nitrofurantoin macrocrystal                | 1           |        |
| nitrofurantoin monohydrate macrocrystals   | 1           |        |
| nitrofurantoin oral suspension 25 mg/5ml   | 1           |        |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML   | Not covered | ABA    |
| NUVESSA                                    | Not covered |        |
| ORLYNVAH                                   | Not covered | QL     |
| silver sulfadiazine external               | 1           |        |
| SIVEXTRO ORAL                              | Not covered | QL     |
| SOLOSEC                                    | Not covered | QL     |
| ssd                                        | 1           |        |
| SULFAMYLON                                 | 3           |        |
| tinidazole oral                            | 1           | QL     |
| trimethoprim oral                          | 1           |        |
| vancomycin hcl oral capsule                | 1           |        |
| vancomycin hcl oral solution reconstituted | 1           | QL     |
| VANDAZOLE                                  | 3           |        |
| XACIATO                                    | Not covered |        |
| XEPI                                       | Not covered | QL     |
| XIFAXAN ORAL TABLET 200 MG                 | 3           | QL     |
| XIFAXAN ORAL TABLET 550 MG                 | 5           | PA; QL |
| <b>Beta-lactam, Cephalosporins</b>         |             |        |
| cefaclor                                   | 1           |        |
| cefaclor er                                | 1           |        |
| cefadroxil                                 | 1           |        |
| cefdinir                                   | 1           |        |
| cefixime oral capsule                      | 1           |        |
| cefixime oral suspension reconstituted     | 1           |        |
| CEFIXIME ORAL TABLET                       | Not covered |        |
| cefpodoxime proxetil                       | 1           |        |
| cefprozil                                  | 1           |        |
| cefuroxime axetil                          | 1           |        |

| Drug Name                                                      | Drug Tier   | Notes |
|----------------------------------------------------------------|-------------|-------|
| cephalexin                                                     | 1           |       |
| <b>Beta-lactam, Penicillins</b>                                |             |       |
| amoxicillin                                                    | 1           |       |
| amoxicillin trihydrate oral                                    | 1           |       |
| amoxicillin-potassium clavulanate                              | 1           |       |
| amoxicillin-potassium clavulanate er                           | 1           |       |
| ampicillin                                                     | 1           |       |
| AUGMENTIN                                                      | Not covered |       |
| dicloxacillin sodium                                           | 1           |       |
| penicillin v potassium                                         | 1           |       |
| PIVYA                                                          | Not covered | QL    |
| <b>Macrolides</b>                                              |             |       |
| azithromycin oral                                              | 1           |       |
| clarithromycin er                                              | 1           |       |
| clarithromycin oral                                            | 1           |       |
| DIFICID ORAL SUSPENSION<br>RECONSTITUTED                       | Not covered | QL    |
| E.E.S. 400                                                     | Not covered |       |
| erythromycin base oral                                         | 1           |       |
| erythromycin ethylsuccinate oral suspension<br>reconstituted   | 1           |       |
| erythromycin oral                                              | 1           |       |
| fidaxomicin                                                    | 4           | QL    |
| <b>Quinolones</b>                                              |             |       |
| BAXDELA ORAL                                                   | Not covered |       |
| CIPRO ORAL SUSPENSION<br>RECONSTITUTED                         | Not covered |       |
| ciprofloxacin hcl oral                                         | 1           |       |
| levofloxacin oral                                              | 1           |       |
| moxifloxacin hcl oral                                          | 1           |       |
| ofloxacin oral                                                 | 1           |       |
| <b>Sulfonamides</b>                                            |             |       |
| sulfadiazine oral                                              | 1           |       |
| sulfamethoxazole-trimethoprim oral suspension<br>200-40 mg/5ml | 1           |       |
| sulfamethoxazole-trimethoprim oral tablet                      | 1           |       |
| sulfatrim pediatric                                            | 1           |       |

| Drug Name                                                                            | Drug Tier   | Notes      |
|--------------------------------------------------------------------------------------|-------------|------------|
| <b>Tetracyclines</b>                                                                 |             |            |
| demeclocycline hcl                                                                   | 1           |            |
| DORYX MPC                                                                            | Not covered |            |
| doxycycline hyclate oral capsule 100 mg, 50 mg                                       | 1           |            |
| doxycycline hyclate oral capsule 75 mg                                               | Not covered |            |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg                                 | 1           |            |
| doxycycline hyclate oral tablet 150 mg                                               | Not covered | QL         |
| doxycycline hyclate oral tablet 50 mg                                                | Not covered |            |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | Not covered |            |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG                                | Not covered | ABA        |
| doxycycline monohydrate oral capsule 100 mg, 50 mg                                   | 1           |            |
| doxycycline monohydrate oral capsule 150 mg                                          | 1           | ST         |
| doxycycline monohydrate oral capsule 75 mg                                           | Not covered |            |
| doxycycline monohydrate oral suspension reconstituted                                | 1           |            |
| doxycycline monohydrate oral tablet                                                  | 1           |            |
| minocycline hcl er                                                                   | Not covered |            |
| minocycline hcl oral                                                                 | 1           |            |
| NUZYRA ORAL                                                                          | 5           | QL         |
| SEYSARA                                                                              | Not covered |            |
| tetracycline hcl oral capsule                                                        | 1           |            |
| TETRACYCLINE HCL ORAL TABLET                                                         | Not covered |            |
| <b>Anticonvulsants</b>                                                               |             |            |
| <b>Anticonvulsants, Other</b>                                                        |             |            |
| brivaracetam oral                                                                    | 3           | PA; QL     |
| ELEPSIA XR                                                                           | Not covered | QL         |
| EPIDIOLEX                                                                            | 5           | PA; SP; QL |
| FINTEPLA                                                                             | 5           | PA; SP; QL |
| levetiracetam er                                                                     | 1           |            |
| levetiracetam oral solution 100 mg/ml                                                | 1           |            |
| levetiracetam oral tablet                                                            | 1           |            |
| LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE                                     | Not covered | ABA; QL    |

| Drug Name                                               | Drug Tier   | Notes      |
|---------------------------------------------------------|-------------|------------|
| roweepra                                                | 1           |            |
| SPRITAM                                                 | Not covered | QL         |
| <b>Calcium Channel Modifying Agents</b>                 |             |            |
| ethosuximide oral                                       | 1           |            |
| methsuximide                                            | 1           |            |
| ZONISADE                                                | 3           | PA; QL     |
| zonisamide oral                                         | 1           |            |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b> |             |            |
| clobazam oral suspension 2.5 mg/ml                      | 1           | QL         |
| clobazam oral tablet                                    | 1           | QL         |
| DIACOMIT                                                | 5           | PA; SP; QL |
| diazepam rectal                                         | 1           |            |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg          | 1           |            |
| gabapentin oral capsule 200 mg                          | Not covered |            |
| gabapentin oral solution                                | 1           |            |
| gabapentin oral tablet 600 mg, 800 mg                   | 1           |            |
| GABARONE                                                | Not covered |            |
| NAYZILAM                                                | 4           | QL         |
| phenobarbital oral                                      | 1           |            |
| primidone oral                                          | 1           |            |
| RELGAABI ORAL CAPSULE 200 MG                            | Not covered |            |
| SYMPAZAN                                                | Not covered | QL         |
| tiagabine hcl                                           | 1           |            |
| valproic acid oral capsule                              | 1           |            |
| valproic acid oral solution 250 mg/5ml                  | 1           |            |
| VALTOCO 10 MG DOSE                                      | 4           | QL         |
| VALTOCO 15 MG DOSE                                      | 4           | QL         |
| VALTOCO 20 MG DOSE                                      | 4           | QL         |
| VALTOCO 5 MG DOSE                                       | 4           | QL         |
| vigabatrin                                              | 4           | PA; SP; QL |
| VIGAFYDE                                                | Not covered | SP; QL     |
| XCOPRI                                                  | 5           | PA; QL     |
| ZTALMY                                                  | 4           | PA; SP; QL |

| Drug Name                                           | Drug Tier   | Notes  |
|-----------------------------------------------------|-------------|--------|
| <b>Glutamate Reducing Agents</b>                    |             |        |
| felbamate                                           | 1           |        |
| LAMICTAL XR ORAL KIT                                | Not covered |        |
| lamotrigine er                                      | 1           |        |
| lamotrigine odt                                     | 1           |        |
| lamotrigine oral                                    | 1           |        |
| lamotrigine starter kit-blue                        | 1           |        |
| lamotrigine starter kit-green                       | 1           |        |
| lamotrigine starter kit-orange                      | 1           |        |
| perampanel                                          | 3           | QL     |
| SUBVENITE ORAL SUSPENSION                           | Not covered |        |
| subvenite oral tablet                               | 1           |        |
| subvenite starter kit-blue                          | 1           |        |
| subvenite starter kit-green                         | 1           |        |
| subvenite starter kit-orange                        | 1           |        |
| topiramate er oral capsule er 24 hour sprinkle      | 1           | PA; QL |
| topiramate er oral capsule extended release 24 hour | Not covered | QL     |
| topiramate oral capsule sprinkle                    | 1           |        |
| topiramate oral solution 25 mg/ml                   | 1           | PA; QL |
| topiramate oral tablet                              | 1           |        |
| <b>Sodium Channel Agents</b>                        |             |        |
| carbamazepine er                                    | 1           |        |
| carbamazepine oral suspension 100 mg/5ml            | 1           |        |
| carbamazepine oral tablet                           | 1           |        |
| carbamazepine oral tablet chewable                  | 1           |        |
| DILANTIN ORAL CAPSULE 30 MG                         | 2           |        |
| eslicarbazepine acetate                             | Not covered | QL     |
| lacosamide oral solution 10 mg/ml                   | 1           |        |
| lacosamide oral tablet                              | 1           | QL     |
| MOTPOLY XR                                          | Not covered | QL     |
| oxcarbazepine                                       | 1           |        |
| oxcarbazepine er                                    | Not covered | QL     |
| phenytek                                            | 1           |        |
| phenytoin infatabs                                  | 1           |        |
| phenytoin oral suspension 125 mg/5ml                | 1           |        |

| Drug Name                                                                 | Drug Tier   | Notes   |
|---------------------------------------------------------------------------|-------------|---------|
| phenytoin oral tablet chewable                                            | 1           |         |
| phenytoin sodium extended                                                 | 1           |         |
| rufinamide oral suspension 40 mg/ml                                       | 1           |         |
| rufinamide oral tablet                                                    | 1           | PA; QL  |
| <b>Antidementia Agents</b>                                                |             |         |
| <b>Antidementia Agents, Other</b>                                         |             |         |
| memantine hcl-donepezil hcl er                                            | Not covered | QL      |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG                    | Not covered | QL      |
| <b>Cholinesterase Inhibitors</b>                                          |             |         |
| donepezil hcl oral tablet 10 mg, 5 mg                                     | 1           |         |
| donepezil hcl oral tablet 23 mg                                           | Not covered | QL      |
| donepezil hcl oral tablet dispersible                                     | 1           |         |
| galantamine hydrobromide                                                  | 1           |         |
| galantamine hydrobromide er                                               | 1           |         |
| rivastigmine                                                              | 1           |         |
| rivastigmine tartrate                                                     | 1           |         |
| ZUNVEYL                                                                   | Not covered |         |
| <b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>                    |             |         |
| memantine hcl er                                                          | 1           | QL      |
| memantine hcl oral solution 2 mg/ml                                       | 1           |         |
| memantine hcl oral tablet 10 mg, 5 mg                                     | 1           |         |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg                          | 1           | QL      |
| <b>Antidepressants</b>                                                    |             |         |
| <b>Antidepressants, Other</b>                                             |             |         |
| APLENZIN                                                                  | Not covered |         |
| AUVELITY                                                                  | Not covered | QL      |
| AUVELITY TITRATION PACK                                                   | Not covered | QL      |
| bupropion hcl er (sr)                                                     | 1           |         |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1           |         |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG         | Not covered | ABA; QL |
| bupropion hcl oral                                                        | 1           |         |
| chlordiazepoxide-amitriptyline                                            | 1           |         |

| Drug Name                                                                                                   | Drug Tier   | Notes  |
|-------------------------------------------------------------------------------------------------------------|-------------|--------|
| EXXUA                                                                                                       | Not covered | QL     |
| EXXUA TITRATION PACK                                                                                        | Not covered | QL     |
| mirtazapine oral                                                                                            | 1           |        |
| olanzapine-fluoxetine hcl                                                                                   | 1           |        |
| perphenazine-amitriptyline                                                                                  | 1           |        |
| ZURZUVAE                                                                                                    | Not covered | QL     |
| <b>Monoamine Oxidase Inhibitors</b>                                                                         |             |        |
| EMSAM                                                                                                       | 5           | PA; QL |
| MARPLAN                                                                                                     | Not covered |        |
| phenelzine sulfate oral                                                                                     | 1           |        |
| tranylcypromine sulfate                                                                                     | 1           |        |
| <b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b> |             |        |
| citalopram hydrobromide oral capsule                                                                        | Not covered | QL     |
| citalopram hydrobromide oral solution 10 mg/5ml                                                             | 1           |        |
| citalopram hydrobromide oral tablet                                                                         | 1           |        |
| DESVENLAFAXINE ER                                                                                           | Not covered |        |
| desvenlafaxine succinate er                                                                                 | 1           |        |
| DRIZALMA SPRINKLE                                                                                           | Not covered | QL     |
| duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg                                  | Not covered | QL     |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg                                   | 1           |        |
| duloxetine hcl oral capsule delayed release particles 40 mg                                                 | Not covered |        |
| ESCITALOPRAM OXALATE ORAL CAPSULE                                                                           | Not covered |        |
| escitalopram oxalate oral solution                                                                          | 1           |        |
| escitalopram oxalate oral tablet                                                                            | 1           |        |
| FETZIMA                                                                                                     | Not covered | QL     |
| FETZIMA TITRATION                                                                                           | Not covered | QL     |
| fluoxetine hcl (pmdd)                                                                                       | 1           |        |
| fluoxetine hcl oral                                                                                         | 1           |        |
| fluvoxamine maleate                                                                                         | 1           |        |
| fluvoxamine maleate er                                                                                      | 1           |        |
| nefazodone hcl                                                                                              | 1           |        |

| Drug Name                                                | Drug Tier   | Notes  |
|----------------------------------------------------------|-------------|--------|
| paroxetine hcl                                           | 1           |        |
| paroxetine hcl er                                        | 1           |        |
| paroxetine mesylate                                      | Not covered | QL     |
| RALDESY                                                  | Not covered |        |
| sertraline hcl oral capsule                              | Not covered | QL     |
| sertraline hcl oral concentrate                          | 1           |        |
| sertraline hcl oral tablet                               | 1           |        |
| trazodone hcl oral                                       | 1           |        |
| TRINTELLIX                                               | 3           | ST; QL |
| VENLAFAXINE BESYLATE ER                                  | Not covered | QL     |
| venlafaxine hcl                                          | 1           |        |
| venlafaxine hcl er oral capsule extended release 24 hour | 1           |        |
| venlafaxine hcl er oral tablet extended release 24 hour  | Not covered |        |
| vilazodone hcl                                           | 1           |        |
| <b>Tricyclics</b>                                        |             |        |
| amitriptyline hcl oral                                   | 1           |        |
| amoxapine                                                | 1           |        |
| clomipramine hcl oral                                    | 1           |        |
| desipramine hcl oral                                     | 1           |        |
| doxepin hcl oral capsule                                 | 1           |        |
| doxepin hcl oral concentrate                             | 1           |        |
| imipramine hcl oral                                      | 1           |        |
| imipramine pamoate                                       | 1           |        |
| nortriptyline hcl oral                                   | 1           |        |
| protriptyline hcl                                        | 1           |        |
| trimipramine maleate oral                                | 1           |        |
| <b>Antiemetics</b>                                       |             |        |
| <b>Antiemetics, Other</b>                                |             |        |
| BONJESTA                                                 | Not covered | QL     |
| doxylamine-pyridoxine                                    | Not covered | QL     |
| GIMOTI                                                   | Not covered | QL     |
| meclizine hcl oral                                       | Not covered |        |
| metoclopramide hcl oral solution 5 mg/5ml                | 1           |        |
| metoclopramide hcl oral tablet                           | 1           |        |

| Drug Name                                          | Drug Tier   | Notes   |
|----------------------------------------------------|-------------|---------|
| perphenazine oral                                  | 1           |         |
| prochlorperazine                                   | 1           |         |
| prochlorperazine maleate oral                      | 1           |         |
| promethazine hcl oral solution 6.25 mg/5ml         | 1           |         |
| promethazine hcl oral tablet                       | 1           |         |
| promethazine hcl rectal                            | 1           |         |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG               | Not covered |         |
| scopolamine                                        | 1           |         |
| trimethobenzamide hcl oral                         | 1           |         |
| <b>Emetogenic Therapy Adjuncts</b>                 |             |         |
| AKYNZEO                                            | 3           | PA; OVM |
| aprepitant                                         | 3           | QL      |
| dronabinol oral capsule                            | 1           |         |
| DRONABINOL ORAL SOLUTION                           | Not covered |         |
| EMEND ORAL                                         | Not covered | QL      |
| granisetron hcl oral                               | 1           | QL      |
| NEREUS                                             | Not covered | QL      |
| ondansetron hcl oral solution 4 mg/5ml             | 1           |         |
| ondansetron hcl oral tablet 24 mg                  | Not covered | QL      |
| ondansetron hcl oral tablet 4 mg, 8 mg             | 1           | QL      |
| ondansetron odt oral tablet dispersible 16 mg      | Not covered | QL      |
| ondansetron odt oral tablet dispersible 4 mg, 8 mg | 1           | QL      |
| SANCUSO                                            | Not covered |         |
| SYNDROS                                            | Not covered |         |
| VARUBI (180 MG DOSE)                               | 3           | PA; OVM |
| <b>Antifungals</b>                                 |             |         |
| ciclodan                                           | 1           |         |
| ciclopirox external                                | 1           |         |
| ciclopirox olamine external                        | 1           |         |
| clotrimazole external                              | 1           |         |
| clotrimazole mouth/throat                          | 1           |         |
| clotrimazole-betamethasone                         | 1           |         |
| CRESEMBA ORAL                                      | 4           | QL      |
| econazole nitrate external cream                   | 1           |         |

| Drug Name                                              | Drug Tier   | Notes       |
|--------------------------------------------------------|-------------|-------------|
| ECONAZOLE NITRATE EXTERNAL FOAM                        | Not covered | ABA; QL     |
| ECOZA                                                  | Not covered | QL          |
| ERTACZO                                                | Not covered |             |
| EXELDERM                                               | Not covered |             |
| fluconazole oral                                       | 1           |             |
| flucytosine oral                                       | 1           |             |
| griseofulvin microsize oral                            | 1           |             |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | 1           |             |
| griseofulvin ultramicrosize oral tablet 165 mg         | Not covered |             |
| GYNAZOLE-1                                             | 3           |             |
| itraconazole oral                                      | 1           |             |
| JUBLIA                                                 | Not covered | QL          |
| ketoconazole external                                  | 1           |             |
| ketoconazole oral                                      | 1           |             |
| ketodan                                                | 1           |             |
| klayesta                                               | 1           |             |
| LULICONAZOLE                                           | 3           | PA; ABA; QL |
| LUZU                                                   | Not covered | QL          |
| miconazole 3 vaginal suppository                       | 1           |             |
| MICONAZOLE-ZINC OXIDE-PETROLAT                         | Not covered | ABA; QL     |
| naftifine hcl external cream                           | 1           | QL          |
| naftifine hcl external gel                             | Not covered | QL          |
| NOXAFIL                                                | Not covered | QL          |
| nystatin external                                      | 1           |             |
| nystatin mouth/throat suspension 100000 unit/ml        | 1           |             |
| nystatin oral                                          | 1           |             |
| nystatin-triamcinolone                                 | 1           |             |
| nystop                                                 | 1           |             |
| ORAVIG                                                 | Not covered | QL          |
| oxiconazole nitrate                                    | 1           | PA; QL      |
| OXISTAT                                                | Not covered | QL          |
| posaconazole oral                                      | 4           | QL          |
| SULCONAZOLE NITRATE                                    | 3           | ABA         |
| tavaborole                                             | Not covered | QL          |
| terbinafine hcl oral                                   | 1           |             |

| Drug Name                                                         | Drug Tier   | Notes  |
|-------------------------------------------------------------------|-------------|--------|
| terconazole                                                       | 1           |        |
| TOLSURA                                                           | Not covered |        |
| VIVJOA                                                            | Not covered | QL     |
| voriconazole intravenous solution                                 | Not covered |        |
| voriconazole oral                                                 | 1           |        |
| VUSION                                                            | Not covered | QL     |
| <b>Antigout Agents</b>                                            |             |        |
| allopurinol oral tablet 100 mg, 300 mg                            | 1           |        |
| allopurinol oral tablet 200 mg                                    | Not covered |        |
| colchicine oral capsule                                           | Not covered |        |
| colchicine oral tablet                                            | 1           |        |
| colchicine-probenecid                                             | 1           |        |
| febuxostat                                                        | 1           | QL     |
| GLOPERBA                                                          | Not covered | QL     |
| probenecid                                                        | 1           |        |
| <b>Antimigraine Agents</b>                                        |             |        |
| diclofenac potassium(migraine)                                    | Not covered | QL     |
| SYMBRAVO                                                          | Not covered |        |
| <b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b> |             |        |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML   | 2           | PA; QL |
| AJOVY                                                             | Not covered | QL     |
| EMGALITY                                                          | 2           | PA; QL |
| NURTEC                                                            | 2           | PA; QL |
| QULIPTA                                                           | 2           | PA; QL |
| UBRELVY                                                           | 2           | PA; QL |
| ZAVZPRET                                                          | Not covered | QL     |
| <b>Ergot Alkaloids</b>                                            |             |        |
| BREKIYA                                                           | Not covered | QL     |
| dihydroergotamine mesylate injection                              | 1           | QL     |
| dihydroergotamine mesylate nasal                                  | Not covered | QL     |
| ERGOMAR                                                           | Not covered | QL     |
| ergotamine-caffeine                                               | 1           | QL     |
| MIGERGOT                                                          | Not covered | QL     |
| TRUDHESA                                                          | Not covered | QL     |

| Drug Name                                                                     | Drug Tier   | Notes      |
|-------------------------------------------------------------------------------|-------------|------------|
| <b>Serotonin (5-HT) Receptor Agonists</b>                                     |             |            |
| almotriptan malate                                                            | Not covered | QL         |
| eletriptan hydrobromide                                                       | 1           | QL         |
| frovatriptan succinate                                                        | 1           | ST; QL     |
| IMITREX STATDOSE REFILL                                                       | Not covered | QL         |
| IMITREX STATDOSE SYSTEM<br>SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 4 MG/0.5ML | Not covered | QL         |
| naratriptan hcl                                                               | 1           | QL         |
| ONZETRA XSAIL                                                                 | Not covered | QL         |
| rizatriptan benzoate                                                          | 1           | QL         |
| sumatriptan nasal                                                             | 1           | QL         |
| sumatriptan succinate oral                                                    | 1           | QL         |
| sumatriptan succinate subcutaneous solution                                   | 1           | QL         |
| sumatriptan succinate subcutaneous solution<br>auto-injector                  | Not covered | QL         |
| sumatriptan-naproxen sodium                                                   | Not covered | QL         |
| TOSYMRA                                                                       | Not covered | QL         |
| ZEMBRACE SYMTOUCH                                                             | Not covered | QL         |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG                                            | Not covered | ABA; QL    |
| zolmitriptan nasal solution 5 mg                                              | Not covered | QL         |
| zolmitriptan oral                                                             | 1           | QL         |
| ZOMIG NASAL SOLUTION 2.5 MG                                                   | Not covered | QL         |
| <b>Antimyasthenic Agents</b>                                                  |             |            |
| <b>Parasympathomimetics</b>                                                   |             |            |
| pyridostigmine bromide er oral tablet extended<br>release                     | 1           |            |
| pyridostigmine bromide oral solution                                          | 1           |            |
| pyridostigmine bromide oral tablet 30 mg                                      | Not covered |            |
| pyridostigmine bromide oral tablet 60 mg                                      | 1           |            |
| VYVGART HYTRULO SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                    | 5           | PA; SP; QL |
| <b>Antimycobacterials</b>                                                     |             |            |
| <b>Antimycobacterials, Other</b>                                              |             |            |
| dapsone oral                                                                  | 1           |            |
| rifabutin                                                                     | 1           |            |

| Drug Name                                       | Drug Tier   | Notes             |
|-------------------------------------------------|-------------|-------------------|
| <b>Antituberculars</b>                          |             |                   |
| cycloserine oral                                | 1           |                   |
| ethambutol hcl oral                             | 1           |                   |
| isoniazid oral                                  | 1           |                   |
| PRETOMANID                                      | 2           | QL                |
| pyrazinamide oral                               | 1           |                   |
| rifampin oral                                   | 1           |                   |
| rifapentine                                     | Not covered |                   |
| SIRTURO                                         | 2           | PA; QL            |
| <b>Antineoplastics</b>                          |             |                   |
| <b>Alkylating Agents</b>                        |             |                   |
| cyclophosphamide oral capsule                   | 1           |                   |
| CYCLOPHOSPHAMIDE ORAL TABLET                    | Not covered | ABA               |
| LEUKERAN                                        | 3           |                   |
| lomustine                                       | 1           |                   |
| MATULANE                                        | 4           | SP                |
| MYLERAN                                         | 3           |                   |
| temozolomide                                    | 4           | SP                |
| VALCHLOR                                        | 5           | PA; SP; OVM       |
| <b>Antiandrogens</b>                            |             |                   |
| abiraterone acetate oral tablet 500 mg          | Not covered | SP                |
| abiraterone acetate tablet 250 mg oral (Civica) | 4           | SP                |
| abiraterone acetate tablet 250 mg oral          | Not covered | SP                |
| abirtega                                        | 4           | SP                |
| bicalutamide                                    | 1           |                   |
| ERLEADA                                         | 5           | PA; SP; OVM       |
| EULEXIN                                         | 5           | PA; 15DS; SP; OVM |
| nilutamide                                      | 1           | PA; OVM           |
| NUBEQA                                          | 5           | PA; 15DS; SP; OVM |
| ORGOVYX                                         | 5           | PA; SP; OVM       |
| XTANDI                                          | 4           | PA; 15DS; SP; OVM |
| YONSA                                           | Not covered | SP                |
| <b>Antiangiogenic Agents</b>                    |             |                   |
| lenalidomide                                    | 4           | SP; QL            |
| pomalidomide                                    | 4           | PA; SP; OVM       |
| THALOMID                                        | 4           | SP                |

| Drug Name                          | Drug Tier   | Notes             |
|------------------------------------|-------------|-------------------|
| <b>Antiestrogens/Modifiers</b>     |             |                   |
| fulvestrant                        | 1           |                   |
| INLURIYO                           | 4           | PA; 15DS; SP; OVM |
| ORSERDU                            | 5           | PA; 15DS; SP; OVM |
| SOLTAMOX                           | Not covered |                   |
| tamoxifen citrate oral             | 1           | PV3; QL           |
| toremifene citrate                 | 1           |                   |
| VEPPANU                            | Not covered | SP                |
| <b>Antimetabolites</b>             |             |                   |
| capecitabine                       | 4           | SP                |
| DROXIA                             | 5           | PA                |
| hydroxyurea oral                   | 1           |                   |
| mercaptopurine oral suspension     | 4           | SP                |
| mercaptopurine oral tablet         | 1           |                   |
| SIKLOS                             | Not covered |                   |
| TABLOID                            | 5           |                   |
| XROMI                              | Not covered | QL                |
| <b>Antineoplastics, Other</b>      |             |                   |
| AKEEGA                             | Not covered | 15DS; SP          |
| BESREMI                            | 4           | PA; 15DS; SP; OVM |
| BESREMI PEN                        | 4           | PA; 15DS; SP; OVM |
| COPIKTRA                           | 4           | PA; SP; OVM       |
| diclofenac sodium external gel 3 % | 1           | PA; QL            |
| FLUOROURACIL EXTERNAL CREAM 0.5 %  | Not covered | ABA; QL           |
| fluorouracil external cream 5 %    | 1           |                   |
| fluorouracil external solution     | 1           |                   |
| INREBIC                            | 5           | PA; 15DS; SP; OVM |
| KISQALI (200 MG DOSE)              | 4           | PA; SP; OVM       |
| KISQALI (400 MG DOSE)              | 4           | PA; SP; OVM       |
| KISQALI (600 MG DOSE)              | 4           | PA; SP; OVM       |
| KLISYRI (250 MG)                   | 3           | PA; QL            |
| KLISYRI (350 MG)                   | 3           | PA; QL            |
| KOMZIFTI                           | 4           | PA; 15DS; SP; OVM |
| KRAZATI                            | 4           | PA; 15DS; SP; OVM |
| lederle leucovorin                 | 1           | PA; QL            |
| leucovorin calcium oral            | 1           | PA; QL            |

| Drug Name                                   | Drug Tier   | Notes             |
|---------------------------------------------|-------------|-------------------|
| LIFYORLI (125 MG DOSE)                      | 5           | PA; SP; OVM       |
| LIFYORLI (150 MG DOSE)                      | 5           | PA; SP; OVM       |
| LONSURF                                     | 4           | PA; SP; OVM       |
| LUMAKRAS                                    | 4           | PA; 15DS; SP; OVM |
| MODEYSO                                     | 4           | PA; 15DS; SP; OVM |
| NINLARO                                     | 4           | PA; SP; OVM       |
| OJJAARA                                     | 5           | PA; SP; OVM       |
| ONUREG                                      | 4           | PA; SP; OVM       |
| PIQRAY                                      | 4           | PA; SP; OVM       |
| REVUFORJ                                    | 4           | PA; 15DS; SP; OVM |
| ROMIDEPSIN INTRAVENOUS SOLUTION             | Not covered |                   |
| TOLAK                                       | Not covered | QL                |
| VERZENIO                                    | 4           | PA; 15DS; SP; OVM |
| VONJO                                       | 4           | PA; SP; OVM       |
| WELIREG                                     | 4           | PA; 15DS; SP; OVM |
| XPOVIO (100 MG ONCE WEEKLY)                 | 4           | PA; SP; OVM       |
| XPOVIO (40 MG ONCE WEEKLY)                  | 4           | PA; SP; OVM       |
| XPOVIO (40 MG TWICE WEEKLY)                 | 4           | PA; SP; OVM       |
| XPOVIO (60 MG ONCE WEEKLY)                  | 4           | PA; SP; OVM       |
| XPOVIO (60 MG TWICE WEEKLY)                 | 4           | PA; SP; OVM       |
| XPOVIO (80 MG ONCE WEEKLY)                  | 4           | PA; SP; OVM       |
| XPOVIO (80 MG TWICE WEEKLY)                 | 4           | PA; SP; OVM       |
| ZOLINZA                                     | 4           | PA; 15DS; SP; OVM |
| <b>Aromatase Inhibitors, 3rd Generation</b> |             |                   |
| anastrozole oral                            | 1           | PV3; QL           |
| exemestane                                  | 1           | PV3; QL           |
| letrozole oral                              | 1           |                   |
| <b>Enzyme Inhibitors</b>                    |             |                   |
| BALVERSA                                    | 4           | PA; 15DS; SP; OVM |
| etoposide oral                              | 1           |                   |
| HYCAMTIN ORAL                               | 4           | SP                |
| LYTGOBI (12 MG DAILY DOSE)                  | 4           | PA; 15DS; SP; OVM |
| LYTGOBI (16 MG DAILY DOSE)                  | 4           | PA; 15DS; SP; OVM |
| LYTGOBI (20 MG DAILY DOSE)                  | 4           | PA; 15DS; SP; OVM |
| OJEMDA ORAL SUSPENSION<br>RECONSTITUTED     | 4           | PA; 15DS; SP; OVM |

| Drug Name                                          | Drug Tier   | Notes             |
|----------------------------------------------------|-------------|-------------------|
| OJEMDA ORAL TABLET                                 | 4           | PA; SP; OVM       |
| PEMAZYRE                                           | 4           | PA; SP; OVM       |
| RUBRACA                                            | Not covered | SP                |
| TALZENNA                                           | 5           | PA; 15DS; SP; OVM |
| VORANIGO                                           | 4           | PA; 15DS; SP; OVM |
| ZEJULA                                             | 4           | PA; SP; OVM       |
| <b>Molecular Target Inhibitors</b>                 |             |                   |
| ALECENSA                                           | 4           | PA; SP; OVM       |
| ALUNBRIG                                           | 4           | PA; SP; OVM       |
| AUGTYRO                                            | 5           | PA; 15DS; SP; OVM |
| AVMAPKI FAKZYNJA CO-PACK                           | 4           | PA; SP; OVM       |
| AYVAKIT                                            | 4           | PA; 15DS; SP; OVM |
| BOSULIF ORAL CAPSULE                               | 4           | PA; SP; OVM       |
| bosutinib                                          | 4           | PA; 15DS; SP; OVM |
| BRAFTOVI                                           | 4           | PA; SP; OVM       |
| BRUKINSA                                           | 5           | PA; 15DS; SP; OVM |
| CABOMETYX                                          | 4           | PA; 15DS; SP; OVM |
| CALQUENCE                                          | 4           | PA; 15DS; SP; OVM |
| CAPRELSA                                           | 4           | PA; 15DS; SP; OVM |
| COMETRIQ                                           | 4           | PA; SP; OVM       |
| COTELLIC                                           | 4           | PA; SP; OVM       |
| DANZITEN                                           | Not covered | SP                |
| dasatinib                                          | 4           | PA; 15DS; SP; OVM |
| DAURISMO                                           | 4           | PA; 15DS; SP; OVM |
| ENSACOVE                                           | 4           | PA; SP; OVM       |
| ERIVEDGE                                           | 4           | PA; 15DS; SP; OVM |
| erlotinib hcl                                      | 4           | PA; 15DS; SP; OVM |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 4           | PA; 15DS; SP; OVM |
| everolimus oral tablet soluble                     | 4           | PA; 15DS; SP; OVM |
| FOTIVDA                                            | 4           | PA; SP; OVM       |
| FRUZAQLA                                           | 5           | PA; SP; OVM       |
| GAVRETO                                            | 4           | PA; 15DS; SP; OVM |
| gefitinib                                          | 4           | PA; SP; OVM       |
| GILOTRIF                                           | 4           | PA; SP; OVM       |
| GOMEKLI                                            | 5           | PA; SP; OVM       |

| Drug Name                                                                                                                            | Drug Tier   | Notes             |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| HERNEXEOS                                                                                                                            | 4           | PA; 15DS; SP; OVM |
| HYRNUO                                                                                                                               | 4           | PA; SP; OVM       |
| IBRANCE                                                                                                                              | 4           | PA; SP; OVM       |
| IBTROZI                                                                                                                              | 5           | PA; 15DS; SP; OVM |
| ICLUSIG                                                                                                                              | 4           | PA; 15DS; SP; OVM |
| IDHIFA                                                                                                                               | 4           | PA; SP; OVM       |
| imatinib mesylate oral                                                                                                               | 4           | SP                |
| IMBRUVICA ORAL CAPSULE                                                                                                               | 4           | PA; 15DS; SP; OVM |
| IMBRUVICA ORAL SUSPENSION                                                                                                            | 4           | PA; SP; OVM       |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG                                                                                                 | Not covered | SP                |
| IMBRUVICA ORAL TABLET 420 MG                                                                                                         | 4           | PA; SP; OVM       |
| IMKELDI                                                                                                                              | Not covered | SP                |
| INLYTA                                                                                                                               | 4           | PA; 15DS; SP; OVM |
| INQOVI                                                                                                                               | 4           | PA; SP; OVM       |
| ITOVEBI                                                                                                                              | 4           | PA; 15DS; SP; OVM |
| JAKAFI                                                                                                                               | 4           | PA; 15DS; SP; OVM |
| JAKAFI XR                                                                                                                            | Not covered | SP                |
| JAYPIRCA                                                                                                                             | 4           | PA; 15DS; SP; OVM |
| KOSELUGO                                                                                                                             | 4           | PA; SP; OVM       |
| lapatinib ditosylate                                                                                                                 | 4           | PA; SP; OVM       |
| LAZCLUZE                                                                                                                             | 4           | PA; 15DS; SP; OVM |
| LENVIMA ORAL CAPSULE THERAPY PACK<br>10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10<br>MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4<br>MG | 4           | PA; 15DS; SP; OVM |
| LORBRENA                                                                                                                             | 4           | PA; 15DS; SP; OVM |
| LYNPARZA                                                                                                                             | 4           | PA; SP; OVM       |
| MEKINIST                                                                                                                             | 4           | PA; SP; OVM       |
| MEKTOVI                                                                                                                              | 4           | PA; SP; OVM       |
| NERLYNX                                                                                                                              | 4           | PA; 15DS; SP; OVM |
| NILOTINIB D-TARTRATE                                                                                                                 | Not covered | SP                |
| nilotinib hcl                                                                                                                        | 4           | PA; 15DS; SP; OVM |
| ODOMZO                                                                                                                               | 4           | PA; 15DS; SP; OVM |
| OGSIVEO                                                                                                                              | 4           | PA; 15DS; SP; OVM |
| pazopanib hcl                                                                                                                        | 4           | PA; 15DS; SP; OVM |
| PHYRAGO                                                                                                                              | Not covered | 15DS; SP          |
| QINLOCK                                                                                                                              | 4           | PA; SP; OVM       |

| Drug Name                                      | Drug Tier   | Notes             |
|------------------------------------------------|-------------|-------------------|
| RETEVMO                                        | 4           | PA; 15DS; SP; OVM |
| REZLIDHIA                                      | 4           | PA; 15DS; SP; OVM |
| ROMVIMZA                                       | 4           | PA; SP; OVM       |
| ROZLYTREK ORAL CAPSULE                         | 4           | PA; 15DS; SP; OVM |
| ROZLYTREK ORAL PACKET                          | 5           | PA; SP; OVM       |
| RYDAPT                                         | 4           | PA; SP; OVM       |
| SCEMBLIX                                       | 4           | PA; SP; OVM       |
| sorafenib tosylate                             | 4           | PA; 15DS; SP; OVM |
| STIVARGA                                       | 4           | PA; SP; OVM       |
| sunitinib malate                               | 4           | PA; 15DS; SP; OVM |
| TABRECTA                                       | 4           | PA; 15DS; SP; OVM |
| TAFINLAR                                       | 4           | PA; SP; OVM       |
| TAGRISSO                                       | 4           | PA; 15DS; SP; OVM |
| TEPMETKO                                       | 4           | PA; 15DS; SP; OVM |
| TIBSOVO                                        | 4           | PA; 15DS; SP; OVM |
| torpenz                                        | 4           | PA; 15DS; SP; OVM |
| TRUQAP                                         | 4           | PA; SP; OVM       |
| TUKYSA                                         | 4           | PA; SP; OVM       |
| TURALIO                                        | 4           | PA; SP; OVM       |
| VANFLYTA                                       | 4           | PA; 15DS; SP; OVM |
| VENCLEXTA                                      | 4           | PA; SP; OVM       |
| VENCLEXTA STARTING PACK                        | 4           | PA; SP; OVM       |
| VIJOICE ORAL PACKET                            | 4           | PA; SP; QL        |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | 4           | PA; SP; QL        |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG   | Not covered | SP; QL            |
| VITRAKVI ORAL CAPSULE                          | 4           | PA; 15DS; SP; OVM |
| VITRAKVI ORAL SOLUTION                         | 4           | PA; SP; OVM       |
| XALKORI                                        | Not covered | SP                |
| XOSPATA                                        | 4           | PA; SP; OVM       |
| yulithira                                      | 4           | PA; 15DS; SP; OVM |
| ZELBORAF                                       | 4           | PA; 15DS; SP; OVM |
| ZYDELIG                                        | 4           | PA; SP; OVM       |
| ZYKADIA                                        | Not covered | SP                |

| Drug Name                          | Drug Tier   | Notes             |
|------------------------------------|-------------|-------------------|
| <b>Retinoids</b>                   |             |                   |
| bexarotene external                | 4           | PA; SP; OVM       |
| bexarotene oral                    | 4           | PA; 15DS; SP; OVM |
| PANRETIN                           | Not covered |                   |
| tretinoin oral                     | 1           |                   |
| <b>Treatment Adjuncts</b>          |             |                   |
| mesna oral                         | 1           |                   |
| <b>Antiparasitics</b>              |             |                   |
| <b>Anthelmintics</b>               |             |                   |
| albendazole oral                   | 1           | QL                |
| BILTRICIDE                         | Not covered |                   |
| EMVERM                             | Not covered | QL                |
| ivermectin oral tablet 3 mg        | 1           | QL                |
| ivermectin oral tablet 6 mg        | Not covered | QL                |
| praziquantel oral                  | 1           |                   |
| <b>Antiprotozoals</b>              |             |                   |
| ARAKODA                            | Not covered | QL                |
| atovaquone                         | 1           |                   |
| atovaquone-proguanil hcl           | 1           |                   |
| BENZNIDAZOLE                       | 2           | QL                |
| chloroquine phosphate oral         | 1           |                   |
| COARTEM                            | 2           | QL                |
| hydroxychloroquine sulfate oral    | 1           |                   |
| IMPAVIDO                           | 2           | QL                |
| KRINTAFEL                          | Not covered | QL                |
| LAMPIT                             | Not covered | QL                |
| mefloquine hcl                     | 1           |                   |
| nitazoxanide oral                  | 1           | QL                |
| pentamidine isethionate inhalation | 1           |                   |
| primaquine phosphate               | 1           |                   |
| pyrimethamine oral                 | 4           | PA; SP            |
| quinine sulfate                    | 1           |                   |
| SOVUNA                             | Not covered |                   |
| <b>Pediculicides/Scabicides</b>    |             |                   |
| CROTAN                             | Not covered |                   |
| EURAX                              | Not covered |                   |

| Drug Name                                                        | Drug Tier   | Notes   |
|------------------------------------------------------------------|-------------|---------|
| malathion                                                        | 1           |         |
| permethrin external                                              | 1           |         |
| PRURADIK                                                         | 4           |         |
| spinosad                                                         | 1           |         |
| <b>Antiparkinson Agents</b>                                      |             |         |
| <b>Anticholinergics</b>                                          |             |         |
| benztropine mesylate oral                                        | 1           |         |
| trihexyphenidyl hcl                                              | 1           |         |
| <b>Antiparkinson Agents, Other</b>                               |             |         |
| amantadine hcl oral capsule                                      | 1           |         |
| amantadine hcl oral solution 50 mg/5ml                           | 1           |         |
| amantadine hcl oral tablet                                       | 1           |         |
| carbidopa-levodopa-entacapone                                    | 1           |         |
| entacapone                                                       | 1           |         |
| GOCOVRI                                                          | Not covered | QL      |
| NOURIANZ                                                         | Not covered | SP; QL  |
| ONGENTYS                                                         | 3           | QL      |
| TASMAR                                                           | Not covered |         |
| tolcapone                                                        | Not covered |         |
| <b>Dopamine Agonists</b>                                         |             |         |
| apomorphine hcl subcutaneous                                     | Not covered | SP; QL  |
| bromocriptine mesylate oral                                      | 1           |         |
| INBRIJA                                                          | Not covered | SP; QL  |
| NEUPRO                                                           | Not covered | QL      |
| ONAPGO                                                           | Not covered | SP; QL  |
| pramipexole dihydrochloride                                      | 1           |         |
| pramipexole dihydrochloride er                                   | Not covered | QL      |
| ropinirole hcl                                                   | 1           |         |
| ropinirole hcl er                                                | 1           |         |
| <b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b> |             |         |
| carbidopa oral                                                   | 1           |         |
| carbidopa-levodopa                                               | 1           |         |
| CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE              | Not covered | ABA; QL |
| carbidopa-levodopa er oral tablet extended release               | 1           |         |

| Drug Name                                                     | Drug Tier   | Notes  |
|---------------------------------------------------------------|-------------|--------|
| CREXONT                                                       | Not covered | QL     |
| DHIVY                                                         | Not covered | QL     |
| DUOPA                                                         | Not covered | SP; QL |
| RYTARY                                                        | Not covered | QL     |
| VYALEV                                                        | Not covered | SP; QL |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                 |             |        |
| rasagiline mesylate oral                                      | 1           |        |
| selegiline hcl oral                                           | 1           |        |
| XADAGO                                                        | Not covered | QL     |
| ZELAPAR                                                       | Not covered | QL     |
| <b>Antipsychotics</b>                                         |             |        |
| <b>1st Generation/Typical</b>                                 |             |        |
| chlorpromazine hcl oral tablet                                | 1           |        |
| fluphenazine decanoate injection                              | 1           |        |
| fluphenazine hcl oral                                         | 1           |        |
| haloperidol decanoate intramuscular                           | 1           |        |
| haloperidol lactate oral concentrate 2 mg/ml                  | 1           |        |
| haloperidol oral                                              | 1           |        |
| loxapine succinate                                            | 1           |        |
| molindone hcl                                                 | 1           | QL     |
| pimozide                                                      | 1           |        |
| thioridazine hcl oral                                         | 1           |        |
| thiothixene                                                   | 1           |        |
| trifluoperazine hcl                                           | 1           |        |
| <b>2nd Generation/Atypical</b>                                |             |        |
| ABILIFY ASIMTUFII                                             | Not covered | QL     |
| ABILIFY MAINTENA INTRAMUSCULAR<br>PREFILLED SYRINGE           | Not covered |        |
| ABILIFY MAINTENA INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED ER | 2           |        |
| aripiprazole oral solution                                    | 3           |        |
| aripiprazole oral tablet                                      | 1           |        |
| aripiprazole oral tablet dispersible                          | 3           |        |
| ARISTADA                                                      | Not covered | QL     |
| ARISTADA INITIO                                               | Not covered |        |
| asenapine maleate                                             | 1           | QL     |

| Drug Name                           | Drug Tier   | Notes  |
|-------------------------------------|-------------|--------|
| BYSANTI                             | Not covered | QL     |
| BYSANTI TITRATION PACK A            | Not covered | QL     |
| BYSANTI TITRATION PACK B            | Not covered | QL     |
| BYSANTI TITRATION PACK C            | Not covered | QL     |
| CAPLYTA                             | Not covered | QL     |
| ERZOFRI                             | Not covered | QL     |
| FANAPT                              | Not covered |        |
| FANAPT TITRATION PACK A             | Not covered |        |
| FANAPT TITRATION PACK B             | Not covered |        |
| FANAPT TITRATION PACK C             | Not covered |        |
| INVEGA HAFYERA                      | Not covered | QL     |
| INVEGA SUSTENNA                     | 2           |        |
| INVEGA TRINZA                       | Not covered | QL     |
| lurasidone hcl                      | 1           |        |
| LYBALVI                             | Not covered | QL     |
| NUPLAZID                            | Not covered | QL     |
| olanzapine oral                     | 1           |        |
| OPIPZA                              | Not covered | QL     |
| paliperidone er                     | 1           | QL     |
| PERSERIS                            | Not covered | QL     |
| quetiapine fumarate                 | 1           |        |
| quetiapine fumarate er              | 1           | QL     |
| REXULTI                             | Not covered | QL     |
| risperidone microspheres er         | 1           |        |
| risperidone oral solution 1 mg/ml   | 1           |        |
| risperidone oral tablet             | 1           |        |
| risperidone oral tablet dispersible | 1           |        |
| RYKINDO                             | Not covered | QL     |
| SECUADO                             | Not covered | QL     |
| UZEDY                               | Not covered | QL     |
| VRAYLAR                             | 3           | ST; QL |
| ziprasidone hcl                     | 1           |        |
| ZYPREXA RELPREVV                    | Not covered |        |
| <b>Antipsychotics, Other</b>        |             |        |
| COBENFY                             | Not covered | QL     |
| COBENFY STARTER PACK                | Not covered | QL     |

| Drug Name                                | Drug Tier   | Notes                 |
|------------------------------------------|-------------|-----------------------|
| <b>Treatment-Resistant</b>               |             |                       |
| clozapine                                | 1           |                       |
| VERSACLOZ                                | Not covered |                       |
| <b>Antivirals</b>                        |             |                       |
| LAGEVRIO                                 | 2           | QL; AL (Min 18 Years) |
| PAXLOVID (150/100)                       | 2           | QL; AL (Min 12 Years) |
| PAXLOVID (300/100 & 150/100)             | 2           | QL; AL (Min 12 Years) |
| PAXLOVID (300/100)                       | 2           | QL; AL (Min 12 Years) |
| XOCOVA                                   | 2           | QL                    |
| <b>Anti-cytomegalovirus (CMV) Agents</b> |             |                       |
| LIVTENCITY                               | 4           | PA; SP; QL            |
| PREVYMIS ORAL                            | 5           | QL                    |
| valganciclovir hcl                       | 1           |                       |
| <b>Anti-hepatitis B (HBV) Agents</b>     |             |                       |
| adefovir dipivoxil                       | 4           | SP                    |
| BARACLUDE ORAL SOLUTION                  | 4           | SP                    |
| entecavir                                | 4           | SP                    |
| lamivudine oral tablet 100 mg            | 1           |                       |
| VEMLIDY                                  | Not covered | SP; QL                |
| <b>Anti-hepatitis C (HCV) Agents</b>     |             |                       |
| EPCLUSA                                  | Not covered | SP; QL                |
| HARVONI                                  | Not covered | SP; QL                |
| LEDIPASVIR-SOFOSBUVIR                    | Not covered | ABA; SP; QL           |
| MAVYRET                                  | 2           | PA; SP; QL            |
| PEGASYS                                  | 4           | SP; QL                |
| ribavirin oral                           | 4           | SP                    |
| SOFOSBUVIR-VELPATASVIR                   | Not covered | ABA; SP; QL           |
| SOVALDI                                  | Not covered | SP; QL                |
| VOSEVI                                   | 2           | PA; SP; QL            |
| <b>Antihherpetic Agents</b>              |             |                       |
| acyclovir external cream                 | Not covered |                       |
| acyclovir external ointment              | 1           |                       |
| acyclovir oral capsule                   | 1           |                       |
| acyclovir oral suspension 200 mg/5ml     | 1           |                       |
| acyclovir oral tablet                    | 1           |                       |
| famciclovir oral                         | 1           |                       |

| Drug Name                                                                                 | Drug Tier   | Notes   |
|-------------------------------------------------------------------------------------------|-------------|---------|
| penciclovir                                                                               | Not covered |         |
| valacyclovir hcl oral                                                                     | 1           |         |
| XERESE                                                                                    | Not covered | QL      |
| <b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>                                      |             |         |
| BIKTARVY                                                                                  | 4           | QL      |
| DOVATO                                                                                    | 2           | QL      |
| GENVOYA                                                                                   | 4           | QL      |
| ISENTRESS                                                                                 | 3           |         |
| ISENTRESS HD                                                                              | 3           |         |
| JULUCA                                                                                    | 2           | QL      |
| STRIBILD                                                                                  | Not covered | QL      |
| TIVICAY                                                                                   | 4           |         |
| TIVICAY PD                                                                                | 4           | QL      |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>           |             |         |
| DELSTRIGO                                                                                 | 3           | QL      |
| EDURANT PED                                                                               | 3           | QL      |
| efavirenz                                                                                 | 1           |         |
| efavirenz-emtricitab-tenofo df                                                            | 1           |         |
| efavirenz-lamivudine-tenofovir                                                            | 1           | QL      |
| emtricitab-rilpivir-tenofov df                                                            | 1           | QL      |
| etravirine                                                                                | 1           |         |
| INTELENCE ORAL TABLET 25 MG                                                               | Not covered |         |
| nevirapine                                                                                | 1           |         |
| nevirapine er                                                                             | 1           |         |
| PIFELTRO                                                                                  | 3           | QL      |
| rilpivirine hcl                                                                           | 3           | QL      |
| <b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b> |             |         |
| abacavir sulfate                                                                          | 1           |         |
| abacavir sulfate-lamivudine                                                               | 1           |         |
| CIMDUO                                                                                    | Not covered | QL      |
| DESCOVY ORAL TABLET 120-15 MG                                                             | 4           | QL      |
| DESCOVY ORAL TABLET 200-25 MG                                                             | 4           | PV2; QL |
| emtricitabine                                                                             | 1           |         |
| emtricitabine-tenofovir df                                                                | 1           | QL      |

| Drug Name                                   | Drug Tier   | Notes  |
|---------------------------------------------|-------------|--------|
| EMTRIVA ORAL SOLUTION                       | Not covered |        |
| lamivudine oral solution 10 mg/ml           | 1           |        |
| lamivudine oral tablet 150 mg, 300 mg       | 1           |        |
| lamivudine-zidovudine                       | 1           |        |
| ODEFSEY                                     | 2           | QL     |
| tenofovir disoproxil fumarate               | 1           |        |
| TRIUMEQ                                     | 2           | QL     |
| TRIUMEQ PD                                  | 2           | QL     |
| VIREAD ORAL POWDER                          | Not covered |        |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG   | Not covered |        |
| zidovudine                                  | 1           |        |
| <b>Anti-HIV Agents, Other</b>               |             |        |
| IDVYNZO                                     | Not covered | QL     |
| maraviroc                                   | 1           |        |
| RUKOBIA                                     | 4           | QL     |
| SUNLENCA ORAL                               | 4           | SP; QL |
| YEZTUGO ORAL                                | 5           | SP; QL |
| <b>Anti-HIV Agents, Protease Inhibitors</b> |             |        |
| APTIVUS                                     | Not covered |        |
| atazanavir sulfate                          | 1           |        |
| darunavir                                   | 1           |        |
| EVOTAZ                                      | 3           | QL     |
| fosamprenavir calcium                       | 1           |        |
| KALETRA ORAL SOLUTION                       | 3           |        |
| lopinavir-ritonavir                         | Not covered |        |
| NORVIR ORAL PACKET                          | Not covered |        |
| PREZCOBIX                                   | 2           | QL     |
| PREZISTA ORAL SUSPENSION                    | 2           |        |
| PREZISTA ORAL TABLET 150 MG, 75 MG          | 2           |        |
| REYATAZ ORAL PACKET                         | Not covered |        |
| ritonavir                                   | 1           |        |
| SYMTUZA                                     | 2           | QL     |
| VIRACEPT                                    | Not covered |        |
| <b>Anti-influenza Agents</b>                |             |        |
| oseltamivir phosphate oral                  | 1           | QL     |

| Drug Name                                                   | Drug Tier   | Notes |
|-------------------------------------------------------------|-------------|-------|
| RELENZA DISKHALER                                           | Not covered | QL    |
| rimantadine hcl                                             | 1           |       |
| XOFLUZA (40 MG DOSE)                                        | Not covered | QL    |
| XOFLUZA (80 MG DOSE)                                        | Not covered | QL    |
| <b>Anxiolytics</b>                                          |             |       |
| <b>Anxiolytics, Other</b>                                   |             |       |
| BUCAPSOL                                                    | Not covered |       |
| buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | 1           |       |
| buspirone hcl oral tablet 12.5 mg, 2.5 mg                   | Not covered |       |
| HYDROXYZINE HCL INTRAMUSCULAR                               | Not covered |       |
| hydroxyzine hcl oral syrup 10 mg/5ml                        | 1           |       |
| hydroxyzine hcl oral tablet                                 | 1           |       |
| hydroxyzine pamoate oral                                    | 1           |       |
| meprobamate                                                 | 1           |       |
| <b>Benzodiazepines</b>                                      |             |       |
| alprazolam er                                               | 1           |       |
| alprazolam intensol                                         | 1           |       |
| alprazolam oral                                             | 1           |       |
| alprazolam xr                                               | 1           |       |
| chlordiazepoxide hcl                                        | 1           |       |
| clonazepam oral                                             | 1           |       |
| clorazepate dipotassium                                     | 1           |       |
| diazepam intensol                                           | 1           |       |
| diazepam oral                                               | 1           |       |
| estazolam                                                   | 1           | QL    |
| lorazepam intensol                                          | 1           |       |
| lorazepam oral concentrate 2 mg/ml                          | 1           |       |
| lorazepam oral tablet                                       | 1           |       |
| LOREEV XR                                                   | Not covered | QL    |
| midazolam hcl oral                                          | Not covered |       |
| oxazepam                                                    | 1           |       |
| quazepam                                                    | Not covered | QL    |
| <b>Bipolar Agents</b>                                       |             |       |
| <b>Mood Stabilizers</b>                                     |             |       |
| divalproex sodium er                                        | 1           |       |

| Drug Name                             | Drug Tier   | Notes  |
|---------------------------------------|-------------|--------|
| divalproex sodium oral                | 1           |        |
| EQUETRO                               | Not covered |        |
| lithium                               | 1           |        |
| lithium carbonate er                  | 1           |        |
| lithium carbonate oral                | 1           |        |
| <b>Blood Glucose Monitoring</b>       |             |        |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE     | Covered \$0 | QL     |
| ACCU-CHEK AVIVA PLUS TEST STRIPS      | 2           | QL     |
| ACCU-CHEK GUIDE                       | Covered \$0 | QL     |
| ACCU-CHEK GUIDE KIT W/DEVICE          | Covered \$0 | QL     |
| ACCU-CHEK GUIDE TEST STRIPS           | 2           | QL     |
| ACCU-CHEK SMARTVIEW TEST STRIPS       | 2           | QL     |
| ADVANTAGE SAFETY LANCETS 28G          | 2           | QL     |
| ADVOCATE SAFETY LANCETS 21G           | 2           | QL     |
| ADVOCATE SAFETY LANCETS 23G           | 2           | QL     |
| ADVOCATE SAFETY LANCETS 28G           | 2           | QL     |
| CARESENS LANCETS 30G                  | 2           | QL     |
| CEQUR SIMPL EXT WEAR INSERTER         | 2           | QL     |
| CEQUR SIMPLICITY 1U EXTND WEAR        | 2           | QL     |
| CEQUR SIMPLICITY 2U 10PK              | 2           | QL     |
| CEQUR SIMPLICITY 2U EXTND WEAR        | 2           | QL     |
| CEQUR SIMPLICITY INSERTER             | 2           | QL     |
| CHOSEN LANCETS 30G                    | 2           | QL     |
| CHOSEN SAFETY LANCETS 28G             | 2           | QL     |
| CLEVER CHOICE COMFORT EZ              | 2           | QL     |
| COMFORT TOUCH TWIST LANCET 30G        | 2           | QL     |
| CONTOUR NEXT EZ KIT W/DEVICE          | Covered \$0 | QL     |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | Covered \$0 | QL     |
| CONTOUR NEXT ONE KIT W/DEVICE         | Covered \$0 | QL     |
| CONTOUR NEXT GEN TEST STRIPS          | 2           | QL     |
| CONTOUR PLUS TEST STRIP               | 2           | QL     |
| CONTOUR TEST STRIPS                   | 2           | QL     |
| DEXCOM G6 RECEIVER                    | 2           | PA; QL |
| DEXCOM G6 SENSOR                      | 2           | PA; QL |
| DEXCOM G6 TRANSMITTER                 | 2           | PA; QL |

| Drug Name                             | Drug Tier   | Notes  |
|---------------------------------------|-------------|--------|
| DEXCOM G7 15 DAY SENSOR               | 2           | PA; QL |
| DEXCOM G7 RECEIVER                    | 2           | PA; QL |
| DEXCOM G7 SENSOR                      | 2           | PA; QL |
| DROPSAFE ACTI-LANCE 23G               | 2           | QL     |
| DROPSAFE MEDLANCE LANCET 30G          | 2           | QL     |
| FONDCIRCLE SINGLE USE LANCETS         | 2           | QL     |
| FREESTYLE LIBRE 14 DAY READER         | Not covered | QL     |
| FREESTYLE LIBRE 14 DAY SENSOR         | Not covered | QL     |
| FREESTYLE LIBRE 2 PLUS SENSOR         | Not covered | QL     |
| FREESTYLE LIBRE 2 READER              | Not covered | QL     |
| FREESTYLE LIBRE 2 SENSOR              | Not covered | QL     |
| FREESTYLE LIBRE 3 PLUS SENSOR         | Not covered | QL     |
| FREESTYLE LIBRE 3 READER              | Not covered | QL     |
| FREESTYLE LIBRE 3 SENSOR              | Not covered | QL     |
| GOJJI STERILE LANCETS                 | 2           | QL     |
| LANCETS                               | 2           | QL     |
| LANCETS 28G THIN                      | 2           | QL     |
| LANCETS SUPER THIN                    | 2           | QL     |
| MICROLET NEXT LANCETS                 | 2           | QL     |
| MOBILE LANCETS 30G                    | 2           | QL     |
| ONETOUCH DELICA SAFETY LANCING        | 2           | QL     |
| PERFECT POINT SAFETY LANCETS          | 2           | QL     |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE | Covered \$0 | PA; QL |
| PRODIGY NO CODING BLOOD GLUC IN VITRO | 2           | PA; QL |
| PRODIGY VOICE BLOOD GLUCOSE           | Covered \$0 | PA; QL |
| PURE COMFORT SAFETY LANCET 30G        | 2           | QL     |
| SENSILANCE SAFETY LANCETS 21G         | 2           | QL     |
| SENSILANCE SAFETY LANCETS 26G         | 2           | QL     |
| SENSILANCE SAFETY LANCETS 28G         | 2           | QL     |
| TECHLITE LANCETS 26G                  | 2           | QL     |
| ULTRA-CARE SAFETY LANCETS 30G         | 2           | QL     |
| VERIFINE SAFE LANCET MINI 21G         | 2           | QL     |
| VERIFINE SAFE LANCET MINI 23G         | 2           | QL     |
| VERIFINE SAFE LANCET MINI 28G         | 2           | QL     |

| Drug Name                                         | Drug Tier   | Notes   |
|---------------------------------------------------|-------------|---------|
| VERIFINE SAFE LANCET MINI 30G                     | 2           | QL      |
| VIVAGUARD LANCETS 30G                             | 2           | QL      |
| VIVAGUARD SAFETY LANCETS 28G                      | 2           | QL      |
| <b>Blood Glucose Regulators</b>                   |             |         |
| <b>Antidiabetic Agents</b>                        |             |         |
| acarbose oral                                     | 1           |         |
| ALOGLIPTIN BENZOATE                               | Not covered | ABA; QL |
| ALOGLIPTIN-METFORMIN HCL                          | Not covered | ABA; QL |
| ALOGLIPTIN-PIOGLITAZONE                           | Not covered | ABA; QL |
| BEXAGLIFLOZIN                                     | Not covered | ABA; QL |
| BRENZAVVY                                         | Not covered | QL      |
| BRYNOVIN                                          | Not covered | QL      |
| CYCLOSET                                          | Not covered | QL      |
| dapaglifloz base-metformin er                     | 1           | QL      |
| dapagliflozin                                     | 1           | QL      |
| DAPAGLIFLOZIN-SAXAGLIPTIN                         | Not covered | QL      |
| glimepiride                                       | 1           |         |
| glipizide er                                      | 1           |         |
| glipizide ir                                      | 1           |         |
| glipizide-metformin hcl                           | 1           |         |
| glyburide                                         | 1           |         |
| glyburide-metformin                               | 1           |         |
| GLYXAMBI                                          | 2           | QL      |
| INVOKAMET                                         | Not covered | QL      |
| INVOKAMET XR                                      | Not covered | QL      |
| INVOKANA                                          | Not covered | QL      |
| JARDIANCE                                         | Not covered | QL      |
| JENTADUETO                                        | 2           | QL      |
| JENTADUETO XR                                     | 2           | QL      |
| liraglutide                                       | 1           | ST; QL  |
| metformin hcl er                                  | 1           |         |
| metformin hcl er (mod)                            | Not covered |         |
| metformin hcl er (osm)                            | Not covered |         |
| metformin hcl oral solution                       | Not covered |         |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1           |         |

| Drug Name                                                  | Drug Tier   | Notes   |
|------------------------------------------------------------|-------------|---------|
| metformin hcl oral tablet 625 mg, 750 mg                   | Not covered |         |
| miglitol                                                   | Not covered |         |
| MOUNJARO                                                   | 2           | ST; QL  |
| nateglinide                                                | 1           |         |
| OZEMPIC                                                    | 2           | ST; QL  |
| pioglitazone hcl                                           | 1           |         |
| pioglitazone hcl-glimepiride                               | Not covered |         |
| pioglitazone hcl-metformin hcl                             | 1           |         |
| repaglinide                                                | 1           |         |
| RYBELSUS                                                   | 2           | ST; QL  |
| saxagliptin hcl                                            | Not covered | QL      |
| saxagliptin-metformin er                                   | Not covered |         |
| SEGLUROMET                                                 | Not covered | QL      |
| sitagliip phos-metformin hcl er                            | 1           | QL      |
| SITAGLIPT BASE-METFORM HCL ER                              | Not covered | ABA; QL |
| SITAGLIPTIN                                                | Not covered | ABA; QL |
| SITAGLIPTIN BASE-METFORMIN HCL                             | Not covered | ABA     |
| sitagliptin phos-metformin hcl                             | 1           | QL      |
| sitagliptin phosphate                                      | 1           | QL      |
| SOLIQUA                                                    | 2           | QL      |
| STEGLATRO                                                  | Not covered | QL      |
| STEGLUJAN                                                  | Not covered | QL      |
| SYNJARDY                                                   | 2           | QL      |
| SYNJARDY XR                                                | 2           | QL      |
| TRADJENTA                                                  | 2           | QL      |
| TRIJARDY XR                                                | 2           | QL      |
| TRULICITY                                                  | 2           | ST; QL  |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 2           | QL      |
| XULTOPHY                                                   | 2           | QL      |
| ZITUVIMET                                                  | Not covered |         |
| ZITUVIMET XR                                               | Not covered | QL      |
| ZITUVIO                                                    | Not covered | QL      |
| <b>Glycemic Agents</b>                                     |             |         |
| BAQSIMI ONE PACK                                           | 2           | QL      |
| BAQSIMI TWO PACK                                           | 2           | QL      |

| Drug Name                                                                     | Drug Tier   | Notes |
|-------------------------------------------------------------------------------|-------------|-------|
| diazoxide oral                                                                | 1           |       |
| glucagon emergency kit injection solution reconstituted 1 mg                  | 1           |       |
| GLUCAGON EMERGENCY KIT                                                        | Not covered |       |
| GVOKE HYPOPEN 1-PACK                                                          | 2           | QL    |
| GVOKE HYPOPEN 2-PACK                                                          | 2           | QL    |
| GVOKE KIT                                                                     | 2           | QL    |
| GVOKE PFS                                                                     | 2           | QL    |
| <b>Insulins</b>                                                               |             |       |
| ADMELOG                                                                       | Not covered |       |
| ADMELOG SOLOSTAR                                                              | Not covered |       |
| AFREZZA                                                                       | Not covered |       |
| APIDRA SOLOSTAR                                                               | Not covered |       |
| APIDRA VIAL                                                                   | Not covered |       |
| AWIQLI FLEXTOUCH                                                              | Not covered |       |
| BASAGLAR KWIKPEN                                                              | Not covered |       |
| FIASP                                                                         | 2           |       |
| FIASP FLEXTOUCH                                                               | 2           |       |
| FIASP PENFILL                                                                 | 2           |       |
| FIASP PUMPCART                                                                | 2           |       |
| HUMALOG                                                                       | Not covered |       |
| HUMALOG KWIKPEN                                                               | Not covered |       |
| HUMALOG MIX 50/50 KWIKPEN                                                     | Not covered |       |
| HUMALOG MIX 75/25 KWIKPEN                                                     | Not covered |       |
| HUMALOG MIX 75/25 VIAL                                                        | Not covered |       |
| HUMALOG U-100 JUNIOR KWIKPEN                                                  | Not covered |       |
| HUMULIN 70/30 KWIKPEN                                                         | Not covered |       |
| HUMULIN 70/30 VIAL                                                            | Not covered |       |
| HUMULIN N KWIKPEN                                                             | Not covered |       |
| HUMULIN N VIAL                                                                | Not covered |       |
| HUMULIN R U-500 KWIKPEN                                                       | 2           |       |
| HUMULIN R VIAL                                                                | Not covered |       |
| INSULIN GLARGINE MAX SOLOSTAR                                                 | Not covered | ABA   |
| INSULIN GLARGINE SOLOSTAR                                                     | Not covered | ABA   |
| INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Civica) | 2           |       |

| Drug Name                                                            | Drug Tier   | Notes |
|----------------------------------------------------------------------|-------------|-------|
| INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Not covered | ABA   |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION                          | Not covered | ABA   |
| INSULIN LISPRO                                                       | Not covered | ABA   |
| INSULIN LISPRO (1 UNIT DIAL)                                         | Not covered | ABA   |
| INSULIN LISPRO JUNIOR KWIKPEN                                        | 3           | ABA   |
| INSULIN LISPRO PROT & LISPRO                                         | Not covered | ABA   |
| KIRSTY                                                               | Not covered |       |
| LANTUS SOLOSTAR                                                      | Not covered |       |
| LANTUS U-100 VIAL                                                    | Not covered |       |
| LYUMJEV KWIKPEN                                                      | Not covered |       |
| LYUMJEV VIAL                                                         | Not covered |       |
| MERILOG                                                              | Not covered |       |
| MERILOG SOLOSTAR                                                     | Not covered |       |
| NOVOLIN 70/30 FLEXPEN                                                | 2           |       |
| NOVOLIN 70/30 RELION                                                 | Not covered |       |
| NOVOLIN 70/30 VIAL                                                   | 2           |       |
| NOVOLIN N FLEXPEN                                                    | 2           |       |
| NOVOLIN N RELION                                                     | Not covered |       |
| NOVOLIN N VIAL                                                       | 2           |       |
| NOVOLIN R FLEXPEN                                                    | 2           |       |
| NOVOLIN R FLEXPEN RELION                                             | Not covered |       |
| NOVOLIN R RELION                                                     | Not covered |       |
| NOVOLIN R VIAL                                                       | 2           |       |
| NOVOLOG 70/30 FLEXPEN RELION                                         | Not covered |       |
| NOVOLOG FLEXPEN                                                      | 2           |       |
| NOVOLOG FLEXPEN RELION                                               | Not covered |       |
| NOVOLOG MIX 70/30 FLEXPEN                                            | 2           |       |
| NOVOLOG MIX 70/30 RELION                                             | Not covered |       |
| NOVOLOG MIX 70/30 VIAL                                               | 2           |       |
| NOVOLOG PENFILL                                                      | 2           |       |
| NOVOLOG RELION                                                       | Not covered |       |
| NOVOLOG U-100 VIAL                                                   | 2           |       |
| REZVOGLAR KWIKPEN                                                    | Not covered |       |
| SEMGLEE (YFGN)                                                       | Not covered |       |

| Drug Name                           | Drug Tier   | Notes      |
|-------------------------------------|-------------|------------|
| TOUJEO MAX SOLOSTAR                 | 2           |            |
| TOUJEO SOLOSTAR                     | 2           |            |
| TRESIBA                             | 2           |            |
| TRESIBA FLEXTOUCH                   | 2           |            |
| <b>Blood Products and Modifiers</b> |             |            |
| EMPAVELI                            | 4           | PA; SP; QL |
| FABHALTA                            | Not covered | SP; QL     |
| VOYDEYA                             | Not covered | SP; QL     |
| <b>Anticoagulants</b>               |             |            |
| dabigatran etexilate mesylate       | 1           | QL         |
| ELIQUIS                             | 2           | QL         |
| ELIQUIS (1.5 MG PACK)               | 2           | QL         |
| ELIQUIS (2 MG PACK)                 | 2           | QL         |
| ELIQUIS DVT/PE STARTER PACK         | 2           | QL         |
| enoxaparin sodium                   | 1           |            |
| fondaparinux sodium                 | Not covered |            |
| FRAGMIN                             | Not covered |            |
| heparin sodium (porcine)            | 1           |            |
| heparin sodium (porcine) +rfid      | 1           |            |
| heparin sodium (porcine) pf         | 1           |            |
| PRADAXA ORAL PACKET                 | Not covered | QL         |
| rivaroxaban                         | 1           | QL         |
| SAVAYSA                             | Not covered | QL         |
| warfarin sodium oral                | 1           |            |
| XARELTO                             | 2           | QL         |
| XARELTO STARTER PACK                | 2           | QL         |
| ZONTIVITY                           | Not covered | QL         |
| <b>Blood Formation Modifiers</b>    |             |            |
| ALVAIZ                              | Not covered | SP; QL     |
| anagrelide hcl                      | 1           |            |
| AQVESME                             | 4           | PA; SP; QL |
| ARANESP (ALBUMIN FREE)              | Not covered | SP         |
| ARMLUPEG                            | Not covered | SP         |
| DOPTELET                            | 4           | PA; SP; QL |
| DOPTELET SPRINKLE                   | 4           | PA; SP; QL |
| eltrombopag olamine oral packet     | 4           | PA; SP     |

| Drug Name                                           | Drug Tier   | Notes      |
|-----------------------------------------------------|-------------|------------|
| eltrombopag olamine oral tablet 12.5 mg             | 4           | PA; SP     |
| eltrombopag olamine oral tablet 25 mg, 50 mg, 75 mg | 4           | PA; SP     |
| EPOGEN                                              | Not covered | SP         |
| FILKRI                                              | Not covered | SP         |
| FULPHILA                                            | Not covered | SP         |
| FYLNETRA                                            | Not covered | SP         |
| GRANIX                                              | Not covered | SP         |
| LEUKINE                                             | 5           | SP         |
| MIRCERA                                             | Not covered | SP; QL     |
| MULPLETA                                            | Not covered | SP; QL     |
| NEULASTA                                            | 4           | SP; QL     |
| NEULASTA ONPRO                                      | 4           | SP; QL     |
| NEUPOGEN                                            | Not covered | SP         |
| NIVESTYM                                            | 4           | SP; QL     |
| NYPOZI                                              | Not covered | SP; QL     |
| NYVEPRIA                                            | Not covered | SP         |
| PROCRIT                                             | Not covered | SP         |
| PYRUKYND                                            | 4           | PA; SP; QL |
| PYRUKYND TAPER PACK                                 | 4           | PA; SP; QL |
| RELEUKO                                             | Not covered | SP; QL     |
| RETACRIT                                            | 4           | SP         |
| ROLVEDON                                            | Not covered | SP         |
| STIMUFEND                                           | Not covered | SP         |
| TAVALLISSE                                          | Not covered | SP; QL     |
| UDENYCA                                             | Not covered | SP         |
| VAFSEO                                              | Not covered | SP; QL     |
| WAYRILZ                                             | Not covered | SP; QL     |
| XOLREMDI                                            | 4           | PA; SP; QL |
| ZARXIO                                              | 4           | SP         |
| ZIEXTENZO                                           | 4           | SP; QL     |
| <b>Hemostasis Agents</b>                            |             |            |
| ADVATE                                              | 4           | PA         |
| ADYNOVATE                                           | Not covered |            |
| AFSTYLA                                             | Not covered |            |
| ALHEMO                                              | Not covered | QL         |

| Drug Name              | Drug Tier   | Notes  |
|------------------------|-------------|--------|
| ALPHANATE              | Not covered |        |
| ALPHANINE SD           | Not covered |        |
| ALPROLIX               | Not covered |        |
| ALTUVIIIO              | Not covered |        |
| aminocaproic acid oral | 1           |        |
| BENEFIX                | Not covered |        |
| COAGADEX               | Not covered |        |
| CORIFACT               | Not covered |        |
| ELOCTATE               | Not covered |        |
| ESPEROCT               | Not covered |        |
| FEIBA                  | Not covered |        |
| HEMLIBRA               | 4           | PA; QL |
| HEMOFIL M              | Not covered |        |
| HUMATE-P               | Not covered |        |
| HYMPAVZI               | Not covered | QL     |
| IDELVION               | Not covered |        |
| IXINITY                | Not covered |        |
| JIVI                   | Not covered |        |
| KOATE                  | Not covered |        |
| KOATE-DVI              | Not covered |        |
| KOVALTRY               | Not covered |        |
| NOVOEIGHT              | Not covered |        |
| NOVOSEVEN RT           | Not covered |        |
| NUWIQ                  | Not covered |        |
| OBIZUR                 | Not covered |        |
| PROFILNINE             | Not covered |        |
| QFITLIA                | Not covered | QL     |
| REBINYN                | Not covered |        |
| RECOMBINATE            | Not covered |        |
| RIXUBIS                | Not covered |        |
| SEVENFACT              | Not covered |        |
| tranexamic acid oral   | 1           | QL     |
| TRETTEN                | Not covered |        |
| VONVENDI               | Not covered |        |
| WILATE                 | Not covered |        |
| XYNTHA                 | Not covered |        |

| Drug Name                                                                 | Drug Tier   | Notes      |
|---------------------------------------------------------------------------|-------------|------------|
| XYNTHA SOLOFUSE                                                           | Not covered |            |
| <b>Platelet Modifying Agents</b>                                          |             |            |
| aspirin-dipyridamole er                                                   | 1           |            |
| CABLIVI                                                                   | 4           | PA; SP; QL |
| cilostazol                                                                | 1           |            |
| clopidogrel bisulfate oral                                                | 1           |            |
| dipyridamole oral                                                         | 1           |            |
| prasugrel hcl                                                             | 1           | QL         |
| ticagrelor                                                                | 1           | QL         |
| YOSPRALA                                                                  | Not covered |            |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |             |            |
| <b>Cardiovascular Agents, Other</b>                                       |             |            |
| BAXFENDY                                                                  | Not covered | QL         |
| <b>Cardiovascular Agents</b>                                              |             |            |
| <b>Alpha-adrenergic Agonists</b>                                          |             |            |
| clonidine                                                                 | 1           |            |
| CLONIDINE ER                                                              | Not covered | ABA        |
| clonidine hcl oral                                                        | 1           |            |
| guanfacine hcl                                                            | 1           |            |
| JAVADIN                                                                   | Not covered |            |
| methyldopa                                                                | 1           |            |
| midodrine hcl                                                             | 1           |            |
| NEXICLON XR                                                               | Not covered |            |
| <b>Alpha-adrenergic Blocking Agents</b>                                   |             |            |
| doxazosin mesylate oral                                                   | 1           |            |
| phenoxybenzamine hcl oral                                                 | 1           | PA; QL     |
| prazosin hcl oral                                                         | 1           |            |
| <b>Angiotensin II Receptor Antagonists</b>                                |             |            |
| ARB LI                                                                    | Not covered | QL         |
| azilsartan medoxomil                                                      | Not covered | QL         |
| candesartan cilexetil                                                     | 1           |            |
| irbesartan                                                                | 1           |            |
| losartan potassium oral                                                   | 1           |            |
| olmesartan medoxomil oral                                                 | 1           |            |
| telmisartan                                                               | 1           |            |

| Drug Name                                                       | Drug Tier   | Notes |
|-----------------------------------------------------------------|-------------|-------|
| valsartan oral solution                                         | Not covered |       |
| valsartan oral tablet                                           | 1           |       |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>           |             |       |
| benazepril hcl oral                                             | 1           |       |
| captopril oral                                                  | 1           |       |
| enalapril maleate oral solution                                 | Not covered |       |
| enalapril maleate oral tablet                                   | 1           |       |
| fosinopril sodium                                               | 1           |       |
| lisinopril oral                                                 | 1           |       |
| moexipril hcl                                                   | 1           |       |
| perindopril erbumine                                            | 1           |       |
| QBRELIS                                                         | Not covered | QL    |
| quinapril hcl                                                   | 1           |       |
| ramipril                                                        | 1           |       |
| trandolapril                                                    | 1           |       |
| <b>Antiarrhythmics</b>                                          |             |       |
| amiodarone hcl oral                                             | 1           |       |
| disopyramide phosphate                                          | 1           |       |
| dofetilide                                                      | 1           |       |
| flecainide acetate                                              | 1           |       |
| mexiletine hcl oral                                             | 1           |       |
| MULTAQ                                                          | 2           | QL    |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG | 2           |       |
| propafenone hcl                                                 | 1           |       |
| propafenone hcl er                                              | 1           |       |
| quinidine gluconate er                                          | 1           |       |
| quinidine sulfate                                               | 1           |       |
| sotalol hcl (af)                                                | 1           |       |
| sotalol hcl oral                                                | 1           |       |
| SOTYLIZE                                                        | Not covered |       |
| <b>Beta-adrenergic Blocking Agents</b>                          |             |       |
| acebutolol hcl oral                                             | 1           |       |
| atenolol oral                                                   | 1           |       |
| betaxolol hcl oral                                              | Not covered |       |

| Drug Name                                                            | Drug Tier   | Notes |
|----------------------------------------------------------------------|-------------|-------|
| bisoprolol fumarate oral                                             | 1           |       |
| carvedilol                                                           | 1           |       |
| carvedilol phosphate er                                              | Not covered | QL    |
| HEMANGEOL                                                            | Not covered | QL    |
| INDERAL XL                                                           | Not covered |       |
| INNOPRAN XL                                                          | Not covered |       |
| KAPSPARGO SPRINKLE                                                   | Not covered |       |
| labetalol hcl oral                                                   | 1           |       |
| LOPRESSOR ORAL SOLUTION                                              | Not covered | QL    |
| LOPRESSOR ORAL TABLET 12.5 MG                                        | Not covered |       |
| metoprolol succinate er                                              | 1           |       |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | 1           |       |
| METOPROLOL TARTRATE ORAL TABLET 12.5 MG                              | Not covered |       |
| nadolol oral                                                         | 1           |       |
| nebivolol hcl                                                        | 1           | QL    |
| pindolol                                                             | 1           |       |
| propranolol hcl er                                                   | 1           |       |
| propranolol hcl oral solution                                        | Not covered |       |
| propranolol hcl oral tablet                                          | 1           |       |
| timolol maleate oral                                                 | 1           |       |
| <b>Calcium Channel Blocking Agents</b>                               |             |       |
| amlodipine besylate oral                                             | 1           |       |
| CARDAMYST                                                            | Not covered | QL    |
| cartia xt                                                            | 1           |       |
| CONJUPRI                                                             | Not covered |       |
| diltiazem hcl er                                                     | 1           |       |
| diltiazem hcl er beads                                               | 1           |       |
| diltiazem hcl er coated beads                                        | 1           |       |
| diltiazem hcl oral                                                   | 1           |       |
| dilt-xr                                                              | 1           |       |
| felodipine er                                                        | 1           |       |
| isradipine                                                           | Not covered |       |
| KATERZIA                                                             | Not covered | QL    |
| LEVAMLODIPINE MALEATE                                                | Not covered | ABA   |

| Drug Name                            | Drug Tier   | Notes  |
|--------------------------------------|-------------|--------|
| matzim la                            | 1           |        |
| nicardipine hcl oral                 | Not covered |        |
| nifedipine er                        | 1           |        |
| nifedipine er osmotic release        | 1           |        |
| nifedipine oral                      | 1           |        |
| nimodipine oral capsule              | 1           |        |
| NIMODIPINE ORAL SOLUTION             | 3           | QL     |
| nisoldipine er                       | Not covered |        |
| NORLIQVA                             | Not covered | QL     |
| NYMALIZE                             | Not covered | QL     |
| SDAMLO                               | Not covered |        |
| tiadylt er                           | 1           |        |
| verapamil hcl er                     | 1           |        |
| verapamil hcl oral                   | 1           |        |
| <b>Cardiovascular Agents, Other</b>  |             |        |
| aliskiren fumarate                   | 1           |        |
| amiloride-hydrochlorothiazide        | 1           |        |
| amlodipine besylate-benazepril hcl   | 1           |        |
| amlodipine besylate-valsartan        | 1           |        |
| amlodipine-atorvastatin              | 1           | QL     |
| amlodipine-olmesartan                | 1           |        |
| amlodipine-valsartan-hctz            | Not covered |        |
| atenolol-chlorthalidone              | 1           |        |
| ATTRUBY                              | Not covered | SP; QL |
| benazepril-hydrochlorothiazide       | 1           |        |
| bisoprolol-hydrochlorothiazide       | 1           |        |
| CAMZYOS                              | Not covered | SP; QL |
| candesartan cilexetil-hctz           | 1           |        |
| captopril-hydrochlorothiazide        | Not covered |        |
| CORLANOR ORAL SOLUTION               | Not covered | QL     |
| digoxin oral solution                | 1           |        |
| digoxin oral tablet 125 mcg, 250 mcg | 1           |        |
| digoxin oral tablet 62.5 mcg         | Not covered |        |
| droxidopa                            | 4           | SP; QL |
| EDARBYCLOR                           | Not covered | QL     |
| enalapril-hydrochlorothiazide        | 1           |        |

| Drug Name                                       | Drug Tier   | Notes      |
|-------------------------------------------------|-------------|------------|
| ENTRESTO ORAL CAPSULE SPRINKLE                  | Not covered | QL         |
| fosinopril sodium-hctz                          | 1           |            |
| INPEFA                                          | Not covered | QL         |
| irbesartan-hydrochlorothiazide                  | 1           |            |
| isosorb dinitrate-hydralazine                   | Not covered |            |
| ivabradine hcl                                  | 3           | QL         |
| lisinopril-hydrochlorothiazide                  | 1           |            |
| LODOCO                                          | Not covered | QL         |
| losartan potassium-hctz                         | 1           |            |
| metoprolol-hydrochlorothiazide                  | 1           |            |
| metyrosine                                      | 1           |            |
| MYQORZO                                         | Not covered | SP; QL     |
| olmesartan medoxomil-hctz                       | 1           |            |
| olmesartan-amlodipine-hctz                      | Not covered | QL         |
| pentoxifylline er                               | 1           |            |
| PRESTALIA                                       | Not covered | QL         |
| quinapril-hydrochlorothiazide                   | 1           |            |
| ranolazine er                                   | 1           |            |
| sacubitril-valsartan                            | 1           | QL         |
| spironolactone-hctz                             | 1           |            |
| telmisartan-amlodipine                          | Not covered |            |
| telmisartan-hctz                                | 1           |            |
| trandolapril-verapamil hcl er                   | Not covered |            |
| triamterene-hctz                                | 1           |            |
| TRYVIO                                          | Not covered | QL         |
| valsartan-hydrochlorothiazide                   | 1           |            |
| VECAMYL                                         | Not covered | QL         |
| VERQUVO                                         | Not covered | QL         |
| VYNDAMAX                                        | 4           | PA; SP; QL |
| <b>Diuretics, Carbonic Anhydrase Inhibitors</b> |             |            |
| acetazolamide er                                | 1           |            |
| acetazolamide oral                              | 1           |            |
| dichlorphenamide                                | 4           | PA; SP; QL |
| methazolamide oral                              | 1           |            |
| <b>Diuretics, Loop</b>                          |             |            |
| bumetanide oral                                 | 1           |            |

| Drug Name                                            | Drug Tier   | Notes                                       |
|------------------------------------------------------|-------------|---------------------------------------------|
| ENBUMYST                                             | 3           | PA; QL                                      |
| ethacrynic acid                                      | 1           |                                             |
| FUROSCIX                                             | 5           | PA; SP; QL                                  |
| furosemide oral                                      | 1           |                                             |
| LASIX ONYU                                           | 3           | PA; QL                                      |
| SOAANZ                                               | Not covered |                                             |
| torsemide                                            | 1           |                                             |
| <b>Diuretics, Potassium-sparing</b>                  |             |                                             |
| amiloride hcl oral                                   | 1           |                                             |
| eplerenone                                           | 1           |                                             |
| spironolactone oral suspension 25 mg/5ml             | Not covered |                                             |
| spironolactone oral tablet                           | 1           |                                             |
| triamterene oral                                     | Not covered |                                             |
| <b>Diuretics, Thiazide</b>                           |             |                                             |
| chlorthalidone                                       | 1           |                                             |
| HEMICLOR                                             | Not covered | QL                                          |
| hydrochlorothiazide oral                             | 1           |                                             |
| indapamide                                           | 1           |                                             |
| INZIRQO                                              | Not covered | QL                                          |
| metolazone                                           | 1           |                                             |
| THALITONE                                            | Not covered |                                             |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>        |             |                                             |
| fenofibrate micronized                               | 1           |                                             |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg       | 1           |                                             |
| fenofibrate oral capsule 150 mg, 50 mg               | Not covered |                                             |
| fenofibrate oral tablet 120 mg, 40 mg                | Not covered |                                             |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1           |                                             |
| fenofibric acid oral capsule delayed release         | 1           |                                             |
| fenofibric acid oral tablet                          | Not covered |                                             |
| gemfibrozil oral                                     | 1           |                                             |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>   |             |                                             |
| ATORVALIQ                                            | Not covered |                                             |
| atorvastatin calcium oral tablet 10 mg, 20 mg        | 1           | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| atorvastatin calcium oral tablet 40 mg, 80 mg        | 1           | QL                                          |

| Drug Name                                         | Drug Tier   | Notes                                       |
|---------------------------------------------------|-------------|---------------------------------------------|
| FLOLIPID                                          | Not covered |                                             |
| fluvastatin sodium                                | Not covered | QL                                          |
| fluvastatin sodium er                             | Not covered | QL                                          |
| lovastatin oral                                   | 1           | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| pitavastatin calcium                              | Not covered | QL                                          |
| pravastatin sodium                                | 1           | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| rosuvastatin calcium oral tablet 10 mg, 5 mg      | 1           | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| rosuvastatin calcium oral tablet 20 mg, 40 mg     | 1           | QL                                          |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1           | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| simvastatin oral tablet 80 mg                     | 1           | QL                                          |
| ZYPITAMAG                                         | Not covered |                                             |
| <b>Dyslipidemics, Other</b>                       |             |                                             |
| cholestyramine light                              | 1           |                                             |
| cholestyramine oral                               | 1           |                                             |
| colesevelam hcl                                   | 1           |                                             |
| colestipol hcl                                    | 1           |                                             |
| ezetimibe oral                                    | 1           | QL                                          |
| ezetimibe-simvastatin                             | 1           | QL                                          |
| icosapent ethyl                                   | 1           | QL                                          |
| JUXTAPID                                          | Not covered | SP; QL                                      |
| LEROCHOL                                          | Not covered | QL                                          |
| NEXLETOL                                          | 3           | PA; QL                                      |
| NEXLIZET                                          | 3           | PA; QL                                      |
| niacin (antihyperlipidemic)                       | Not covered |                                             |
| niacin er (antihyperlipidemic)                    | 1           |                                             |
| niacor                                            | Not covered |                                             |
| omega-3-acid ethyl esters                         | 1           | QL                                          |
| PRALUENT                                          | Not covered | QL                                          |
| prevalite                                         | 1           |                                             |
| REDEMPLO                                          | 4           | PA; SP; QL                                  |
| REPATHA SURECLICK                                 | 2           | PA; QL                                      |
| TRYNGOLZA                                         | Not covered | SP; QL                                      |

| Drug Name                                                                | Drug Tier   | Notes   |
|--------------------------------------------------------------------------|-------------|---------|
| <b>Vasodilators, Direct-acting Arterial/Venous</b>                       |             |         |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg               | 1           |         |
| isosorbide dinitrate oral tablet 40 mg                                   | Not covered |         |
| isosorbide mononitrate                                                   | 1           |         |
| isosorbide mononitrate er                                                | 1           |         |
| nitro-bid                                                                | 1           |         |
| NITRO-DUR                                                                | Not covered |         |
| nitroglycerin rectal                                                     | 1           | QL      |
| nitroglycerin sublingual                                                 | 1           |         |
| nitroglycerin transdermal                                                | 1           |         |
| nitroglycerin translingual                                               | Not covered |         |
| NITRO-TIME                                                               | Not covered |         |
| <b>Vasodilators, Direct-acting Arterial</b>                              |             |         |
| hydralazine hcl oral                                                     | 1           |         |
| minoxidil oral                                                           | 1           |         |
| <b>Central Nervous System Agents</b>                                     |             |         |
| <b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>     |             |         |
| amphetamine er                                                           | Not covered | QL      |
| amphetamine sulfate                                                      | 1           | QL      |
| amphetamine-dextroamphetamine                                            | 1           | QL      |
| amphetamine-dextroamphetamine er                                         | 1           | QL      |
| amphet-dextroamphet 3-bead er                                            | 3           | QL      |
| ARYNTA                                                                   | Not covered | QL      |
| dextroamphetamine sulfate                                                | 1           | QL      |
| dextroamphetamine sulfate er                                             | 1           | QL      |
| DYANAVEL XR                                                              | Not covered | QL      |
| lisdexamfetamine dimesylate                                              | 3           | QL      |
| methamphetamine hcl                                                      | 3           | QL      |
| XELSTRYM                                                                 | Not covered | QL      |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b> |             |         |
| atomoxetine hcl oral capsule                                             | 1           | QL      |
| ATOMOXETINE HCL ORAL SOLUTION                                            | Not covered | ABA; QL |
| ATONCY                                                                   | Not covered | QL      |
| AZSTARYS                                                                 | Not covered | QL      |

| Drug Name                                                                               | Drug Tier   | Notes      |
|-----------------------------------------------------------------------------------------|-------------|------------|
| clonidine hcl er                                                                        | 1           | QL         |
| COTEMPLA XR-ODT                                                                         | Not covered | QL         |
| dexmethylphenidate hcl                                                                  | 1           | QL         |
| dexmethylphenidate hcl er                                                               | 1           | QL         |
| guanfacine hcl er                                                                       | 1           | QL         |
| JORNAY PM                                                                               | Not covered | QL         |
| methylphenidate                                                                         | 1           | QL         |
| METHYLPHENIDATE ER ORAL TABLET<br>EXTENDED RELEASE DISPERSIBLE 25.9 MG                  | Not covered | ABA; QL    |
| methylphenidate hcl er                                                                  | 1           | QL         |
| methylphenidate hcl er (cd)                                                             | 1           | QL         |
| methylphenidate hcl er (la)                                                             | 1           | QL         |
| methylphenidate hcl er (osm) oral tablet<br>extended release 18 mg, 27 mg, 36 mg, 54 mg | 1           | QL         |
| METHYLPHENIDATE HCL ER (OSM) ORAL<br>TABLET EXTENDED RELEASE 45 MG, 63 MG               | Not covered | ABA; QL    |
| methylphenidate hcl er (osm) oral tablet<br>extended release 72 mg                      | Not covered | QL         |
| methylphenidate hcl er (xr)                                                             | Not covered | QL         |
| methylphenidate hcl oral                                                                | 1           | QL         |
| ONYDA XR                                                                                | Not covered | QL         |
| QELBREE                                                                                 | Not covered | QL         |
| QUILLICHEW ER                                                                           | Not covered | QL         |
| QUILLIVANT XR                                                                           | Not covered | QL         |
| RELEXXII                                                                                | Not covered | QL         |
| <b>Central Nervous System, Other</b>                                                    |             |            |
| AUSTEDO                                                                                 | 4           | PA; SP; QL |
| AUSTEDO XR                                                                              | Not covered | SP; QL     |
| AUSTEDO XR PATIENT TITRATION                                                            | Not covered | SP; QL     |
| caffeine citrate oral                                                                   | 1           |            |
| DAYBUE                                                                                  | 4           | PA; SP; QL |
| DAYBUE STIX                                                                             | Not covered | SP; QL     |
| dextromethorphan-quinidine                                                              | 4           | PA; QL     |
| gabapentin (once-daily)                                                                 | Not covered | QL         |
| HORIZANT                                                                                | Not covered | QL         |
| INGREZZA                                                                                | Not covered | SP; QL     |
| RADICAVA ORS                                                                            | Not covered | SP; QL     |

| Drug Name                        | Drug Tier   | Notes      |
|----------------------------------|-------------|------------|
| RADICAVA ORS STARTER KIT         | Not covered | SP; QL     |
| riluzole                         | 1           |            |
| SKYCLARYS                        | 4           | PA; SP; QL |
| TEGLUTIK                         | Not covered | SP; QL     |
| tetrabenazine                    | 4           | SP; QL     |
| TIGLUTIK                         | Not covered | SP; QL     |
| <b>Fibromyalgia Agents</b>       |             |            |
| milnacipran hcl                  | 1           | PA; QL     |
| pregabalin er                    | Not covered | QL         |
| pregabalin oral                  | 1           | QL         |
| TONMYA                           | Not covered |            |
| <b>Multiple Sclerosis Agents</b> |             |            |
| AVONEX PEN                       | 4           | SP; QL     |
| AVONEX PREFILLED                 | 4           | SP; QL     |
| BAFIERTAM                        | Not covered | SP; QL     |
| BETASERON                        | 4           | SP; QL     |
| cladribine (10 tabs)             | 4           | ST; SP; QL |
| cladribine (4 tabs)              | 4           | ST; SP; QL |
| cladribine (5 tabs)              | 4           | ST; SP; QL |
| cladribine (6 tabs)              | 4           | ST; SP; QL |
| cladribine (7 tabs)              | 4           | ST; SP; QL |
| cladribine (8 tabs)              | 4           | ST; SP; QL |
| cladribine (9 tabs)              | 4           | ST; SP; QL |
| dalfampridine er                 | 4           | SP; QL     |
| dimethyl fumarate oral           | 1           | SP; QL     |
| dimethyl fumarate starter pack   | 1           | SP; QL     |
| fingolimod hcl                   | 1           | SP; QL     |
| GILENYA ORAL CAPSULE 0.25 MG     | Not covered | SP; QL     |
| glatiramer acetate               | 4           | SP; QL     |
| glatopa                          | 4           | SP; QL     |
| KESIMPTA                         | 4           | SP; QL     |
| MAYZENT                          | 5           | SP; QL     |
| MAYZENT STARTER PACK             | 5           | SP; QL     |
| PLEGRIDY                         | Not covered | SP; QL     |
| PLEGRIDY STARTER PACK            | Not covered | SP; QL     |
| PONVORY                          | Not covered | SP; QL     |

| Drug Name                                         | Drug Tier   | Notes      |
|---------------------------------------------------|-------------|------------|
| PONVORY STARTER PACK                              | Not covered | SP; QL     |
| REBIF                                             | Not covered | SP; QL     |
| REBIF REBIDOSE                                    | Not covered | SP; QL     |
| REBIF REBIDOSE TITRATION PACK                     | Not covered | SP; QL     |
| REBIF TITRATION PACK                              | Not covered | SP; QL     |
| TASCENSO ODT                                      | Not covered | SP; QL     |
| teriflunomide                                     | 1           | SP; QL     |
| VUMERITY                                          | Not covered | SP; QL     |
| ZEPOSIA                                           | 5           | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK                        | 5           | PA; SP; QL |
| ZEPOSIA STARTER KIT                               | 5           | PA; SP; QL |
| <b>Cholestatic Pruritus Agent</b>                 |             |            |
| <b>Ileal Bile Acid Transporter Inhibitor</b>      |             |            |
| BYLVAY                                            | 4           | PA; SP; QL |
| BYLVAY (PELLETS)                                  | 4           | PA; SP; QL |
| LIVMARLI                                          | 4           | PA; SP; QL |
| LYNAVOY                                           | Not covered | SP; QL     |
| <b>Dental and Oral Agents</b>                     |             |            |
| cevimeline hcl                                    | 1           |            |
| chlorhexidine gluconate mouth/throat              | 1           |            |
| periogard                                         | 1           |            |
| pilocarpine hcl oral                              | 1           |            |
| triamcinolone acetonide mouth/throat              | 1           |            |
| <b>Dermatological Agents</b>                      |             |            |
| ABSORICA LD                                       | Not covered | QL         |
| acutane                                           | 3           | QL         |
| acitretin                                         | 3           |            |
| adapalene external cream                          | 3           |            |
| adapalene external gel                            | 3           |            |
| ADAPALENE EXTERNAL PAD                            | Not covered |            |
| ADAPALENE EXTERNAL SOLUTION                       | Not covered |            |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | 3           |            |
| adapalene-benzoyl peroxide external gel 0.3-2.5 % | Not covered | QL         |
| ADBRY                                             | 4           | PA; SP; QL |

| Drug Name                                                  | Drug Tier   | Notes      |
|------------------------------------------------------------|-------------|------------|
| AKLIEF                                                     | Not covered | QL         |
| ALTRENO                                                    | Not covered | QL         |
| ammonium lactate external                                  | 1           |            |
| amnestem                                                   | 3           | QL         |
| AMZEEQ                                                     | Not covered | QL         |
| ANZUPGO                                                    | Not covered | QL         |
| ARAZLO                                                     | Not covered | QL         |
| azelaic acid external                                      | 1           |            |
| AZELEX                                                     | Not covered |            |
| benzoyl peroxide-erythromycin                              | Not covered |            |
| BIMZELX                                                    | Not covered | SP; QL     |
| CABTREO                                                    | Not covered | QL         |
| calcipotriene external cream                               | 1           |            |
| CALCIPOTRIENE EXTERNAL FOAM                                | Not covered | ABA        |
| calcipotriene external ointment                            | 1           |            |
| calcipotriene external solution                            | 1           |            |
| calcipotriene-betameth diprop                              | 1           |            |
| calcitriol external                                        | 1           |            |
| CIBINQO                                                    | 4           | PA; SP; QL |
| claravis                                                   | 3           | QL         |
| clindacin                                                  | Not covered |            |
| clindacin etz                                              | 1           |            |
| clindacin-p                                                | 1           |            |
| clindamycin phos (once-daily)                              | Not covered |            |
| clindamycin phos (twice-daily)                             | 1           |            |
| clindamycin phos-benzoyl perox external gel 1.2-2.5 %      | Not covered |            |
| clindamycin phos-benzoyl perox external gel 1.2-3.75 %     | Not covered | QL         |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 % | 3           |            |
| clindamycin phosphate external foam                        | Not covered |            |
| clindamycin phosphate external lotion                      | 1           |            |
| clindamycin phosphate external solution                    | 1           |            |
| clindamycin phosphate external swab                        | 1           |            |
| clindamycin-tretinoin                                      | Not covered |            |
| COSENTYX (300 MG DOSE)                                     | 5           | PA; SP; QL |

| Drug Name                                            | Drug Tier   | Notes      |
|------------------------------------------------------|-------------|------------|
| COSENTYX 150 MG/ML SUBCUTANEOUS                      | 5           | PA; SP; QL |
| COSENTYX SENSOREADY (300 MG)                         | 5           | PA; SP; QL |
| COSENTYX SENSOREADY PEN                              | 5           | PA; SP; QL |
| COSENTYX UNOREADY                                    | 5           | PA; SP; QL |
| dapsone external gel 5 %                             | Not covered | QL         |
| dapsone external gel 7.5 %                           | Not covered |            |
| DERMAVYX                                             | Not covered |            |
| doxepin hcl external                                 | Not covered | QL         |
| doxycycline                                          | Not covered |            |
| DRYSOL                                               | 2           |            |
| DUOBRII                                              | Not covered | QL         |
| DUPIXENT                                             | 4           | PA; SP; QL |
| EBGLYSS                                              | 4           | PA; SP; QL |
| EMROSI                                               | Not covered | QL         |
| ENSTILAR                                             | Not covered | QL         |
| EPIFOAM                                              | Not covered |            |
| EPSOLAY                                              | Not covered | QL         |
| ERY PAD 2%                                           | Not covered |            |
| erythromycin external gel                            | 3           |            |
| erythromycin external solution                       | 1           |            |
| EUCRISA                                              | 2           | ST; QL     |
| FILSUVEZ                                             | 4           | PA; SP; QL |
| FINACEA EXTERNAL FOAM                                | Not covered | QL         |
| hydrocortisone ace-pramoxine external cream 2.5-1 %  | Not covered |            |
| HYFTOR                                               | 4           | SP; QL     |
| ILUMYA                                               | Not covered |            |
| imiquimod external cream 3.75 %                      | Not covered | QL         |
| imiquimod external cream 5 %                         | 1           | QL         |
| imiquimod pump                                       | Not covered | QL         |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 3           | QL         |
| isotretinoin oral capsule 25 mg, 35 mg               | Not covered | QL         |
| ivermectin external cream                            | 1           | ST; QL     |
| LEQSELVI                                             | Not covered | SP; QL     |
| LITFULO                                              | Not covered | SP; QL     |

| Drug Name                                                   | Drug Tier   | Notes      |
|-------------------------------------------------------------|-------------|------------|
| methoxsalen rapid                                           | 1           |            |
| metronidazole external                                      | 1           |            |
| NEMLUVIO                                                    | 5           | PA; SP; QL |
| neuac                                                       | 3           |            |
| NORITATE                                                    | Not covered |            |
| OPZELURA                                                    | Not covered | QL         |
| pimecrolimus                                                | 1           |            |
| podofilox external                                          | 1           |            |
| PRAMOSONE                                                   | Not covered |            |
| QBREXZA                                                     | Not covered | QL         |
| SANTYL                                                      | 2           |            |
| selenium sulfide external lotion                            | 1           |            |
| SILIQ                                                       | Not covered | SP; QL     |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE                     | Not covered | SP; QL     |
| sodium sulfacetamide wash                                   | 1           |            |
| SOFDRA                                                      | Not covered | QL         |
| SORILUX                                                     | Not covered |            |
| SOTYKTU                                                     | Not covered | SP; QL     |
| SPEVIGO SUBCUTANEOUS                                        | Not covered | SP; QL     |
| sss 10-5                                                    | 3           |            |
| sulfacetamide sodium (acne)                                 | 3           |            |
| sulfacetamide sodium external                               | 1           |            |
| sulfacetamide sodium-sulfur external cream 10-5 %           | 3           |            |
| sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 % | 3           |            |
| sulfacetamide sodium-sulfur external suspension 8-4 %       | 3           |            |
| sulfacetamide sod-sulfur wash external liquid 9-4.5 %       | 3           |            |
| tacrolimus external                                         | 1           |            |
| TALTZ                                                       | 5           | PA; SP; QL |
| tazarotene external cream                                   | 1           |            |
| TAZAROTENE EXTERNAL FOAM                                    | Not covered | ABA; QL    |
| tazarotene external gel                                     | 1           |            |
| tretinoin external cream                                    | 3           |            |

| Drug Name                                       | Drug Tier   | Notes  |
|-------------------------------------------------|-------------|--------|
| tretinoin external gel 0.01 %, 0.025 %          | 3           |        |
| tretinoin external gel 0.05 %                   | Not covered |        |
| tretinoin microsphere                           | Not covered |        |
| tretinoin microsphere pump                      | Not covered |        |
| trilitas                                        | 1           |        |
| TWYNEO                                          | Not covered | QL     |
| VEREGEN                                         | Not covered |        |
| VTAMA                                           | 2           | ST; QL |
| WENIXRA                                         | Not covered |        |
| WINLEVI                                         | Not covered | QL     |
| WYNZORA                                         | Not covered | QL     |
| ZELSUVMI                                        | 3           | PA; QL |
| zenatane                                        | 3           | QL     |
| ZILXI                                           | Not covered | QL     |
| ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %            | Not covered | QL     |
| ZORYVE EXTERNAL CREAM 0.3 %                     | 2           | ST; QL |
| ZORYVE EXTERNAL FOAM                            | 2           | ST; QL |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>    |             |        |
| <b>Electrolyte/Mineral Replacement</b>          |             |        |
| ACCRUFER                                        | Not covered | QL     |
| AMINOAM RMS                                     | Not covered |        |
| AMINORELIEF RMS                                 | Not covered |        |
| AQUASTAT                                        | 3           |        |
| AQUASTAT SFR                                    | 3           |        |
| BD POSIFLUSH                                    | 3           |        |
| BD POSIFLUSH SAFESCRUB                          | 3           |        |
| carglumic acid                                  | 4           | PA; SP |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | Not covered |        |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ         | 2           |        |
| GALZIN                                          | Not covered | QL     |
| iodine strong                                   | 1           |        |
| klor-con                                        | 1           |        |
| klor-con 10                                     | 1           |        |
| klor-con m10                                    | 1           |        |

| Drug Name                                        | Drug Tier   | Notes                                   |
|--------------------------------------------------|-------------|-----------------------------------------|
| klor-con m15                                     | 1           |                                         |
| klor-con m20                                     | 1           |                                         |
| K-PHOS                                           | Not covered |                                         |
| K-PHOS NO 2                                      | Not covered |                                         |
| levocarnitine oral solution                      | 1           |                                         |
| levocarnitine oral tablet                        | 1           |                                         |
| levocarnitine sf                                 | 1           |                                         |
| MONOJECT FLUSH SYRINGE                           | 3           |                                         |
| MONOJECT SODIUM CHLORIDE FLUSH                   | 3           |                                         |
| normal saline flush                              | 1           |                                         |
| PHOSPHO-TRIN K500                                | Not covered |                                         |
| POKONZA                                          | Not covered |                                         |
| potassium chloride crys er                       | 1           |                                         |
| potassium chloride er                            | 1           |                                         |
| potassium chloride oral packet 20 meq            | 1           |                                         |
| potassium chloride oral packet 40 meq            | Not covered |                                         |
| potassium chloride oral solution                 | 1           |                                         |
| potassium citrate er                             | 1           |                                         |
| saline flush                                     | 1           |                                         |
| sodium chloride flush solution 0.9 % intravenous | 1           |                                         |
| SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS | 3           |                                         |
| sodium fluoride oral                             | 1           | PV2; AL (Min 6 Months and Max 16 Years) |
| ZYCUBO                                           | 4           | PA; SP; QL                              |
| <b>Electrolyte/Mineral/Metal Modifiers</b>       |             |                                         |
| CHEMET                                           | Not covered |                                         |
| CUVRIOR                                          | Not covered | SP; QL                                  |
| deferasirox granules                             | Not covered | 15DS; SP                                |
| deferasirox oral packet                          | Not covered | 15DS; SP                                |
| deferasirox oral tablet                          | 4           | 15DS; SP                                |
| deferasirox oral tablet soluble                  | 4           | 15DS; SP                                |
| deferiprone                                      | 4           | PA; SP; QL                              |
| FERRIPROX ORAL SOLUTION                          | Not covered | SP; QL                                  |
| FERRIPROX TWICE-A-DAY                            | Not covered | SP; QL                                  |
| KIONEX                                           | Not covered |                                         |

| Drug Name                                                  | Drug Tier   | Notes      |
|------------------------------------------------------------|-------------|------------|
| LOKELMA                                                    | 2           | QL         |
| sodium polystyrene sulfonate                               | 1           |            |
| SPS (SODIUM POLYSTYRENE SULF)                              | Not covered |            |
| tolvaptan                                                  | 4           | PA; SP; QL |
| tolvaptan (hyponatremia)                                   | 4           | PA; SP; QL |
| trientine hcl                                              | 4           | PA; SP; QL |
| VELTASSA                                                   | Not covered | QL         |
| <b>Phosphate Binders</b>                                   |             |            |
| calcium acetate (phos binder)                              | 1           |            |
| calcium acetate oral tablet 667 mg                         | 1           |            |
| ferric citrate tablet 1 gm 210 mg(fe) oral                 | Not covered |            |
| FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL                 | Not covered | ABA        |
| FOSRENOL ORAL PACKET                                       | Not covered |            |
| lanthanum carbonate                                        | 4           |            |
| sevelamer carbonate                                        | 1           |            |
| sevelamer hcl                                              | 1           |            |
| VELPHORO                                                   | Not covered |            |
| <b>Vitamins</b>                                            |             |            |
| AQUASOL A                                                  | Not covered |            |
| cyanocobalamin injection solution 1000 mcg/ml              | Not covered |            |
| cyanocobalamin nasal                                       | Not covered |            |
| ergocalciferol oral capsule                                | 1           |            |
| folate                                                     | Preventive  | PV1        |
| FOLIC ACID ORAL SOLUTION                                   | Not covered | ABA; QL    |
| folic acid oral tablet 1 mg                                | 1           |            |
| folic acid oral tablet 400 mcg, 800 mcg                    | Preventive  | PV1        |
| ft folic acid                                              | Preventive  | PV1        |
| hydroxocobalamin acetate                                   | 1           |            |
| phytonadione injection solution 10 mg/ml                   | Not covered |            |
| phytonadione oral                                          | 1           |            |
| QUIOFIC                                                    | Not covered | QL         |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1           |            |
| vitamin k1 injection                                       | Not covered |            |
| yl folic acid                                              | Preventive  | PV1        |

| Drug Name                               | Drug Tier   | Notes  |
|-----------------------------------------|-------------|--------|
| <b>Gastrointestinal Agents</b>          |             |        |
| <b>Antispasmodics, Gastrointestinal</b> |             |        |
| ATROPINE SULFATE INTRAMUSCULAR          | Not covered |        |
| belladonna alkaloids-opium              | 1           |        |
| DERMACINRX DIGENYX                      | Not covered |        |
| dicyclomine hcl oral capsule            | 1           |        |
| dicyclomine hcl oral solution 10 mg/5ml | 1           |        |
| dicyclomine hcl oral tablet 20 mg       | 1           |        |
| dicyclomine hcl oral tablet 40 mg       | Not covered |        |
| GLYCATE                                 | Not covered |        |
| glycopyrrolate oral solution 1 mg/5ml   | 1           |        |
| glycopyrrolate oral tablet 1 mg, 2 mg   | 1           |        |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG       | Not covered |        |
| hyoscyamine sulfate er                  | 1           |        |
| hyoscyamine sulfate oral                | 1           |        |
| hyoscyamine sulfate sl                  | 1           |        |
| hyoscyamine sulfate sublingual          | 1           |        |
| hyosyne                                 | 1           |        |
| LEVBIID                                 | Not covered |        |
| LEVSIN                                  | Not covered |        |
| LEVSIN/SL                               | Not covered |        |
| methscopolamine bromide oral            | 1           |        |
| NULEV                                   | Not covered |        |
| OSCIMIN                                 | Not covered |        |
| <b>Gastrointestinal Agents, Other</b>   |             |        |
| AKKERSTOR                               | Not covered |        |
| amoxicill-clarithro-lansopraz           | Not covered |        |
| BIOTRELLE                               | Not covered |        |
| bis subcit-metronid-tetracyc            | Not covered |        |
| bismuth/metronidaz/tetracyclin          | Not covered |        |
| chlordiazepoxide-clidinium              | 1           |        |
| cromolyn sodium oral                    | 1           |        |
| CTEXLI                                  | 4           | PA; SP |
| diphenoxylate-atropine                  | 1           |        |
| FLORACTIS                               | Not covered |        |
| GATTEX                                  | Not covered | SP; QL |

| Drug Name                                   | Drug Tier   | Notes            |
|---------------------------------------------|-------------|------------------|
| GLYCTERA                                    | Not covered |                  |
| IQIRVO                                      | Not covered | SP; QL           |
| LIVDELZI                                    | 5           | PA; SP; QL       |
| loperamide hcl oral capsule                 | Not covered |                  |
| MOTOFEN                                     | Not covered |                  |
| MOVANTIK                                    | Not covered | QL               |
| MYTESI                                      | Not covered | QL               |
| prucalopride succinate                      | Not covered | QL               |
| RELISTOR                                    | Not covered | QL               |
| RELTONE                                     | Not covered |                  |
| REZDIFFRA                                   | 4           | PA; 15DS; SP; QL |
| SEROSTIM                                    | Not covered | SP               |
| SYMPROIC                                    | 2           | QL               |
| TALICIA                                     | Not covered | QL               |
| TRUEBALANCE                                 | Not covered |                  |
| TRULANCE                                    | Not covered | QL               |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG        | Not covered |                  |
| ursodiol oral capsule 300 mg                | 1           |                  |
| ursodiol oral tablet                        | 1           |                  |
| VOQUEZNA                                    | Not covered | QL               |
| VOQUEZNA DUAL PAK                           | Not covered | QL               |
| VOQUEZNA TRIPLE PAK                         | Not covered | QL               |
| VOWST                                       | Not covered | SP; QL           |
| XERMELO                                     | 4           | PA; SP; OVM      |
| <b>Histamine2 (H2) Receptor Antagonists</b> |             |                  |
| cimetidine hcl                              | 1           |                  |
| cimetidine oral                             | 1           |                  |
| famotidine oral suspension reconstituted    | 1           |                  |
| famotidine oral tablet 20 mg, 40 mg         | 1           |                  |
| nizatidine                                  | 1           |                  |
| RANITIDINE HCL                              | Not covered |                  |
| <b>Irritable Bowel Syndrome Agents</b>      |             |                  |
| alosetron hcl oral tablet 0.5 mg            | 1           | QL               |
| alosetron hcl oral tablet 1 mg              | Not covered | QL               |
| IBSRELA                                     | Not covered | QL               |
| LINZESS                                     | 2           | QL               |

| Drug Name                   | Drug Tier   | Notes                                       |
|-----------------------------|-------------|---------------------------------------------|
| lubiprostone                | 1           | QL                                          |
| VIBERZI                     | Not covered | QL                                          |
| <b>Laxatives</b>            |             |                                             |
| bisacodyl ec                | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| clearlax                    | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| CLENPIQ                     | 3           | QL                                          |
| constulose                  | 1           |                                             |
| enulose                     | 1           |                                             |
| ft clearlax                 | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| ft laxative                 | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| ft magnesium citrate        | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| ft milk of magnesia         | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| gavilax oral powder         | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| gavilyte-c                  | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| gavilyte-g                  | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| gavilyte-n with flavor pack | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| generlac                    | 1           |                                             |
| gentle laxative oral        | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| glycolax                    | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| goodsense clearlax          | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| goodsense milk of magnesia  | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| healthylax                  | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| KRISTALOSE                  | Not covered |                                             |
| lactulose encephalopathy    | 1           |                                             |
| lactulose oral packet       | Not covered |                                             |

| Drug Name                                                               | Drug Tier   | Notes                                       |
|-------------------------------------------------------------------------|-------------|---------------------------------------------|
| lactulose oral solution                                                 | 1           |                                             |
| laxative osmotic                                                        | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| magnesium citrate oral solution                                         | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| milk of magnesia concentrate                                            | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| mm clearlax                                                             | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| na sulfate-k sulfate-mg sulf                                            | 1           | QL                                          |
| peg 3350                                                                | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| peg 3350-kcl-na bicarb-nacl                                             | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-3350/electrolytes                                                   | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-3350/electrolytes/ascorbat                                          | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-kcl-nacl-nasulf-na asc-c                                            | 1           | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| polyethylene glycol 3350 oral                                           | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| smooth lax oral powder                                                  | Preventive  | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| SUFLAVE                                                                 | 3           | QL                                          |
| SUTAB                                                                   | 3           | QL                                          |
| <b>Protectants</b>                                                      |             |                                             |
| misoprostol oral                                                        | 1           |                                             |
| sucralfate oral                                                         | 1           |                                             |
| <b>Proton Pump Inhibitors</b>                                           |             |                                             |
| dexlansoprazole                                                         | Not covered |                                             |
| esomeprazole magnesium                                                  | Not covered |                                             |
| KONVOMEPR                                                               | Not covered |                                             |
| lansoprazole oral capsule delayed release                               | 1           | QL                                          |
| lansoprazole oral tablet delayed release dispersible                    | Not covered |                                             |
| omeprazole oral capsule delayed release                                 | 1           | QL                                          |

| Drug Name                                                                | Drug Tier   | Notes      |
|--------------------------------------------------------------------------|-------------|------------|
| omeprazole-sodium bicarbonate                                            | Not covered | QL         |
| pantoprazole sodium oral packet                                          | Not covered |            |
| pantoprazole sodium oral tablet delayed release                          | 1           | QL         |
| PRILOSEC                                                                 | Not covered |            |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE                                 | Not covered | ABA; QL    |
| rabeprazole sodium oral tablet delayed release                           | 1           |            |
| <b>Genetic or Enzyme Disorder:<br/>Replacement, Modifiers, Treatment</b> |             |            |
| betaine                                                                  | 4           | SP         |
| BUPHENYL ORAL POWDER                                                     | Not covered |            |
| CERDELGA                                                                 | Not covered | SP; QL     |
| CHOLBAM                                                                  | 4           | PA; SP; QL |
| CREON                                                                    | 4           |            |
| CYSTAGON                                                                 | 4           | SP         |
| DUVYZAT                                                                  | 5           | PA; SP; QL |
| EVRYSDI                                                                  | Not covered | SP; QL     |
| GALAFOLD                                                                 | Not covered | SP; QL     |
| GLASSIA                                                                  | Not covered | SP; QL     |
| glycerol phenylbutyrate                                                  | Not covered | PA; SP; QL |
| HARLIKU                                                                  | Not covered | SP; QL     |
| IMCIVREE                                                                 | Not covered | SP; QL     |
| KYGEVVI                                                                  | 4           | PA; SP; QL |
| LOARGYS                                                                  | 4           | PA; SP; QL |
| miglustat                                                                | 4           | PA; SP; QL |
| MYALEPT                                                                  | Not covered | SP; QL     |
| nitisinone                                                               | 4           | PA; SP     |
| NITYR                                                                    | Not covered | SP         |
| OLPRUVA (2 GM DOSE)                                                      | Not covered | SP; QL     |
| OLPRUVA (3 GM DOSE)                                                      | Not covered | SP; QL     |
| OLPRUVA (4 GM DOSE)                                                      | Not covered | SP; QL     |
| OLPRUVA (5 GM DOSE)                                                      | Not covered | SP; QL     |
| OLPRUVA (6 GM DOSE)                                                      | Not covered | SP; QL     |
| OLPRUVA (6.67 GM DOSE)                                                   | Not covered | SP; QL     |
| OPFOLDA                                                                  | Not covered | SP; QL     |
| ORFADIN ORAL SUSPENSION                                                  | 4           | PA; SP     |

| Drug Name                                      | Drug Tier   | Notes      |
|------------------------------------------------|-------------|------------|
| PALYNZIQ                                       | Not covered | SP; QL     |
| PANCREAZE                                      | Not covered |            |
| PERTZYE                                        | Not covered |            |
| PHEBURANE                                      | Not covered | SP; QL     |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG    | Not covered | SP; QL     |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG    | Not covered | SP         |
| PROCYSBI ORAL PACKET                           | Not covered | SP; QL     |
| REVCovi                                        | 4           | PA; SP; QL |
| sapropterin dihydrochloride                    | 4           | PA; SP     |
| SEPHIENCE                                      | 5           | PA; SP     |
| sodium phenylbutyrate oral powder              | 1           |            |
| sodium phenylbutyrate oral tablet              | 1           | QL         |
| STRENSIQ                                       | 4           | PA; SP; QL |
| SUCRAID                                        | 5           | PA; SP; QL |
| VIOKACE                                        | Not covered |            |
| VOXZOGO                                        | 4           | PA; SP; QL |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | 5           | PA; SP; QL |
| WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Not covered |            |
| XURIDEN                                        | 4           | PA; SP; QL |
| yargesa                                        | Not covered | SP; QL     |
| zelvysia                                       | 4           | PA; SP     |
| ZENPEP                                         | 4           |            |

## Genitourinary Agents

### Antispasmodics, Urinary

|                                                    |             |        |
|----------------------------------------------------|-------------|--------|
| darifenacin hydrobromide er                        | Not covered | QL     |
| fesoterodine fumarate er                           | 1           | QL     |
| flavoxate hcl                                      | 1           |        |
| GEMTESA                                            | Not covered | QL     |
| mirabegron er oral suspension reconstituted er     | Not covered | QL     |
| mirabegron er oral tablet extended release 24 hour | 1           | PA; QL |
| oxybutynin chloride er                             | 1           |        |
| oxybutynin chloride oral                           | 1           |        |

| Drug Name                                  | Drug Tier   | Notes            |
|--------------------------------------------|-------------|------------------|
| OXYTROL                                    | Not covered | QL               |
| solifenacin succinate                      | 1           | QL               |
| tolterodine tartrate                       | 1           |                  |
| tolterodine tartrate er                    | 1           |                  |
| tropium chloride                           | 1           | QL               |
| tropium chloride er                        | 1           | QL               |
| URETRON D/S                                | Not covered |                  |
| <b>Benign Prostatic Hypertrophy Agents</b> |             |                  |
| alfuzosin hcl er                           | 1           |                  |
| CARDURA XL                                 | Not covered |                  |
| dutasteride oral                           | 1           |                  |
| dutasteride-tamsulosin hcl                 | Not covered | QL               |
| ENTADFI                                    | Not covered | QL               |
| finasteride oral tablet 5 mg               | 1           |                  |
| silodosin                                  | 1           | QL               |
| tamsulosin hcl                             | 1           |                  |
| terazosin hcl                              | 1           |                  |
| TEZRULY                                    | Not covered |                  |
| <b>Genitourinary Agents, Other</b>         |             |                  |
| acetic acid irrigation                     | 1           |                  |
| ARGYLE STERILE SALINE                      | 3           |                  |
| bethanechol chloride oral                  | 1           |                  |
| CURITY STERILE SALINE                      | 3           |                  |
| ELMIRON                                    | Not covered |                  |
| FILSPARI                                   | 4           | PA; 15DS; SP; QL |
| LITHOSTAT                                  | 3           |                  |
| OPTIONS GYNOL II CONTRACEPTIVE             | Preventive  | PV1; QL          |
| penicillamine oral                         | 4           | QL               |
| RENACIDIN                                  | Not covered |                  |
| RIVFLOZA                                   | 5           | PA; SP; QL       |
| sodium chloride irrigation                 | 1           |                  |
| tiopronin                                  | 4           | PA               |
| TODAY SPONGE                               | Preventive  | PV1; QL          |
| VANRAFIA                                   | Not covered | SP; QL           |
| VCF VAGINAL CONTRACEPTIVE                  | Preventive  | PV1; QL          |
| VOYXACT                                    | 5           | PA; SP; QL       |

| Drug Name                                                                 | Drug Tier   | Notes  |
|---------------------------------------------------------------------------|-------------|--------|
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying<br/>(Adrenal)</b> |             |        |
| AGAMREE                                                                   | Not covered | SP; QL |
| ALA SCALP                                                                 | Not covered |        |
| ala-cort                                                                  | 1           |        |
| alclometasone dipropionate                                                | 1           |        |
| ALKINDI SPRINKLE                                                          | Not covered | SP; QL |
| amcinonide                                                                | Not covered |        |
| betamethasone dipropionate aug                                            | 1           |        |
| betamethasone dipropionate external                                       | 1           |        |
| betamethasone valerate external                                           | 1           |        |
| BRYHALI                                                                   | Not covered | QL     |
| clobetasol prop emollient base                                            | 1           |        |
| clobetasol propionate e                                                   | 1           |        |
| clobetasol propionate emulsion                                            | 1           |        |
| CLOBETASOL PROPIONATE EXTERNAL<br>CREAM 0.025 %                           | Not covered | ABA    |
| clobetasol propionate external cream 0.05 %                               | 1           |        |
| clobetasol propionate external foam                                       | 1           |        |
| clobetasol propionate external gel                                        | 1           |        |
| clobetasol propionate external liquid                                     | 1           |        |
| clobetasol propionate external lotion                                     | 1           |        |
| clobetasol propionate external ointment                                   | 1           |        |
| clobetasol propionate external shampoo                                    | 1           |        |
| clobetasol propionate external solution                                   | 1           |        |
| clocortolone pivalate                                                     | Not covered |        |
| clodan                                                                    | 1           |        |
| CORDRAN                                                                   | Not covered |        |
| CORTISONE ACETATE ORAL                                                    | Not covered |        |
| deflazacort                                                               | 4           | PA; SP |
| desonide external cream                                                   | 1           |        |
| desonide external gel                                                     | Not covered |        |
| desonide external lotion                                                  | 1           |        |
| desonide external ointment                                                | 1           |        |
| desoximetasone external cream                                             | 1           |        |

| Drug Name                                   | Drug Tier   | Notes |
|---------------------------------------------|-------------|-------|
| desoximetasone external gel                 | 1           |       |
| desoximetasone external liquid              | Not covered |       |
| desoximetasone external ointment            | 1           |       |
| dexamethasone intensol                      | 1           |       |
| dexamethasone oral elixir                   | 1           |       |
| dexamethasone oral solution                 | 1           |       |
| dexamethasone oral tablet                   | 1           |       |
| dexamethasone oral tablet therapy pack      | Not covered |       |
| DEXLYT                                      | Not covered |       |
| diflorasone diacetate                       | Not covered |       |
| evesse                                      | 1           |       |
| fludrocortisone acetate oral                | 1           |       |
| fluocinolone acetonide body                 | 1           |       |
| fluocinolone acetonide external             | 1           |       |
| fluocinolone acetonide scalp                | 1           |       |
| fluocinonide emulsified base                | 1           |       |
| fluocinonide external cream 0.05 %          | 1           |       |
| fluocinonide external cream 0.1 %           | 1           | QL    |
| fluocinonide external gel                   | 1           |       |
| fluocinonide external ointment              | 1           |       |
| fluocinonide external solution              | 1           |       |
| flurandrenolide                             | Not covered |       |
| fluticasone propionate external             | 1           |       |
| halcinonide                                 | Not covered |       |
| halobetasol propionate external cream       | 1           |       |
| halobetasol propionate external foam        | Not covered |       |
| HALOBETASOL PROPIONATE EXTERNAL LOTION      | Not covered | ABA   |
| halobetasol propionate external ointment    | 1           |       |
| HEMADY                                      | Not covered |       |
| HIDEX 6-DAY                                 | Not covered |       |
| HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 % | Not covered |       |
| hydrocortisone butyrate                     | 1           |       |
| hydrocortisone external cream 1 %, 2.5 %    | 1           |       |
| hydrocortisone external lotion 2 %          | Not covered |       |

| Drug Name                                             | Drug Tier   | Notes  |
|-------------------------------------------------------|-------------|--------|
| hydrocortisone external lotion 2.5 %                  | 1           |        |
| hydrocortisone external ointment 1 %, 2.5 %           | 1           |        |
| HYDROCORTISONE EXTERNAL SOLUTION                      | Not covered |        |
| hydrocortisone oral                                   | 1           |        |
| hydrocortisone sod suc (pf)                           | 1           |        |
| hydrocortisone valerate                               | 1           |        |
| HYDROXYM EXTERNAL CREAM                               | Not covered |        |
| IMPOYZ                                                | Not covered |        |
| jaythari                                              | 4           | PA; SP |
| KHINDIVI                                              | Not covered | SP; QL |
| kymbee                                                | 4           | PA; SP |
| MEDROL ORAL TABLET 2 MG                               | Not covered |        |
| methylprednisolone oral                               | 1           |        |
| mometasone furoate external                           | 1           |        |
| prednisolone oral                                     | 1           |        |
| prednisolone sodium phosphate oral solution           | 1           |        |
| prednisolone sodium phosphate oral tablet dispersible | Not covered |        |
| prednisone intensol                                   | 1           |        |
| prednisone oral solution                              | 1           |        |
| prednisone oral tablet                                | 1           |        |
| PREDNISONE ORAL TABLET DELAYED RELEASE 1 MG, 2 MG     | Not covered | QL     |
| prednisone oral tablet delayed release 5 mg           | Not covered | QL     |
| prednisone oral tablet therapy pack                   | 1           |        |
| pyquvi                                                | 4           | PA; SP |
| SERNIVO                                               | Not covered | QL     |
| TAPERDEX 12-DAY                                       | Not covered |        |
| TAPERDEX 6-DAY                                        | Not covered |        |
| TAPERDEX 7-DAY                                        | Not covered |        |
| TEXACORT                                              | Not covered |        |
| tovet                                                 | 1           |        |
| triamcinolone acetonide external aerosol solution     | 1           | QL     |
| triamcinolone acetonide external cream                | 1           |        |
| triamcinolone acetonide external lotion               | 1           |        |
| triamcinolone acetonide external ointment             | 1           |        |

| Drug Name                                                                   | Drug Tier   | Notes      |
|-----------------------------------------------------------------------------|-------------|------------|
| triamcinolone in absorbase                                                  | 1           |            |
| triderm                                                                     | 1           |            |
| ULTRAVATE                                                                   | Not covered |            |
| <b>Hormonal Agents,<br/>Stimulant/Replacement/Modifying<br/>(Pituitary)</b> |             |            |
| ACTHAR                                                                      | Not covered | SP; QL     |
| ACTHAR GEL                                                                  | Not covered | SP; QL     |
| cabergoline                                                                 | 1           |            |
| CHORIONIC GONADOTROPIN<br>INTRAMUSCULAR                                     | Not covered | SP; QL     |
| CORTROPHIN                                                                  | Not covered | SP; QL     |
| CORTROPHIN GEL                                                              | Not covered | SP         |
| CRENESSITY                                                                  | 4           | PA; SP; QL |
| desmopressin ace spray refrig                                               | 1           |            |
| desmopressin acetate injection                                              | 1           |            |
| desmopressin acetate oral                                                   | 1           |            |
| desmopressin acetate pf                                                     | 1           |            |
| desmopressin acetate spray                                                  | 1           |            |
| EGRIFTA SV                                                                  | Not covered | SP; QL     |
| EGRIFTA WR                                                                  | Not covered | SP; QL     |
| FOLLISTIM AQ                                                                | Not covered | SP; QL     |
| GENOTROPIN                                                                  | 4           | PA; SP     |
| GENOTROPIN MINIQUEICK                                                       | 4           | PA; SP     |
| GONAL-F                                                                     | Not covered | SP; QL     |
| GONAL-F RFF REDIJECT                                                        | Not covered | SP; QL     |
| HUMATROPE                                                                   | Not covered | SP         |
| INCRELEX                                                                    | Not covered | SP         |
| ISTURISA                                                                    | Not covered | SP; QL     |
| MENOPUR                                                                     | Not covered | SP         |
| NGENLA                                                                      | Not covered | SP         |
| NORDITROPIN FLEXPPO                                                         | 4           | PA; SP     |
| NOVAREL                                                                     | Not covered | SP; QL     |
| OMNITROPE                                                                   | Not covered | SP         |
| OVIDREL                                                                     | Not covered | SP; QL     |
| PREGNYL                                                                     | Not covered | SP; QL     |

| Drug Name                                                                        | Drug Tier   | Notes      |
|----------------------------------------------------------------------------------|-------------|------------|
| RECORLEV                                                                         | Not covered | SP; QL     |
| SKYTROFA                                                                         | 5           | PA; SP     |
| SOGROYA                                                                          | 5           | PA; SP; QL |
| ZOMACTON                                                                         | Not covered | SP         |
| <b>Selective Estrogen Receptor Modifying Agents</b>                              |             |            |
| clomid                                                                           | 1           | QL         |
| clomiphene citrate oral                                                          | 1           | QL         |
| milophene                                                                        | 1           | QL         |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>         |             |            |
| mifepristone oral tablet 300 mg                                                  | 4           | PA; SP; QL |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b> |             |            |
| <b>Androgens</b>                                                                 |             |            |
| AZMIRO                                                                           | Not covered |            |
| danazol oral                                                                     | 1           |            |
| INTRAROSA                                                                        | Not covered |            |
| JATENZO                                                                          | Not covered | QL         |
| KYZATREX                                                                         | Not covered | QL         |
| METHITEST                                                                        | 5           | QL         |
| methyltestosterone oral                                                          | Not covered | QL         |
| NATESTO                                                                          | Not covered | QL         |
| TESTOSTERONE CYPIONATE INJECTION                                                 | Not covered |            |
| testosterone cypionate intramuscular                                             | 1           |            |
| testosterone enanthate intramuscular                                             | 1           |            |
| testosterone transdermal gel                                                     | 1           | PA; QL     |
| testosterone transdermal solution                                                | Not covered | QL         |
| TLANDO                                                                           | Not covered | QL         |
| XYOSTED                                                                          | Not covered | QL         |
| <b>Estrogens</b>                                                                 |             |            |
| abigale                                                                          | 1           |            |
| abigale lo                                                                       | 1           |            |
| afirmelle                                                                        | 1           | PV2        |
| ALORA                                                                            | Not covered |            |

| Drug Name                      | Drug Tier   | Notes   |
|--------------------------------|-------------|---------|
| altavera                       | 1           | PV2     |
| alyacen 1/35                   | 1           | PV2     |
| alyacen 7/7/7                  | 1           | PV2     |
| amethyst                       | 1           | PV2     |
| ANGELIQ                        | 3           |         |
| ANNOVERA                       | 3           | QL      |
| apri                           | 1           | PV2     |
| aranelle                       | 1           | PV2     |
| ashlyna                        | 1           | PV2; QL |
| aubra eq                       | 1           | PV2     |
| aurovela 1.5/30                | 1           | PV2     |
| aurovela 1/20                  | 1           | PV2     |
| aurovela 24 fe                 | 1           | PV2     |
| aurovela fe 1.5/30             | 1           | PV2     |
| aurovela fe 1/20               | 1           | PV2     |
| AVERI ORAL TABLET 0.15-0.03 MG | Not covered |         |
| aviane                         | 1           | PV2     |
| ayuna                          | 1           | PV2     |
| azurette                       | 1           | PV2     |
| balziva                        | 1           | PV2     |
| BIJUVA                         | Not covered | QL      |
| blisovi 24 fe                  | 1           | PV2     |
| blisovi fe 1.5/30              | 1           | PV2     |
| blisovi fe 1/20                | 1           | PV2     |
| briellyn                       | 1           | PV2     |
| camrese                        | 1           | PV2; QL |
| camrese lo                     | 1           | PV2; QL |
| charlotte 24 fe                | 1           | PV2     |
| chateal eq                     | 1           | PV2     |
| CLIMARA PRO                    | 3           |         |
| COMBIPATCH                     | Not covered |         |
| COVARYX                        | Not covered |         |
| COVARYX HS                     | Not covered |         |
| cryselle                       | 1           | PV2     |
| cyred eq                       | 1           | PV2     |
| dasetta 1/35 (28)              | 1           | PV2     |

| Drug Name                        | Drug Tier   | Notes   |
|----------------------------------|-------------|---------|
| dasetta 7/7/7                    | 1           | PV2     |
| daysee                           | 1           | PV2; QL |
| delyla                           | 1           | PV2     |
| DEPO-ESTRADIOL                   | Not covered |         |
| dolishale                        | 1           | PV2     |
| dotti                            | 1           |         |
| drospiren-eth estrad-levomefol   | 1           | PV2     |
| drospirenone-ethinyl estradiol   | 1           | PV2     |
| DUAVEE                           | 3           |         |
| EEMT                             | Not covered |         |
| EEMT HS                          | Not covered |         |
| ELESTRIN                         | 3           |         |
| elinest                          | 1           | PV2     |
| eluryng                          | 1           | PV2; QL |
| enilloring                       | 1           | PV2; QL |
| enskyce                          | 1           | PV2     |
| est estrogens-methyltest         | 1           |         |
| est estrogens-methyltest ds      | 1           |         |
| est estrogens-methyltest hs      | 1           |         |
| estarylla                        | 1           | PV2     |
| estradiol oral                   | 1           |         |
| estradiol transdermal            | 1           |         |
| estradiol vaginal                | 1           |         |
| estradiol valerate intramuscular | 1           |         |
| estradiol-norethindrone acet     | 1           |         |
| ESTRATEST H.S.                   | Not covered |         |
| ESTRING                          | 2           |         |
| estrogens conjugated             | 1           |         |
| etonogestrel-ethinyl estradiol   | 1           | PV2; QL |
| EVAMIST                          | 3           |         |
| falmina                          | 1           | PV2     |
| feirza 1.5/30                    | 1           | PV2     |
| feirza 1/20                      | 1           | PV2     |
| FEMLYV                           | Not covered | QL      |
| FEMRING                          | Not covered |         |
| finzala                          | 1           | PV2     |

| Drug Name                | Drug Tier   | Notes   |
|--------------------------|-------------|---------|
| fyavolv                  | 1           |         |
| galbriela                | 1           | PV2     |
| gemmily                  | 1           | PV2     |
| GWYN LO                  | Not covered | QL      |
| hailey 1.5/30            | 1           | PV2     |
| hailey 24 fe             | 1           | PV2     |
| hailey fe 1.5/30         | 1           | PV2     |
| hailey fe 1/20           | 1           | PV2     |
| iclevia                  | 1           | PV2; QL |
| IMVEXXY MAINTENANCE PACK | 3           |         |
| IMVEXXY STARTER PACK     | 3           |         |
| introvale                | 1           | PV2; QL |
| isibloom                 | 1           | PV2     |
| jaimiess                 | 1           | PV2; QL |
| jasmiel                  | 1           | PV2     |
| jinteli                  | 1           |         |
| jolessa                  | 1           | PV2; QL |
| joyeaux                  | 1           | PV2     |
| juleber                  | 1           | PV2     |
| junel 1.5/30             | 1           | PV2     |
| junel 1/20               | 1           | PV2     |
| junel fe 1.5/30          | 1           | PV2     |
| junel fe 1/20            | 1           | PV2     |
| junel fe 24              | 1           | PV2     |
| kaitlib fe               | 1           | PV2     |
| kalliga                  | 1           | PV2     |
| kariva                   | 1           | PV2     |
| kelnor 1/35              | 1           | PV2     |
| kurvelo                  | 1           | PV2     |
| larin 1.5/30             | 1           | PV2     |
| larin 1/20               | 1           | PV2     |
| larin 24 fe              | 1           | PV2     |
| larin fe 1.5/30          | 1           | PV2     |
| larin fe 1/20            | 1           | PV2     |
| lessina                  | 1           | PV2     |
| levonest                 | 1           | PV2     |

| Drug Name                                                                  | Drug Tier   | Notes   |
|----------------------------------------------------------------------------|-------------|---------|
| levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg | 1           | PV2; QL |
| levonorgest-eth estradiol-iron                                             | 1           | PV2     |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg         | 1           | PV2     |
| levonorg-eth estrad triphasic                                              | 1           | PV2     |
| LO LOESTRIN FE                                                             | 3           |         |
| lojaimiess                                                                 | 1           | PV2; QL |
| loryna                                                                     | 1           | PV2     |
| low-ogestrel                                                               | 1           | PV2     |
| lo-zumandimine                                                             | 1           | PV2     |
| luizza 1.5/30                                                              | 1           | PV2     |
| luizza 1/20                                                                | 1           | PV2     |
| luteria                                                                    | 1           | PV2     |
| lyllana                                                                    | 1           |         |
| marlissa                                                                   | 1           | PV2     |
| MENOSTAR                                                                   | Not covered |         |
| mibelas 24 fe                                                              | 1           | PV2     |
| microgestin 1.5/30                                                         | 1           | PV2     |
| microgestin 1/20                                                           | 1           | PV2     |
| microgestin fe 1.5/30                                                      | 1           | PV2     |
| microgestin fe 1/20                                                        | 1           | PV2     |
| mili                                                                       | 1           | PV2     |
| mimvey                                                                     | 1           |         |
| minzoya                                                                    | 1           | PV2     |
| mono-linyah                                                                | 1           | PV2     |
| MYFEMBREE                                                                  | 4           | PA; QL  |
| NATAZIA                                                                    | Not covered |         |
| necon 0.5/35 (28)                                                          | 1           | PV2     |
| NEXTSTELLIS                                                                | 3           |         |
| nikki                                                                      | 1           | PV2     |
| norelgestromin-eth estradiol                                               | 1           | PV2; QL |
| norethin ace-eth estrad-fe                                                 | 1           | PV2     |
| norethindrone acet-ethinyl est                                             | 1           | PV2     |
| norethindrone-eth estradiol                                                | 1           |         |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg                      | 1           | PV2     |

| Drug Name                                | Drug Tier   | Notes   |
|------------------------------------------|-------------|---------|
| norgestimate-ethinyl estradiol triphasic | 1           | PV2     |
| nortrel 0.5/35 (28)                      | 1           | PV2     |
| nortrel 1/35 (21)                        | 1           | PV2     |
| nortrel 1/35 (28)                        | 1           | PV2     |
| nortrel 7/7/7                            | 1           | PV2     |
| nylia 1/35                               | 1           | PV2     |
| nylia 7/7/7                              | 1           | PV2     |
| ORIAHNN                                  | Not covered | QL      |
| philith                                  | 1           | PV2     |
| pimtreea                                 | 1           | PV2     |
| portia-28                                | 1           | PV2     |
| PREMARIN VAGINAL                         | 2           |         |
| PREMPHASE                                | 2           |         |
| PREMPRO                                  | 2           |         |
| reclipsen                                | 1           | PV2     |
| rivelsa                                  | 1           | PV2; QL |
| rosyrah                                  | 1           | PV2; QL |
| setlakin                                 | 1           | PV2; QL |
| simliya                                  | 1           | PV2     |
| simpesse                                 | 1           | PV2; QL |
| sprintec 28                              | 1           | PV2     |
| syeda                                    | 1           | PV2     |
| tarina 24 fe                             | 1           | PV2     |
| tarina fe 1/20 eq                        | 1           | PV2     |
| taysofy                                  | 1           | PV2     |
| tilia fe                                 | 1           | PV2     |
| tri-estarylla                            | 1           | PV2     |
| tri-legest fe                            | 1           | PV2     |
| tri-lynyah                               | 1           | PV2     |
| tri-lo-estarylla                         | 1           | PV2     |
| tri-lo-marzia                            | 1           | PV2     |
| tri-lo-mili                              | 1           | PV2     |
| tri-lo-sprintec                          | 1           | PV2     |
| tri-mili                                 | 1           | PV2     |
| tri-sprintec                             | 1           | PV2     |
| tri-vylibra                              | 1           | PV2     |

| Drug Name             | Drug Tier   | Notes   |
|-----------------------|-------------|---------|
| tri-vylibra lo        | 1           | PV2     |
| turqoz                | 1           | PV2     |
| TWIRLA                | Not covered | QL      |
| TYBLUME               | Not covered |         |
| tydemy                | 1           | PV2     |
| valtya 1/35           | 1           | PV2     |
| valtya 1/50           | 1           | PV2     |
| velivet               | 1           | PV2     |
| vestura               | 1           | PV2     |
| vienva                | 1           | PV2     |
| viorele               | 1           | PV2     |
| volnea                | 1           | PV2     |
| vyfemla               | 1           | PV2     |
| vylibra               | 1           | PV2     |
| wera                  | 1           | PV2     |
| wymzya fe             | 1           | PV2     |
| xarah fe              | 1           | PV2     |
| xelria fe             | 1           | PV2     |
| xulane                | 1           | PV2; QL |
| yuvaferm              | 1           |         |
| zafemy                | 1           | PV2; QL |
| zovia 1/35 (28)       | 1           | PV2     |
| zumandimine           | 1           | PV2     |
| <b>Progestins</b>     |             |         |
| aftera                | Preventive  | PV1; QL |
| afterpill             | Preventive  | PV1; QL |
| camila                | 1           | PV2     |
| CRINONE               | Not covered |         |
| deblitane             | 1           | PV2     |
| DEPO-SUBQ PROVERA 104 | Not covered |         |
| econtra one-step      | Preventive  | PV1; QL |
| ELLA                  | 3           | PV2; QL |
| emzahh                | 1           | PV2     |
| errin                 | 1           | PV2     |
| gallifrey             | 1           |         |
| heather               | 1           | PV2     |

| Drug Name                                                         | Drug Tier   | Notes   |
|-------------------------------------------------------------------|-------------|---------|
| her style                                                         | Preventive  | PV1; QL |
| incassia                                                          | 1           | PV2     |
| jencycla                                                          | 1           | PV2     |
| levonorgestrel                                                    | Preventive  | PV1; QL |
| lyleq                                                             | 1           | PV2     |
| lyza                                                              | 1           | PV2     |
| medroxyprogesterone acetate intramuscular                         | 1           | PV2     |
| medroxyprogesterone acetate oral                                  | 1           |         |
| megestrol acetate oral                                            | 1           |         |
| meleya                                                            | 1           | PV2     |
| my choice                                                         | Preventive  | PV1; QL |
| my way                                                            | Preventive  | PV1; QL |
| new day                                                           | Preventive  | PV1; QL |
| nora-be                                                           | 1           | PV2     |
| norethindrone acetate oral                                        | 1           |         |
| norethindrone oral                                                | 1           | PV2     |
| norlyroc                                                          | 1           | PV2     |
| opcicon one-step                                                  | Preventive  | PV1; QL |
| option 2                                                          | Preventive  | PV1; QL |
| orquidea                                                          | 1           | PV2     |
| progesterone intramuscular                                        | 1           |         |
| progesterone oral                                                 | 1           |         |
| progesterone vaginal                                              | Not covered |         |
| sharobel                                                          | 1           | PV2     |
| shewise                                                           | Preventive  | PV1; QL |
| SLYND                                                             | Not covered | QL      |
| take action                                                       | Preventive  | PV1; QL |
| your choice                                                       | Preventive  | PV1; QL |
| <b>Selective Estrogen Receptor Modifying Agents</b>               |             |         |
| OSPHENA                                                           | 3           |         |
| raloxifene hcl                                                    | 1           | PV3; QL |
| <b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b> |             |         |
| ARMOUR THYROID                                                    | Not covered |         |

| Drug Name                                            | Drug Tier   | Notes      |
|------------------------------------------------------|-------------|------------|
| LEVOTHYROXINE SODIUM ORAL CAPSULE                    | Not covered | ABA        |
| levothyroxine sodium oral tablet                     | 1           |            |
| levoxyl                                              | 1           |            |
| liomny                                               | 1           |            |
| liothyronine sodium oral                             | 1           |            |
| THYQUIDITY                                           | Not covered |            |
| TIROSINT                                             | 3           |            |
| TIROSINT-SOL                                         | 3           |            |
| unithroid                                            | 1           |            |
| <b>Hormonal Agents, Suppressant (Adrenal)</b>        |             |            |
| LYSODREN                                             | 2           | QL         |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>      |             |            |
| BYNFEZIA PEN                                         | Not covered | PA; SP; QL |
| cetrorelix acetate                                   | Not covered | SP         |
| ganirelix acetate                                    | Not covered | SP         |
| leuprolide acetate injection                         | 4           | SP         |
| LUPRON DEPOT (1-MONTH)<br>INTRAMUSCULAR KIT 3.75 MG  | Not covered | SP         |
| LUPRON DEPOT (3-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG | Not covered | SP         |
| LUPRON DEPOT-PED (1-MONTH)                           | Not covered | SP         |
| LUPRON DEPOT-PED (3-MONTH)                           | Not covered | SP         |
| LUPRON DEPOT-PED (6-MONTH)                           | Not covered | SP         |
| MYCAPSSA                                             | Not covered | SP; QL     |
| octreotide acetate injection                         | 4           | SP         |
| octreotide acetate subcutaneous                      | 4           | SP         |
| ORILISSA                                             | Not covered | QL         |
| PALSONIFY                                            | Not covered | SP; QL     |
| SIGNIFOR                                             | 4           | PA; SP; QL |
| SOMAVERT                                             | 4           | PA; SP     |
| SYNAREL                                              | Not covered |            |
| <b>Hormonal Agents, Suppressant (Thyroid)</b>        |             |            |
| <b>Antithyroid Agents</b>                            |             |            |
| methimazole oral                                     | 1           |            |
| propylthiouracil oral                                | 1           |            |

| Drug Name                                                                           | Drug Tier   | Notes      |
|-------------------------------------------------------------------------------------|-------------|------------|
| <b>Immunological Agents</b>                                                         |             |            |
| <b>Angioedema Agents</b>                                                            |             |            |
| ANDEMBRY                                                                            | 4           | PA; SP; QL |
| BERINERT                                                                            | Not covered | SP         |
| DAWNZERA                                                                            | Not covered | SP; QL     |
| EKTERLY                                                                             | Not covered | SP; QL     |
| HAEGARDA                                                                            | 4           | PA; SP; QL |
| icatibant acetate                                                                   | 4           | PA; SP; QL |
| ORLADEYO                                                                            | 4           | PA; SP; QL |
| RUCONEST                                                                            | Not covered | SP; QL     |
| TAKHZYRO                                                                            | Not covered | SP; QL     |
| <b>Immune Suppressants</b>                                                          |             |            |
| ABRILADA (1 PEN)                                                                    | Not covered | SP; QL     |
| ABRILADA (2 PEN)                                                                    | Not covered | SP; QL     |
| ABRILADA (2 SYRINGE)                                                                | Not covered | SP; QL     |
| ADALIMUMAB-AACF (2 PEN)                                                             | Not covered | SP; QL     |
| ADALIMUMAB-AACF (2 SYRINGE)                                                         | Not covered | SP; QL     |
| ADALIMUMAB-AACF (CD/UC/HS STRT)                                                     | Not covered | SP; QL     |
| ADALIMUMAB-AACF (PS/UV STARTER)                                                     | Not covered | SP; QL     |
| ADALIMUMAB-AATY (1 PEN)                                                             | Not covered | SP; QL     |
| ADALIMUMAB-AATY (2 PEN)                                                             | Not covered | SP; QL     |
| ADALIMUMAB-AATY (2 SYRINGE)                                                         | Not covered | SP; QL     |
| ADALIMUMAB-AATY CD/UC/HS START                                                      | Not covered | SP         |
| ADALIMUMAB-ADAZ                                                                     | Not covered | SP         |
| ADALIMUMAB-ADBM (2 PEN)                                                             | Not covered | SP         |
| ADALIMUMAB-ADBM (2 SYRINGE)                                                         | Not covered | SP         |
| ADALIMUMAB-BWWD                                                                     | Not covered | SP         |
| ADALIMUMAB-FKJP (2 PEN)                                                             | Not covered | SP         |
| ADALIMUMAB-FKJP (2 SYRINGE)                                                         | Not covered | SP         |
| AMJEVITA                                                                            | Not covered | SP         |
| AMJEVITA-PED 10KG TO <15KG<br>SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 10MG/0.2ML | Not covered | SP         |
| AMJEVITA-PED 15KG TO <30KG                                                          | Not covered | SP         |
| azathioprine oral                                                                   | 1           |            |
| CIMZIA (1 SYRINGE)                                                                  | Not covered | SP; QL     |

| Drug Name                                             | Drug Tier   | Notes      |
|-------------------------------------------------------|-------------|------------|
| CIMZIA (2 SYRINGE)                                    | Not covered | SP; QL     |
| CIMZIA-STARTER                                        | Not covered | SP; QL     |
| cyclosporine modified                                 | 4           | SP         |
| cyclosporine oral                                     | 4           | SP         |
| CYLTEZO (2 PEN)                                       | Not covered | SP         |
| CYLTEZO (2 SYRINGE)                                   | Not covered | SP         |
| ENBREL                                                | 4           | PA; SP; QL |
| ENBREL MINI                                           | 4           | PA; SP; QL |
| ENBREL SURECLICK                                      | 4           | PA; SP; QL |
| ENVARUSUS XR                                          | Not covered | SP         |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 4           | SP         |
| engraf                                                | 4           | SP         |
| HADLIMA                                               | Not covered | SP         |
| HADLIMA PUSHTOUCH                                     | Not covered | SP         |
| HULIO (2 PEN)                                         | Not covered | SP         |
| HULIO (2 SYRINGE)                                     | Not covered | SP         |
| HUMIRA (2 PEN)                                        | Not covered | SP; QL     |
| HUMIRA (2 SYRINGE)                                    | Not covered | SP; QL     |
| HUMIRA-CD/UC/HS STARTER                               | Not covered | SP; QL     |
| HUMIRA-PSORIASIS/VEIT STARTER                         | Not covered | SP; QL     |
| HYRIMOZ                                               | Not covered | SP         |
| HYRIMOZ-CROHNS/UC STARTER                             | Not covered | SP         |
| HYRIMOZ-PED<40KG CROHN STARTER                        | Not covered | SP         |
| HYRIMOZ-PED>=40KG CROHN START                         | Not covered | SP         |
| HYRIMOZ-PLAQ PSOR/VEIT START                          | Not covered | SP         |
| HYRIMOZ-PLAQUE PSORIASIS START                        | Not covered | SP         |
| IMULDOSA SUBCUTANEOUS                                 | Not covered | SP; QL     |
| JYLAMVO                                               | Not covered | SP         |
| KINERET                                               | 5           | PA; SP; QL |
| LUPKYNIS                                              | Not covered | SP; QL     |
| methotrexate sodium (pf)                              | 1           |            |
| methotrexate sodium injection solution                | 1           |            |
| methotrexate sodium oral                              | 1           |            |
| mycophenolate mofetil oral                            | 4           | SP         |
| mycophenolate sodium                                  | 4           | SP         |

| Drug Name                                          | Drug Tier   | Notes       |
|----------------------------------------------------|-------------|-------------|
| mycophenolic acid                                  | 4           | SP          |
| MYHIBBIN                                           | Not covered | SP; QL      |
| OLUMIANT                                           | Not covered | SP; QL      |
| OMVOH (300 MG DOSE)                                | Not covered | SP; QL      |
| OMVOH SUBCUTANEOUS                                 | Not covered | SP; QL      |
| ORENCIA CLICKJECT                                  | 5           | PA; SP; QL  |
| ORENCIA SUBCUTANEOUS                               | 5           | PA; SP; QL  |
| OTULFI SUBCUTANEOUS                                | Not covered | SP          |
| PROGRAF ORAL PACKET                                | 5           | SP          |
| RASUVO                                             | Not covered | SP; QL      |
| REZUROCK                                           | 4           | PA; SP; OVM |
| RHAPSIDO                                           | Not covered | SP; QL      |
| SIMLANDI (1 PEN)                                   | 4           | PA; SP; QL  |
| SIMLANDI (2 PEN)                                   | 4           | PA; SP; QL  |
| SIMLANDI (2 SYRINGE)                               | 4           | PA; SP; QL  |
| SIMPONI                                            | 4           | PA; SP; QL  |
| sirolimus oral                                     | 4           | SP          |
| SKYRIZI PEN                                        | Not covered | SP; QL      |
| SKYRIZI SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE | Not covered | SP; QL      |
| STARJEMZA SUBCUTANEOUS                             | Not covered | SP          |
| STEQEYMA SUBCUTANEOUS                              | Not covered | SP; QL      |
| tacrolimus er                                      | 4           | SP          |
| tacrolimus oral                                    | 4           | SP          |
| tofacitinib citrate er                             | 4           | PA; SP; QL  |
| tofacitinib citrate oral                           | 4           | PA; SP; QL  |
| TREXALL                                            | 2           |             |
| USTEKINUMAB-AAUZ                                   | Not covered | SP          |
| XATMEP                                             | Not covered | SP          |
| YESINTEK SUBCUTANEOUS                              | 4           | PA; SP; QL  |
| YUFLYMA (1 PEN)                                    | Not covered | SP; QL      |
| YUFLYMA (2 PEN)                                    | Not covered | SP; QL      |
| YUFLYMA (2 SYRINGE)                                | Not covered | SP; QL      |
| YUFLYMA-CD/UC/HS STARTER                           | Not covered | SP; QL      |
| YUSIMRY                                            | Not covered | SP          |
| ZYMFENTRA (1 PEN)                                  | Not covered | SP; QL      |

| Drug Name                      | Drug Tier   | Notes      |
|--------------------------------|-------------|------------|
| ZYMFENTRA (2 PEN)              | Not covered | SP; QL     |
| ZYMFENTRA (2 SYRINGE)          | Not covered | SP; QL     |
| <b>Immunoglobulins</b>         |             |            |
| CUTAQUIG                       | Not covered | SP         |
| CUVITRU                        | Not covered | SP         |
| GAMMAGARD                      | 4           | PA; SP     |
| GAMMAGARD ERC                  | 4           | PA; SP     |
| GAMMAKED                       | Not covered | SP         |
| GAMUNEX-C                      | Not covered | SP         |
| HIZENTRA                       | 4           | PA; SP     |
| HYQVIA                         | Not covered | SP         |
| XEMBIFY                        | Not covered | SP         |
| <b>Immunomodulators</b>        |             |            |
| ACTEMRA ACTPEN                 | Not covered | SP; QL     |
| ACTEMRA SUBCUTANEOUS           | Not covered | SP; QL     |
| ACTIMMUNE                      | 4           | SP         |
| ARCALYST                       | Not covered | SP; QL     |
| AURANOFIN                      | 3           | ABA        |
| AVTOZMA SUBCUTANEOUS           | Not covered | SP         |
| BENLYSTA SUBCUTANEOUS          | 4           | PA; SP; QL |
| BEYFORTUS                      | Preventive  | PV1; QL    |
| ENFLONIA                       | Preventive  | PV1; QL    |
| ENSPRYNG                       | 4           | PA; SP; QL |
| ENTYVIO PEN                    | 5           | PA; SP; QL |
| ICOTYDE                        | Not covered | SP; QL     |
| KEVZARA                        | Not covered | SP; QL     |
| leflunomide oral               | 1           |            |
| OTEZLA                         | 4           | PA; SP; QL |
| OTEZLA XR                      | 4           | PA; SP; QL |
| OTEZLA/OTEZLA XR INITIATION PK | 4           | PA; SP; QL |
| PYZCHIVA SUBCUTANEOUS          | Not covered | SP         |
| RIDAURA                        | Not covered |            |
| RINVOQ                         | Not covered | SP; QL     |
| RINVOQ LQ                      | Not covered | SP; QL     |
| SAPHNELO PEN                   | Not covered | SP; QL     |
| SAPHNELO SUBCUTANEOUS          | Not covered | SP; QL     |

| Drug Name                                      | Drug Tier   | Notes      |
|------------------------------------------------|-------------|------------|
| SELARSDI SUBCUTANEOUS                          | Not covered | SP         |
| STELARA SUBCUTANEOUS                           | Not covered | SP; QL     |
| TREMFYA ONE-PRESS                              | 4           | PA; SP; QL |
| TREMFYA PEN                                    | 4           | PA; SP; QL |
| TREMFYA SUBCUTANEOUS                           | 4           | PA; SP; QL |
| TREMFYA-CD/UC INDUCTION                        | 4           | PA; SP; QL |
| TYENNE SUBCUTANEOUS                            | 4           | PA; SP; QL |
| USTEKINUMAB SUBCUTANEOUS                       | Not covered | SP; QL     |
| USTEKINUMAB-AEKN                               | Not covered | SP         |
| USTEKINUMAB-TTWE SUBCUTANEOUS                  | Not covered | SP         |
| VELSIPITY                                      | Not covered | SP; QL     |
| WEZLANA SUBCUTANEOUS                           | Not covered | SP; QL     |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | 4           | PA; SP; QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4           | PA; SP; QL |
| <b>Immunosuppressants</b>                      |             |            |
| JOENJA                                         | 4           | PA; SP; QL |
| <b>Vaccines</b>                                |             |            |
| ABRYSVO                                        | Preventive  | PV1; QL    |
| ACTHIB                                         | Preventive  | PV1; QL    |
| ADACEL                                         | Preventive  | PV1; QL    |
| AREXVY                                         | Preventive  | PV1; QL    |
| BEXSERO                                        | Preventive  | PV1; QL    |
| BOOSTRIX                                       | Preventive  | PV1; QL    |
| CAPVAXIVE                                      | Preventive  | PV1; QL    |
| DAPTACEL                                       | Preventive  | PV1; QL    |
| DENGVAXIA                                      | Preventive  | PV1; QL    |
| ENGERIX-B                                      | Preventive  | PV1; QL    |
| FLUAD                                          | Preventive  | PV1; QL    |
| FLUARIX                                        | Preventive  | PV1; QL    |
| FLUBLOK                                        | Preventive  | PV1; QL    |
| FLUCELVAX                                      | Preventive  | PV1; QL    |
| FLULAVAL                                       | Preventive  | PV1; QL    |
| FLUMIST                                        | Preventive  | PV1; QL    |
| FLUZONE HIGH-DOSE                              | Preventive  | PV1; QL    |

| Drug Name                                             | Drug Tier  | Notes                                         |
|-------------------------------------------------------|------------|-----------------------------------------------|
| FLUZONE INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE | Preventive | PV1; QL                                       |
| GARDASIL 9                                            | Preventive | PV1; QL; AL (Min 9 Years and<br>Max 45 Years) |
| HAVRIX                                                | Preventive | PV1; QL                                       |
| HEPLISAV-B                                            | Preventive | PV1; QL                                       |
| HIBERIX                                               | Preventive | PV1; QL                                       |
| INFANRIX                                              | Preventive | PV1; QL                                       |
| IPOL                                                  | Preventive | PV1; QL                                       |
| JYNNEOS                                               | Preventive | PV1; QL                                       |
| KINRIX                                                | Preventive | PV1; QL                                       |
| MENQUADFI                                             | Preventive | PV1; QL                                       |
| MENVEO                                                | Preventive | PV1; QL                                       |
| MFLUSIVA                                              | Preventive | PV1; QL                                       |
| M-M-R II                                              | Preventive | PV1; QL                                       |
| MNEXSPIKE                                             | Preventive | PV1; QL                                       |
| MRESVIA                                               | Preventive | PV1; QL                                       |
| PEDIARIX                                              | Preventive | PV1; QL                                       |
| PEDVAXHIB                                             | Preventive | PV1; QL                                       |
| PENBRAYA                                              | Preventive | PV1; QL                                       |
| PENMENVY                                              | Preventive | PV1; QL                                       |
| PENTACEL                                              | Preventive | PV1; QL                                       |
| PNEUMOVAX 23                                          | Preventive | PV1; QL                                       |
| PREVNAR 20                                            | Preventive | PV1; QL                                       |
| PRIORIX                                               | Preventive | PV1; QL                                       |
| PROQUAD                                               | Preventive | PV1; QL                                       |
| QUADRACEL                                             | Preventive | PV1; QL                                       |
| RECOMBIVAX HB                                         | Preventive | PV1; QL                                       |
| ROTARIX                                               | Preventive | PV1; QL                                       |
| ROTATEQ                                               | Preventive | PV1; QL                                       |
| SHINGRIX                                              | Preventive | PV1; QL                                       |
| SPIKEVAX                                              | Preventive | PV1; QL                                       |
| SPIKEVAX 6M-11Y                                       | Preventive | PV1; QL                                       |
| TENIVAC                                               | Preventive | PV1; QL                                       |
| TRUMENBA                                              | Preventive | PV1; QL                                       |
| TWINRIX                                               | Preventive | PV1; QL                                       |

| Drug Name                                         | Drug Tier   | Notes      |
|---------------------------------------------------|-------------|------------|
| VAQTA                                             | Preventive  | PV1; QL    |
| VARIVAX                                           | Preventive  | PV1; QL    |
| VAXELIS                                           | Preventive  | PV1; QL    |
| VAXNEUVANCE                                       | Preventive  | PV1; QL    |
| <b>Inflammatory Bowel Disease Agents</b>          |             |            |
| <b>Aminosalicylates</b>                           |             |            |
| balsalazide disodium                              | 3           |            |
| DIPENTUM                                          | 3           |            |
| mesalamine er oral capsule 0.375 gm               | 1           |            |
| mesalamine oral capsule delayed release 400 mg    | 1           |            |
| mesalamine oral tablet delayed release 1.2 gm     | 3           | QL         |
| mesalamine oral tablet delayed release 800 mg     | 3           |            |
| mesalamine rectal                                 | 3           |            |
| <b>Glucocorticoids</b>                            |             |            |
| ANALPRAM HC EXTERNAL CREAM 2.5-1 %                | Not covered |            |
| ANALPRAM HC EXTERNAL LOTION                       | Not covered |            |
| ANUCORT-HC                                        | Not covered |            |
| ANUSOL-HC RECTAL                                  | Not covered |            |
| budesonide er                                     | 4           | QL         |
| budesonide oral                                   | 1           |            |
| budesonide rectal                                 | Not covered |            |
| CORTIFOAM                                         | Not covered |            |
| EOHILIA                                           | 5           | PA; SP; QL |
| HEMMOREX-HC                                       | Not covered |            |
| hydrocortisone (perianal)                         | 1           |            |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1           |            |
| hydrocortisone acetate rectal                     | 1           |            |
| hydrocortisone rectal                             | 1           |            |
| hydrocort-pramoxine (perianal)                    | Not covered |            |
| lidocaine-hydrocort (perianal)                    | 1           |            |
| LIDOCORT                                          | Not covered |            |
| PROCTOCORT RECTAL                                 | Not covered |            |
| PROCTOFOAM HC                                     | 2           |            |
| procto-med hc                                     | 1           |            |

| Drug Name                                                      | Drug Tier   | Notes      |
|----------------------------------------------------------------|-------------|------------|
| TARPEYO                                                        | 5           | PA; SP; QL |
| <b>Sulfonamides</b>                                            |             |            |
| sulfasalazine oral                                             | 1           |            |
| <b>Metabolic Bone Disease Agents</b>                           |             |            |
| alendronate sodium                                             | 1           | QL         |
| BINOSTO                                                        | Not covered | QL         |
| BONSITY                                                        | Not covered | SP; QL     |
| calcitonin (salmon)                                            | 1           |            |
| calcitriol oral                                                | 1           |            |
| cinacalcet hcl                                                 | 4           | SP         |
| doxercalciferol oral                                           | 1           |            |
| FOSAMAX PLUS D                                                 | Not covered | QL         |
| ibandronate sodium oral                                        | 1           | QL         |
| paricalcitol oral                                              | 1           |            |
| RAYALDEE                                                       | Not covered | QL         |
| risedronate sodium                                             | 1           | QL         |
| teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous | 4           | PA; SP; QL |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | Not covered | SP; QL     |
| TYMLOS                                                         | 4           | PA; SP; QL |
| <b>Miscellaneous Therapeutic Agents</b>                        |             |            |
| AEROCHAMBER HOLDING CHAMBER                                    | 2           | QL         |
| AEROCHAMBER MINI CHAMBER                                       | 2           | QL         |
| AEROCHAMBER MV                                                 | 2           | QL         |
| AEROCHAMBER PLS FLOVU MTHPIECE                                 | 2           | QL         |
| AEROCHAMBER PLUS FLO-VU INTERM                                 | 2           | QL         |
| AEROCHAMBER PLUS FLO-VU LARGE DEVICE                           | 2           | QL         |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE                          | 2           | QL         |
| AEROCHAMBER PLUS FLO-VU SMALL DEVICE                           | 2           | QL         |
| AEROCHAMBER PLUS FLOW VU                                       | 2           | QL         |
| AEROCHAMBER2GO ANTI-STATIC                                     | 2           | QL         |
| AQNEURSA                                                       | 4           | PA; SP; QL |
| BD AUTOSHIELD DUO PEN NEEDLES                                  | 2           |            |

| Drug Name                                                                                                                                                                             | Drug Tier   | Notes             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| BD PEN NEEDLE MICRO ULTRAFINE                                                                                                                                                         | 2           |                   |
| BD PEN NEEDLE MINI ULTRAFINE                                                                                                                                                          | 2           |                   |
| BD PEN NEEDLE NANO ULTRAFINE                                                                                                                                                          | 2           |                   |
| BD PEN NEEDLE ORIG ULTRAFINE                                                                                                                                                          | 2           |                   |
| BD PEN NEEDLE SHORT ULTRAFINE                                                                                                                                                         | 2           |                   |
| BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML | 2           |                   |
| BD ULTRA-FINE PEN NEEDLES                                                                                                                                                             | 2           |                   |
| BD VEO INSULIN SYR ULTRAFINE                                                                                                                                                          | 2           |                   |
| BREATHE COMFORT CHAMBER/ADULT                                                                                                                                                         | 3           | QL                |
| BREATHE COMFORT CHAMBER/CHILD                                                                                                                                                         | 3           | QL                |
| BREATHE EASE LARGE                                                                                                                                                                    | 3           | QL                |
| BREATHE EASE MEDIUM                                                                                                                                                                   | 3           | QL                |
| BREATHE EASE SMALL                                                                                                                                                                    | 3           | QL                |
| BREATHRITE VALVED MDI CHAMBER                                                                                                                                                         | 3           | QL                |
| CAYA                                                                                                                                                                                  | 3           | PV2               |
| CLEVER CHOICE HOLDING CHAMBER                                                                                                                                                         | 3           | QL                |
| COMPACT SPACE CHAMBER                                                                                                                                                                 | 3           | QL                |
| COMPACT SPACE CHAMBER/LG MASK                                                                                                                                                         | 3           | QL                |
| COMPACT SPACE CHAMBER/MED MASK                                                                                                                                                        | 3           | QL                |
| COMPACT SPACE CHAMBER/SM MASK                                                                                                                                                         | 3           | QL                |
| CONDOMS                                                                                                                                                                               | Preventive  | PV1; QL           |
| deferoxamine mesylate                                                                                                                                                                 | 1           |                   |
| DOJOLVI                                                                                                                                                                               | Not covered | SP                |
| DUREX EXTRA SENSITIVE THIN                                                                                                                                                            | Preventive  | PV1; QL           |
| DUREX TROPICAL                                                                                                                                                                        | Preventive  | PV1; QL           |
| EASIVENT                                                                                                                                                                              | 3           | QL                |
| FC2 FEMALE CONDOM                                                                                                                                                                     | Preventive  | PV1; QL           |
| FEMCAP                                                                                                                                                                                | 3           | PV2; QL           |
| FIRDAPSE                                                                                                                                                                              | 4           | PA; SP; QL        |
| FLEXICHAMBER                                                                                                                                                                          | 3           | QL                |
| FOUNDAYO                                                                                                                                                                              | Not covered | QL                |
| GRASTEK                                                                                                                                                                               | Not covered | QL                |
| IWILFIN                                                                                                                                                                               | 4           | PA; 15DS; SP; OVM |

| Drug Name                     | Drug Tier   | Notes      |
|-------------------------------|-------------|------------|
| KERENDIA                      | 3           | PA; QL     |
| l-glutamine oral packet       | Not covered | QL         |
| LYNKUET                       | Not covered | QL         |
| methylergonovine maleate oral | 1           | PA; QL     |
| MICROCHAMBER DEVICE           | 3           | QL         |
| MIPLYFFA                      | Not covered | SP; QL     |
| NOVOFINE PEN NEEDLE           | 2           |            |
| NOVOFINE PLUS PEN NEEDLE      | 2           |            |
| ODACTRA                       | Not covered | QL         |
| OMNIPOD 5 DEXCOM INTRO KIT    | 2           | QL         |
| OMNIPOD 5 DEXCOM PODS         | 2           | QL         |
| OMNIPOD 5 LIBRE INTRO KIT     | 2           | QL         |
| OMNIPOD 5 LIBRE PODS          | 2           | QL         |
| OMNIPOD DASH INTRO KIT        | 2           | QL         |
| OMNIPOD DASH PDM (GEN 4)      | 2           |            |
| OMNIPOD DASH PODS             | 2           | QL         |
| OPTICHAMBER DIAMOND           | 2           | QL         |
| OPTICHAMBER DIAMOND-LG MASK   | 2           | QL         |
| OPTICHAMBER DIAMOND-MD MASK   | 2           | QL         |
| OPTICHAMBER DIAMOND-SM MASK   | 2           | QL         |
| PHEXX                         | 3           | PV2; QL    |
| POCKET SPACER                 | 3           | QL         |
| PRO COMFORT SPACER ADULT      | 3           | QL         |
| PRO COMFORT SPACER CHILD      | 3           | QL         |
| PRO COMFORT SPACER INFANT     | 3           | QL         |
| PROCARE SPACER/ADULT MASK     | 3           | QL         |
| PROCARE SPACER/CHILD MASK     | 3           | QL         |
| PURE COMFORT SPACER CHAMBER   | 3           | QL         |
| RADIOGARDASE                  | Not covered |            |
| RAGWITEK                      | Not covered | QL         |
| RYPLAZIM                      | 5           | PA; SP; QL |
| SOHONOS                       | 4           | PA; SP; QL |
| sterile water for irrigation  | 1           |            |
| TAVNEOS                       | Not covered | SP; QL     |
| TRUE COVER                    | Preventive  | PV1; QL    |
| TWIST REFILL KIT              | 2           | QL         |

| Drug Name                      | Drug Tier   | Notes      |
|--------------------------------|-------------|------------|
| TWIST REFILL KIT/INFUSION SET  | 2           | QL         |
| TWIST STARTER KIT              | 2           | QL         |
| VEOZAH                         | Not covered | QL         |
| V-GO 20                        | 2           | QL         |
| V-GO 30                        | 2           | QL         |
| V-GO 40                        | 2           | QL         |
| VISTOGARD                      | 4           | SP; QL     |
| VORTEX VALVE CHAMBER-PEDI MASK | 3           | QL         |
| VORTEX VALVED HOLDING CHAMBER  | 3           | QL         |
| VYKAT XR                       | 4           | PA; SP; QL |
| water for irrigation, sterile  | 1           |            |
| WEGOVY HD                      | Not covered | QL         |
| WIDE-SEAL DIAPHRAGM 60         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 65         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 70         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 75         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 80         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 85         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 90         | 3           | PV2; QL    |
| WIDE-SEAL DIAPHRAGM 95         | 3           | PV2; QL    |
| XPHOZAH                        | 4           | PA; QL     |
| YORVIPATH                      | 4           | PA; SP; QL |
| ZILBRYSQ                       | Not covered | SP; QL     |
| ZOKINVY                        | 4           | PA; SP; QL |
| <b>Ophthalmic Agents</b>       |             |            |
| <b>Aminoglycosides</b>         |             |            |
| gentamicin sulfate ophthalmic  | 1           |            |
| neomycin-polymyxin-gramicidin  | Not covered |            |
| TOBRADEX                       | Not covered |            |
| TOBRADEX ST                    | Not covered |            |
| tobramycin ophthalmic          | 1           |            |
| tobramycin-dexamethasone       | 1           |            |
| TOBREX                         | Not covered |            |
| VANCOMYCIN HCL OPHTHALMIC      | Not covered |            |
| <b>Antibacterials, Other</b>   |             |            |
| bacitracin-polymyxin b         | 1           |            |

| Drug Name                                | Drug Tier   | Notes      |
|------------------------------------------|-------------|------------|
| bacitra-neomycin-polymyxin-hc            | 1           |            |
| neomycin-bacitracin zn-polymyx           | 1           |            |
| neomycin-polymyxin-dexameth              | 1           |            |
| neomycin-polymyxin-hc ophthalmic         | 1           |            |
| polymyxin b-trimethoprim                 | 1           |            |
| XDEMZY                                   | 2           | PA; QL     |
| <b>Anti-cytomegalovirus (CMV) Agents</b> |             |            |
| ZIRGAN                                   | 3           |            |
| <b>Antifungals</b>                       |             |            |
| NATACYN                                  | 3           | QL         |
| <b>Antiherpetic Agents</b>               |             |            |
| trifluridine                             | 1           |            |
| <b>Macrolides</b>                        |             |            |
| AZASITE                                  | Not covered |            |
| erythromycin ophthalmic                  | 1           |            |
| <b>Ophthalmic Agents, Other</b>          |             |            |
| atropine sulfate ophthalmic solution 1 % | 1           |            |
| CEQUA                                    | Not covered | QL         |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %  | 3           |            |
| cyclopentolate hcl ophthalmic            | 1           |            |
| cyclosporine (pf)                        | Not covered |            |
| CYSTADROPS                               | Not covered | SP; QL     |
| CYSTARAN                                 | 4           | PA; SP; QL |
| HOMATROPAIRE                             | Not covered |            |
| LIDOCAINE HCL SOLUTION PREFILLED SYRINGE | Not covered |            |
| loteprednol-tobramycin                   | Not covered |            |
| MIEBO                                    | 2           | QL         |
| OXERVATE                                 | 4           | PA; SP; QL |
| RESTASIS MULTIDOSE                       | Not covered |            |
| sulfacetamide-prednisolone               | Not covered |            |
| tropicamide ophthalmic                   | Not covered |            |
| TRYPTYR                                  | 2           | QL         |
| TYRVAYA                                  | Not covered | QL         |
| VERKAZIA                                 | Not covered | QL         |

| Drug Name                                         | Drug Tier   | Notes  |
|---------------------------------------------------|-------------|--------|
| VEVYE                                             | Not covered | QL     |
| XIIDRA                                            | Not covered | QL     |
| <b>Ophthalmic Anti-allergy Agents</b>             |             |        |
| azelastine hcl ophthalmic                         | 1           |        |
| bepotastine besilate                              | 1           |        |
| cromolyn sodium ophthalmic                        | 1           |        |
| CYCLOMYDRIL                                       | 3           |        |
| epinastine hcl                                    | 1           |        |
| olopatadine hcl ophthalmic solution 0.2 %         | 1           |        |
| phenylephrine hcl ophthalmic                      | 1           |        |
| UPNEEQ                                            | Not covered | QL     |
| ZERVATE                                           | Not covered |        |
| <b>Ophthalmic Antiglaucoma Agents</b>             |             |        |
| apraclonidine hcl                                 | 1           |        |
| betaxolol hcl ophthalmic                          | 1           |        |
| brimonidine tartrate ophthalmic                   | 1           |        |
| brimonidine tartrate-timolol                      | 1           |        |
| brinzolamide                                      | 1           |        |
| carteolol hcl                                     | 1           |        |
| dorzolamide hcl ophthalmic                        | 1           |        |
| dorzolamide hcl-timolol mal                       | 1           |        |
| dorzolamide hcl-timolol mal pf                    | 1           |        |
| IOPIDINE                                          | Not covered |        |
| levobunolol hcl                                   | 1           |        |
| OMLONTI                                           | Not covered |        |
| PHOSPHOLINE IODIDE                                | Not covered |        |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1           |        |
| RHOPRESSA                                         | 3           | ST; QL |
| ROCKLATAN                                         | 3           | ST; QL |
| SIMBRINZA                                         | Not covered |        |
| timolol hemihydrate                               | Not covered |        |
| timolol maleate (once-daily)                      | Not covered |        |
| timolol maleate ocudose                           | Not covered |        |
| timolol maleate ophthalmic                        | 1           |        |
| timolol maleate pf                                | Not covered |        |

| Drug Name                                              | Drug Tier   | Notes  |
|--------------------------------------------------------|-------------|--------|
| <b>Ophthalmic Anti-inflammatories</b>                  |             |        |
| ACUVAIL                                                | Not covered |        |
| bromfenac sodium (once-daily)                          | Not covered |        |
| bromfenac sodium ophthalmic solution 0.07 %            | Not covered |        |
| bromfenac sodium ophthalmic solution 0.075 %           | Not covered | QL     |
| BYQLOVI                                                | Not covered |        |
| dexamethasone sodium phosphate ophthalmic              | 1           |        |
| diclofenac sodium ophthalmic                           | 1           |        |
| difluprednate                                          | 1           |        |
| EYSUVIS                                                | Not covered | QL     |
| FLAREX                                                 | Not covered |        |
| fluorometholone                                        | 1           |        |
| flurbiprofen sodium                                    | 1           |        |
| FML FORTE                                              | Not covered |        |
| ILEVRO                                                 | Not covered |        |
| INVELTYS                                               | Not covered | QL     |
| ketorolac tromethamine ophthalmic                      | 1           |        |
| LOTEMAX OPHTHALMIC OINTMENT                            | Not covered |        |
| LOTEMAX SM                                             | Not covered | QL     |
| loteprednol etabonate                                  | 1           |        |
| MAXIDEX                                                | Not covered |        |
| NEVANAC                                                | Not covered |        |
| PRED MILD                                              | Not covered |        |
| prednisolone acetate ophthalmic                        | 1           |        |
| PREDNISOLONE ACETATE P-F                               | Not covered |        |
| prednisolone sodium phosphate ophthalmic               | 1           |        |
| <b>Ophthalmic Prostaglandin and Prostanoid Analogs</b> |             |        |
| bimatoprost ophthalmic                                 | 1           |        |
| IYUZEH                                                 | Not covered | QL     |
| latanoprost ophthalmic                                 | 1           |        |
| tafluprost (pf)                                        | 1           |        |
| travoprost (bak free)                                  | 1           |        |
| VYZULTA                                                | Not covered |        |
| XELPROS                                                | 3           | PA; QL |
| ZOLYMBUS                                               | Not covered |        |

| Drug Name                                 | Drug Tier   | Notes |
|-------------------------------------------|-------------|-------|
| <b>Quinolones</b>                         |             |       |
| BESIFLOXACIN HCL                          | Not covered |       |
| BESIVANCE                                 | Not covered |       |
| CILOXAN                                   | Not covered |       |
| ciprofloxacin hcl ophthalmic              | 1           |       |
| gatifloxacin ophthalmic                   | 1           |       |
| levofloxacin ophthalmic                   | 1           |       |
| moxifloxacin hcl (2x day)                 | 1           |       |
| moxifloxacin hcl ophthalmic               | 1           |       |
| MOXIFLOXACIN HCL-BSS                      | Not covered |       |
| ofloxacin ophthalmic                      | 1           |       |
| <b>Sulfonamides</b>                       |             |       |
| sulfacetamide sodium ophthalmic           | 1           |       |
| <b>Otic Agents</b>                        |             |       |
| acetic acid otic                          | 1           |       |
| ciprofloxacin hcl otic                    | 1           |       |
| ciprofloxacin-dexamethasone               | 1           |       |
| CIPROFLOXACIN-FLUOCINOLONE PF             | Not covered |       |
| ciprofloxacin-hydrocortisone              | Not covered |       |
| CORTISPORIN-TC                            | Not covered |       |
| fluocinolone acetonide otic               | 1           |       |
| hydrocortisone-acetic acid                | 1           |       |
| neomycin-polymyxin-hc otic                | 1           |       |
| ofloxacin otic                            | 1           |       |
| OTOVEL                                    | Not covered |       |
| XTORO                                     | Not covered | QL    |
| <b>Respiratory Tract/Pulmonary Agents</b> |             |       |
| <b>Antihistamines</b>                     |             |       |
| azelastine hcl nasal                      | 1           | QL    |
| carbinoxamine maleate                     | Not covered |       |
| clemastine fumarate oral syrup            | Not covered |       |
| clemastine fumarate oral tablet           | 1           |       |
| CORPHENA                                  | Not covered |       |
| cyproheptadine hcl oral syrup 2 mg/5ml    | 1           |       |
| cyproheptadine hcl oral tablet            | 1           |       |
| diphenhydramine hcl oral elixir           | 1           |       |

| Drug Name                                                                                                        | Drug Tier   | Notes                     |
|------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| olopatadine hcl nasal                                                                                            | Not covered | QL                        |
| RYCLORA                                                                                                          | Not covered |                           |
| ryvent                                                                                                           | Not covered |                           |
| <b>Anti-inflammatories, Inhaled Corticosteroids</b>                                                              |             |                           |
| ADVAIR HFA                                                                                                       | 2           | QL                        |
| ALVESCO                                                                                                          | Not covered | QL                        |
| ARNUITY ELLIPTA                                                                                                  | Not covered | QL                        |
| ASMANEX (120 METERED DOSES)                                                                                      | 2           | QL                        |
| ASMANEX (30 METERED DOSES)                                                                                       | 2           | QL                        |
| ASMANEX (60 METERED DOSES)                                                                                       | 2           | QL                        |
| ASMANEX HFA                                                                                                      | 2           | QL                        |
| BECLOMETHASONE DIPROP HFA                                                                                        | Not covered |                           |
| BEVESPI AEROSPHERE                                                                                               | Not covered | QL                        |
| BREO ELLIPTA                                                                                                     | 2           | QL                        |
| breyna                                                                                                           | Not covered | QL                        |
| budesonide inhalation                                                                                            | 1           |                           |
| budesonide-formoterol fumarate                                                                                   | Not covered | QL                        |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT                                                           | Not covered | QL                        |
| DULERA INHALATION AEROSOL 50-5 MCG/ACT                                                                           | Not covered |                           |
| flunisolide nasal                                                                                                | 1           | QL                        |
| FLUTICASONE FUROATE ELLIPTA                                                                                      | Not covered | ABA; QL                   |
| FLUTICASONE FUROATE-VILANTEROL                                                                                   | Not covered | ABA; QL                   |
| FLUTICASONE PROPIONATE DISKUS                                                                                    | 3           | ABA; QL; AL (Max 5 Years) |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT                                           | 3           | ABA; QL; AL (Max 5 Years) |
| fluticasone propionate hfa inhalation aerosol 44 mcg/act                                                         | 1           | QL; AL (Max 5 Years)      |
| fluticasone propionate nasal                                                                                     | 1           | QL                        |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT                          | Not covered | ABA; QL                   |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1           | QL                        |

| Drug Name                                                                                                       | Drug Tier   | Notes   |
|-----------------------------------------------------------------------------------------------------------------|-------------|---------|
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 3           | ABA; QL |
| OMNARIS                                                                                                         | Not covered | QL      |
| PULMICORT FLEXHALER                                                                                             | 2           | QL      |
| QNASL                                                                                                           | Not covered | QL      |
| QNASL CHILDRENS                                                                                                 | Not covered | QL      |
| QVAR REDHALER                                                                                                   | Not covered | QL      |
| SYMBICORT                                                                                                       | 1           | QL      |
| wixela inhub                                                                                                    | 1           | QL      |
| XHANCE                                                                                                          | Not covered | QL      |
| <b>Antileukotrienes</b>                                                                                         |             |         |
| montelukast sodium oral                                                                                         | 1           | QL      |
| zafirlukast                                                                                                     | 1           | QL      |
| zileuton er                                                                                                     | 4           | QL      |
| <b>Bronchodilators, Anticholinergic</b>                                                                         |             |         |
| INCRUSE ELLIPTA                                                                                                 | Not covered | QL      |
| ipratropium bromide hfa                                                                                         | 1           | QL      |
| ipratropium bromide inhalation                                                                                  | 1           |         |
| ipratropium bromide nasal                                                                                       | 1           | QL      |
| SPIRIVA RESPIMAT                                                                                                | 2           | QL      |
| tiotropium bromide                                                                                              | 1           | QL      |
| TUDORZA PRESSAIR                                                                                                | Not covered | QL      |
| UMECLIDINIUM ELLIPTA                                                                                            | Not covered | ABA; QL |
| YUPELRI                                                                                                         | Not covered | QL      |
| <b>Bronchodilators, Sympathomimetic</b>                                                                         |             |         |
| albuterol sulfate hfa                                                                                           | 1           | QL      |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml  | 1           |         |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation                                               | 1           |         |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION                                               | Not covered |         |
| albuterol sulfate oral syrup 2 mg/5ml                                                                           | 1           |         |
| albuterol sulfate oral tablet                                                                                   | 1           |         |
| arformoterol tartrate                                                                                           | 1           | QL      |

| Drug Name                                            | Drug Tier   | Notes      |
|------------------------------------------------------|-------------|------------|
| AUVI-Q                                               | 3           | QL         |
| epinephrine injection solution auto-injector         | 1           | QL         |
| formoterol fumarate inhalation                       | 1           | QL         |
| levalbuterol hcl inhalation                          | 1           |            |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT       | 3           | ABA; QL    |
| NEFFY NASAL SOLUTION 1 MG/0.1ML                      | Not covered |            |
| NEFFY NASAL SOLUTION 2 MG/0.1ML                      | Not covered | QL         |
| PROAIR RESPICLICK                                    | Not covered | QL         |
| SEREVENT DISKUS                                      | 2           | QL         |
| STRIVERDI RESPIMAT                                   | Not covered | QL         |
| terbutaline sulfate oral                             | 1           |            |
| XOPENEX HFA                                          | 3           | QL         |
| <b>Cystic Fibrosis Agents</b>                        |             |            |
| ALYFTREK                                             | 4           | PA; SP     |
| BRONCHITOL                                           | Not covered | SP; QL     |
| BRONCHITOL TOLERANCE TEST                            | Not covered | SP; QL     |
| CAYSTON                                              | 5           | PA; SP; QL |
| KALYDECO                                             | 4           | PA; SP; QL |
| ORKAMBI                                              | 4           | PA; SP; QL |
| PULMOZYME                                            | 4           | PA; SP     |
| SYMDEKO                                              | 4           | PA; SP; QL |
| TOBI PODHALER                                        | Not covered | SP; QL     |
| tobramycin inhalation                                | 4           | SP; QL     |
| TRIKAFTA                                             | 4           | PA; SP; QL |
| <b>Mast Cell Stabilizers</b>                         |             |            |
| cromolyn sodium inhalation                           | 1           |            |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b> |             |            |
| elixophyllin                                         | 1           |            |
| OHTUVAYRE                                            | Not covered | SP; QL     |
| roflumilast                                          | 1           | QL         |
| THEO-24                                              | Not covered |            |
| theophylline er                                      | 1           |            |
| theophylline oral                                    | 1           |            |

| Drug Name                                                                                                                                  | Drug Tier   | Notes      |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| <b>Pulmonary Antihypertensives</b>                                                                                                         |             |            |
| ADEMPAS                                                                                                                                    | 4           | PA; SP; QL |
| alyq                                                                                                                                       | Not covered | SP; QL     |
| ambrisentan                                                                                                                                | 4           | PA; SP; QL |
| bosentan oral tablet                                                                                                                       | 4           | PA; SP; QL |
| bosentan oral tablet soluble                                                                                                               | Not covered | SP; QL     |
| macitentan                                                                                                                                 | 4           | PA; SP; QL |
| OPSYNVI                                                                                                                                    | Not covered | SP; QL     |
| ORENITRAM                                                                                                                                  | Not covered | SP; QL     |
| ORENITRAM MONTH 1                                                                                                                          | Not covered | SP; QL     |
| ORENITRAM MONTH 2                                                                                                                          | Not covered | SP; QL     |
| ORENITRAM MONTH 3                                                                                                                          | Not covered | SP; QL     |
| REMODULIN                                                                                                                                  | 5           | SP         |
| sildenafil citrate oral suspension reconstituted                                                                                           | 1           | PA; QL     |
| sildenafil citrate oral tablet 20 mg                                                                                                       | 1           | PA; QL     |
| tadalafil (pah)                                                                                                                            | 4           | PA; SP; QL |
| TADLIQ                                                                                                                                     | Not covered | SP; QL     |
| treprostinil                                                                                                                               | Not covered | SP         |
| TYVASO                                                                                                                                     | 4           | PA; SP; QL |
| TYVASO DPI MAINTENANCE KIT<br>INHALATION POWDER 112 X 32MCG & 112<br>X64MCG, 112 X 48MCG & 112 X64MCG, 112 X<br>48MCG & 112 X80MCG, 80 MCG | Not covered | SP; QL     |
| TYVASO DPI MAINTENANCE KIT<br>INHALATION POWDER 16 MCG, 32 MCG, 48<br>MCG, 64 MCG                                                          | Not covered | SP; QL     |
| TYVASO DPI TITRATION KIT                                                                                                                   | Not covered | SP; QL     |
| TYVASO REFILL KIT                                                                                                                          | 4           | PA; SP; QL |
| TYVASO STARTER KIT                                                                                                                         | 4           | PA; SP; QL |
| UPTRAVI ORAL TABLET 100 MCG, 150 MCG                                                                                                       | Not covered | SP; QL     |
| UPTRAVI ORAL TABLET 1000 MCG, 1200<br>MCG, 1400 MCG, 1600 MCG, 400 MCG, 600<br>MCG, 800 MCG                                                | Not covered | SP; QL     |
| UPTRAVI TABLET 200 MCG ORAL                                                                                                                | Not covered | SP; QL     |
| UPTRAVI TITRATION                                                                                                                          | Not covered | SP; QL     |
| WINREVAIR                                                                                                                                  | Not covered | SP; QL     |
| YUTREPIA                                                                                                                                   | 4           | PA; SP; QL |

| Drug Name                                      | Drug Tier   | Notes      |
|------------------------------------------------|-------------|------------|
| <b>Pulmonary Fibrosis Agents</b>               |             |            |
| JASCAYD                                        | Not covered | PA; SP; QL |
| nintedanib esylate                             | 4           | PA; SP; QL |
| pirfenidone                                    | 4           | SP; QL     |
| <b>Respiratory Tract Agents, Other</b>         |             |            |
| acetylcysteine inhalation                      | 1           |            |
| AIRSUPRA                                       | 2           | QL         |
| ANORO ELLIPTA                                  | 2           | QL         |
| azelastine-fluticasone                         | Not covered | QL         |
| BREZTRI AEROSPHERE                             | 2           | QL         |
| BRINSUPRI                                      | 4           | PA; SP; QL |
| COMBIVENT RESPIMAT                             | 2           | QL         |
| DUAKLIR PRESSAIR                               | Not covered | QL         |
| FASENRA PEN                                    | Not covered | SP; QL     |
| HYPERSAL                                       | Not covered |            |
| ipratropium-albuterol                          | 1           |            |
| mometasone furoate nasal                       | 1           | QL         |
| NEBUSAL                                        | Not covered |            |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR     | 4           | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4           | PA; SP; QL |
| ORALAIR                                        | Not covered | QL         |
| potassium iodide (expectorant)                 | 1           |            |
| PULMOSAL                                       | Not covered |            |
| sodium chloride inhalation                     | 1           |            |
| SSKI                                           | 3           |            |
| STIOLTO RESPIMAT                               | 2           | QL         |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | Not covered | SP; QL     |
| TRELEGY ELLIPTA                                | 2           | QL         |
| UMECLIDINIUM-VILANTEROL                        | Not covered | ABA; QL    |
| <b>Skeletal Muscle Relaxants</b>               |             |            |
| ATMEKSI                                        | Not covered |            |
| baclofen oral solution 10 mg/5ml, 5 mg/5ml     | Not covered | QL         |
| baclofen oral suspension                       | Not covered | QL         |
| baclofen oral tablet                           | 1           |            |

| Drug Name                                        | Drug Tier   | Notes  |
|--------------------------------------------------|-------------|--------|
| carisoprodol oral                                | Not covered |        |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg | Not covered |        |
| chlorzoxazone oral tablet 500 mg                 | 1           |        |
| cyclobenzaprine hcl er                           | Not covered | QL     |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg      | 1           |        |
| cyclobenzaprine hcl oral tablet 7.5 mg           | Not covered |        |
| dantrolene sodium oral                           | 1           |        |
| metaxalone oral tablet 400 mg, 800 mg            | 1           |        |
| metaxalone oral tablet 640 mg                    | Not covered |        |
| methocarbamol oral tablet 1000 mg                | Not covered |        |
| methocarbamol oral tablet 500 mg, 750 mg         | 1           |        |
| NORGESIC                                         | Not covered | QL     |
| NORGESIC FORTE                                   | Not covered |        |
| ONTRALFY                                         | Not covered |        |
| orphenadrine citrate er                          | 1           |        |
| orphenadrine-aspirin-caffeine                    | 1           | PA; QL |
| ORPHENGESIC FORTE                                | Not covered |        |
| tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg     | 1           |        |
| tizanidine hcl oral capsule 8 mg                 | Not covered |        |
| tizanidine hcl oral tablet                       | 1           |        |
| ZANAFLEX ORAL CAPSULE 8 MG                       | Not covered |        |
| <b>Sleep Disorder Agents</b>                     |             |        |
| <b>GABA Receptor Modulators</b>                  |             |        |
| EDLUAR                                           | Not covered | QL     |
| eszopiclone                                      | 1           | QL     |
| flurazepam hcl                                   | 1           | QL     |
| temazepam                                        | 1           | QL     |
| triazolam                                        | 1           | QL     |
| zaleplon                                         | 1           | QL     |
| zolpidem tartrate er                             | 1           | QL     |
| ZOLPIDEM TARTRATE ORAL CAPSULE                   | Not covered | QL     |
| zolpidem tartrate oral tablet                    | 1           | QL     |
| zolpidem tartrate sublingual                     | Not covered | QL     |
| <b>Sleep Disorders, Other</b>                    |             |        |
| BELSOMRA                                         | Not covered | QL     |

| Drug Name                           | Drug Tier   | Notes      |
|-------------------------------------|-------------|------------|
| DAYVIGO                             | Not covered | QL         |
| doxepin hcl oral tablet             | 1           | QL         |
| HETLIOZ LQ                          | Not covered | SP; QL     |
| QUVIVIQ                             | Not covered | QL         |
| ramelteon                           | 1           | QL         |
| tasimelteon                         | 4           | PA; SP; QL |
| <b>Wakefulness Promoting Agents</b> |             |            |
| armodafinil                         | 1           | QL         |
| LUMRYZ                              | Not covered | SP; QL     |
| LUMRYZ STARTER PACK                 | Not covered | SP; QL     |
| modafinil oral                      | 1           | QL         |
| sodium oxybate                      | 4           | PA; SP; QL |
| SUNOSI                              | 3           | PA; QL     |
| WAKIX                               | 5           | PA; SP; QL |
| XYWAV                               | Not covered | SP; QL     |

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## We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

2583 877-469- TTY: 711

2583 877-469- TTY: 711

LUU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다.

877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মেনাযোগ িদন: যিদি আপিন বাংলা বলেন তাহেল আপনার জন্য িবনামুল্যে ভাষা সহায়তা পিরেব্বাদি উপলব্ধ রেয়েছ। অ্যােসেযোগ্য ফরম্যাটে তথ্য িদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পিরেব্বাদিও িবনামুল্যে উপলব্ধ রেয়েছ। 877-469-2583 TTY: 711

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

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телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

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- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil rights complaint if you believe that Blue Cross Blue Shield of Michigan and Blue Care Network or any of our contracted vendors have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

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U.S. Department of Health & Human Services  
200 Independence Ave, SW  
Room 509, HHH Building  
Washington, D.C. 20201  
Phone: 800-368-1019, TTD: 800-537-7697

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

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