

# 2025 AmeriHealth VIP Care FL DSNP

## 2025 Member Formulary

Formulary ID 25402

CURRENT AS OF 5/1/2025

| Drug Name                                                                      | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Analgesics - Treatment Of Pain</b>                                          |           |                          |
| <b>Analgesics</b>                                                              |           |                          |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                          | 1         | PA                       |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>                   | 1         | PA; MME                  |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>                      | 1         | PA                       |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                       | 1         | PA                       |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>                | 1         | PA; MME                  |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                   | 1         | PA                       |
| <i>nalbuphine hcl injection solution 10 mg/ml</i>                              | 1         |                          |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                                    |           |                          |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                            | 1         | QL (60 EA per 30 days)   |
| <i>celecoxib oral capsule 400 mg</i>                                           | 1         | QL (30 EA per 30 days)   |
| <i>diclofenac epolamine external patch 1.3 %</i>                               | 1         |                          |
| <i>diclofenac potassium oral tablet 50 mg</i>                                  | 1         |                          |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>        | 1         |                          |
| <i>diclofenac sodium external gel 1 %</i>                                      | 1         | QL (1000 GM per 28 days) |
| <i>diclofenac sodium external gel 3 %</i>                                      | 1         |                          |
| <i>diclofenac sodium external solution 1.5 %</i>                               | 1         |                          |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>       | 1         |                          |
| <i>diflunisal oral tablet 500 mg</i>                                           | 1         |                          |
| <i>ec-naproxen oral tablet delayed release 375 mg</i>                          | 1         |                          |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i> | 1         |                          |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                    | 1         |                          |
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                     | 1         |                          |

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| <b>Drug Name</b>                                                                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| <i>flurbiprofen oral tablet 100 mg</i>                                                                                      | 1                |                                  |
| <i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>                                                                               | 1                |                                  |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                                                                                 | 1                |                                  |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                                                         | 1                |                                  |
| <i>indomethacin er oral capsule extended release 75 mg</i>                                                                  | 1                |                                  |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                                               | 1                |                                  |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                                                                             | 1                | QL (20 EA per 30 days)           |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>                                                                      | 1                |                                  |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                                                  | 1                |                                  |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                                                | 1                |                                  |
| <i>naproxen dr oral tablet delayed release 500 mg</i>                                                                       | 1                |                                  |
| <i>naproxen oral suspension 125 mg/5ml</i>                                                                                  | 1                |                                  |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                                                          | 1                |                                  |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                                                                  | 1                |                                  |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                                                           | 1                |                                  |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                                                  | 1                |                                  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                                                  | 1                |                                  |
| <b>Opioid Analgesics, Long-acting</b>                                                                                       |                  |                                  |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>                         | 1                | QL (4 EA per 28 days)            |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>                                                                        | 1                | PA; MME; QL (10 EA per 30 days)  |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i> | 1                | MME; QL (10 EA per 30 days)      |
| <i>methadone hcl oral solution 10 mg/5ml</i>                                                                                | 1                | MME; QL (600 ML per 30 days)     |
| <i>methadone hcl oral solution 5 mg/5ml</i>                                                                                 | 1                | MME; QL (1200 ML per 30 days)    |
| <i>methadone hcl oral tablet 10 mg</i>                                                                                      | 1                | PA; MME; QL (120 EA per 30 days) |
| <i>methadone hcl oral tablet 5 mg</i>                                                                                       | 1                | MME; QL (180 EA per 30 days)     |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>                                                      | 1                | PA; MME                          |

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| <b>Drug Name</b>                                                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>       |
|-----------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>                               | 1                | MME; QL (60 EA per 30 days)      |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>                        | 1                | PA; MME; QL (90 EA per 30 days)  |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>                                      | 1                | PA; MME; QL (60 EA per 30 days)  |
| <b>Opioid Analgesics, Short-acting</b>                                                                    |                  |                                  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>                                | 1                | MME; QL (2700 ML per 30 days)    |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>                                  | 1                | MME; QL (180 EA per 30 days)     |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>                                                       | 1                | MME; QL (5 ML per 30 days)       |
| <i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                                    | 1                | MME                              |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 1                | PA; MME; QL (120 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>                                            | 1                | MME; QL (2700 ML per 30 days)    |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>                                        | 1                | MME; QL (180 EA per 30 days)     |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>                                                     | 1                | MME; QL (240 EA per 30 days)     |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>                                  | 1                | MME                              |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>                                                              | 1                | MME; QL (600 ML per 30 days)     |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>                                                     | 1                | MME; QL (180 EA per 30 days)     |
| <i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>         | 1                | MME                              |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>                                  | 1                | MME                              |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                          | 1                | MME; QL (120 EA per 30 days)     |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                               | 1                | MME; QL (1200 ML per 30 days)    |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                         | 1                | MME; QL (180 EA per 30 days)     |
| <i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>                                                    | 1                | MME; QL (120 EA per 30 days)     |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                    | 1                | MME; QL (180 EA per 30 days)     |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>                                                     | 1                | MME                              |

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|-------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>tramadol hcl oral tablet 100 mg</i>                                                          | 1         | MME; QL (120 EA per 30 days) |
| <i>tramadol hcl oral tablet 50 mg</i>                                                           | 1         | MME; QL (240 EA per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>                                           | 1         | MME; QL (240 EA per 30 days) |
| <b>Anesthetics - Local Treatment Of Pain</b>                                                    |           |                              |
| <b>Local Anesthetics</b>                                                                        |           |                              |
| <i>lidocaine external ointment 5 %</i>                                                          | 1         | QL (50 GM per 30 days)       |
| <i>lidocaine external patch 5 %</i>                                                             | 1         | PA; QL (90 EA per 30 days)   |
| <i>lidocaine hcl external solution 4 %</i>                                                      | 1         |                              |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>                                          | 1         |                              |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                                            | 1         |                              |
| ZTLIDO EXTERNAL PATCH 1.8 %                                                                     | 1         | PA; QL (90 EA per 30 days)   |
| <b>Anti-Addiction/ Substance Abuse Treatment Agents</b>                                         |           |                              |
| <b>Opioid Dependence</b>                                                                        |           |                              |
| <i>lofexidine hcl oral tablet 0.18 mg</i>                                                       | 1         | PA; QL (224 EA per 14 days)  |
| <b>Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders</b> |           |                              |
| <b>Alcohol Deterrents/Anti-craving</b>                                                          |           |                              |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                                   | 1         |                              |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                    | 1         |                              |
| <b>Opioid Dependence</b>                                                                        |           |                              |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                                | 1         |                              |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>                                   | 1         | QL (60 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>                                  | 1         | QL (120 EA per 30 days)      |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>                            | 1         | QL (90 EA per 30 days)       |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>             | 1         | QL (90 EA per 30 days)       |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>                              | 1         |                              |
| <i>naltrexone hcl oral tablet 50 mg</i>                                                         | 1         |                              |

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| Drug Name                                                                                                                        | Drug Tier | Requirements/Limits    |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <b>Opioid Reversal Agents</b>                                                                                                    |           |                        |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML                                                                                                 | 1         |                        |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>                                                                      | 1         |                        |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>                                                                       | 1         |                        |
| <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>                                                                | 1         |                        |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML                                                                                                | 1         |                        |
| REXTOVY NASAL LIQUID 4 MG/0.25ML                                                                                                 | 1         |                        |
| <b>Smoking Cessation Agents</b>                                                                                                  |           |                        |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>                                                | 1         |                        |
| NICOTROL INHALATION INHALER 10 MG                                                                                                | 1         |                        |
| NICOTROL NS NASAL SOLUTION 10 MG/ML                                                                                              | 1         |                        |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>                                       | 1         | QL (56 EA per 28 days) |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>                                                             | 1         | QL (56 EA per 28 days) |
| <i>varenicline tartrate(continue) oral tablet 1 mg</i>                                                                           | 1         | QL (56 EA per 28 days) |
| <b>Antibacterials - Treatment Of Bacterial Infections</b>                                                                        |           |                        |
| <b>Aminoglycosides</b>                                                                                                           |           |                        |
| <i>amikacin sulfate injection solution 500 mg/2ml</i>                                                                            | 1         |                        |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML                                                                                      | 1         | PA                     |
| <i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i> | 1         |                        |
| <i>gentamicin sulfate injection solution 40 mg/ml</i>                                                                            | 1         |                        |
| <i>neomycin sulfate oral tablet 500 mg</i>                                                                                       | 1         |                        |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>                                                            | 1         |                        |
| <i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>                                         | 1         |                        |
| <i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>                                                                | 1         |                        |

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| Drug Name                                                                                                         | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>Antibacterials, Other</b>                                                                                      |           |                     |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>                                                      | 1         |                     |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>                                                         | 1         |                     |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                                            | 1         |                     |
| <i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>                    | 1         |                     |
| <i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i> | 1         |                     |
| <i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>                                            | 1         |                     |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                                                    | 1         |                     |
| <i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>                                        | 1         |                     |
| <i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>                                               | 1         |                     |
| <i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>                                       | 1         |                     |
| <i>linezolid intravenous solution 600 mg/300ml</i>                                                                | 1         |                     |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>                                                         | 1         |                     |
| <i>linezolid oral tablet 600 mg</i>                                                                               | 1         |                     |
| <i>methenamine hippurate oral tablet 1 gm</i>                                                                     | 1         |                     |
| <i>metronidazole intravenous solution 500 mg/100ml</i>                                                            | 1         |                     |
| <i>metronidazole oral capsule 375 mg</i>                                                                          | 1         |                     |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                                                   | 1         |                     |
| <i>metronidazole vaginal gel 0.75 %</i>                                                                           | 1         |                     |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                                              | 1         |                     |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>                                                           | 1         |                     |
| <i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>                                           | 1         |                     |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG                                                         | 1         |                     |

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| Drug Name                                                                                                                                        | Drug Tier | Requirements/Limits    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>                                                                          | 1         |                        |
| <i>tigecycline intravenous solution reconstituted 50 mg</i>                                                                                      | 1         | PA                     |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                                                                                     | 1         |                        |
| <i>trimethoprim oral tablet 100 mg</i>                                                                                                           | 1         |                        |
| <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>   | 1         |                        |
| <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>                                      | 1         |                        |
| <i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i> | 1         |                        |
| <i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>               | 1         |                        |
| <i>vancomycin hcl oral capsule 125 mg</i>                                                                                                        | 1         | QL (40 EA per 10 days) |
| <i>vancomycin hcl oral capsule 250 mg</i>                                                                                                        | 1         | QL (80 EA per 10 days) |
| ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML                                                                       | 1         |                        |
| <b>Beta-lactam, Cephalosporins</b>                                                                                                               |           |                        |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i>                                                                                   | 1         |                        |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                                                                                      | 1         |                        |
| <i>cefadroxil oral capsule 500 mg</i>                                                                                                            | 1         |                        |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>                                                                           | 1         |                        |
| <i>cefadroxil oral tablet 1 gm</i>                                                                                                               | 1         |                        |
| <i>cefazolin sodium injection solution prefilled syringe 3 gm/30ml</i>                                                                           | 1         |                        |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>                                                         | 1         |                        |
| <i>cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/20ml</i>                                                              | 1         |                        |

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| <b>Drug Name</b>                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>                                        | 1                |                            |
| <i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>                | 1                |                            |
| <i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i> | 1                |                            |
| <i>cefdinir oral capsule 300 mg</i>                                                                                | 1                |                            |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                               | 1                |                            |
| <i>cefepime hcl injection solution reconstituted 1 gm</i>                                                          | 1                |                            |
| <i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>                                                     | 1                |                            |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i>                                                        | 1                |                            |
| <i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>                         | 1                |                            |
| <i>cefixime oral capsule 400 mg</i>                                                                                | 1                |                            |
| <i>cefotaxime sodium injection solution reconstituted 1 gm</i>                                                     | 1                |                            |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                       | 1                |                            |
| <i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>               | 1                |                            |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>                                    | 1                |                            |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                                                             | 1                |                            |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                              | 1                |                            |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                                                        | 1                |                            |
| <i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>                  | 1                |                            |
| <i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>                                                     | 1                |                            |
| <i>ceftazidime intravenous solution reconstituted 2 gm</i>                                                         | 1                |                            |
| <i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>                                      | 1                |                            |

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| Drug Name                                                                                                                         | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>                                     | 1         |                     |
| <i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                                    | 1         |                     |
| <i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>                        | 1         |                     |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                                                               | 1         |                     |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i>                                                                  | 1         |                     |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>                                                                | 1         |                     |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                                                                     | 1         |                     |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                            | 1         |                     |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                                                      | 1         |                     |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM                                                                                     | 1         |                     |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM                                                                       | 1         |                     |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG                                                                         | 1         | PA                  |
| <b>Beta-lactam, Penicillins</b>                                                                                                   |           |                     |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                                                                    | 1         |                     |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                                   | 1         |                     |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                     | 1         |                     |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                            | 1         |                     |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>                                           | 1         |                     |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | 1         |                     |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>                                                 | 1         |                     |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>                                                               | 1         |                     |
| <i>ampicillin oral capsule 500 mg</i>                                                                                             | 1         |                     |

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| <b>Drug Name</b>                                                                                                                                                                        | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm</i>                                                                                                            | 1                |                            |
| <i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>                                                                                                           | 1                |                            |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>                                                                                          | 1                |                            |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>                                                                          | 1                |                            |
| BICILLIN L-A INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1200000<br>UNIT/2ML, 2400000 UNIT/4ML, 600000<br>UNIT/ML                                                                     | 1                |                            |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                                                                                 | 1                |                            |
| <i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>                                                                                                          | 1                |                            |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>                                                                                                                     | 1                |                            |
| <i>nafcillin sodium intravenous solution reconstituted 2 gm</i>                                                                                                                         | 1                |                            |
| <i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>                                                                                                                      | 1                |                            |
| <i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>                                                                                                   | 1                |                            |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>                                                                                                                    | 1                |                            |
| <i>penicillin g sodium injection solution reconstituted 5000000 unit</i>                                                                                                                | 1                |                            |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                                                                        | 1                |                            |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                                                                                | 1                |                            |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 1                |                            |
| <b>Carbapenems</b>                                                                                                                                                                      |                  |                            |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i>                                                                                                                           | 1                |                            |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>                                                                                                            | 1                |                            |

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| Drug Name                                                                                  | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>                     | 1         |                             |
| <i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i> | 1         |                             |
| <b>Macrolides</b>                                                                          |           |                             |
| <i>azithromycin intravenous solution reconstituted 500 mg</i>                              | 1         |                             |
| <i>azithromycin oral packet 1 gm</i>                                                       | 1         |                             |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                   | 1         |                             |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>   | 1         |                             |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                       | 1         |                             |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                 | 1         |                             |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                           | 1         |                             |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML                                             | 1         | PA; QL (136 ML per 10 days) |
| DIFICID ORAL TABLET 200 MG                                                                 | 1         | PA; QL (20 EA per 10 days)  |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                          | 1         |                             |
| <i>erythrocin stearate oral tablet 250 mg</i>                                              | 1         |                             |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                        | 1         |                             |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>                | 1         |                             |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                      | 1         |                             |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG                                        | 1         |                             |
| <b>Quinolones</b>                                                                          |           |                             |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                | 1         |                             |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>                | 1         |                             |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>    | 1         |                             |
| <i>levofloxacin intravenous solution 25 mg/ml</i>                                          | 1         |                             |

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| Drug Name                                                               | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------|-----------|-----------------------------|
| <i>levofloxacin oral solution 25 mg/ml</i>                              | 1         |                             |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                  | 1         |                             |
| <i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>       | 1         |                             |
| <i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>               | 1         |                             |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                              | 1         |                             |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                             | 1         |                             |
| <b>Sulfonamides</b>                                                     |           |                             |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                 | 1         |                             |
| <i>sulfadiazine oral tablet 500 mg</i>                                  | 1         |                             |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>      | 1         |                             |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>  | 1         |                             |
| <b>Tetracyclines</b>                                                    |           |                             |
| <i>doxy 100 intravenous solution reconstituted 100 mg</i>               | 1         |                             |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>    | 1         |                             |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                   | 1         |                             |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                    | 1         |                             |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>               | 1         |                             |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 1         |                             |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>                | 1         |                             |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>                 | 1         |                             |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                     | 1         |                             |
| <b>Anticonvulsants - Treatment Of Seizures</b>                          |           |                             |
| <b>Anticonvulsants, Other</b>                                           |           |                             |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                         | 1         | QL (600 ML per 30 days)     |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                 | 1         | QL (60 EA per 30 days)      |
| DIACOMIT ORAL CAPSULE 250 MG                                            | 1         | PA; QL (360 EA per 30 days) |

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| Drug Name                                                                                               | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| DIACOMIT ORAL CAPSULE 500 MG                                                                            | 1         | PA; QL (180 EA per 30 days) |
| DIACOMIT ORAL PACKET 250 MG                                                                             | 1         | PA; QL (360 EA per 30 days) |
| DIACOMIT ORAL PACKET 500 MG                                                                             | 1         | PA; QL (180 EA per 30 days) |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>                         | 1         |                             |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                                   | 1         |                             |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>                             | 1         |                             |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                                       | 1         | PA                          |
| EPRONTIA ORAL SOLUTION 25 MG/ML                                                                         | 1         | PA; QL (480 ML per 30 days) |
| <i>felbamate oral suspension 600 mg/5ml</i>                                                             | 1         |                             |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                             | 1         |                             |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                                        | 1         | PA                          |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                                       | 1         | ST; QL (720 ML per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG                                                      | 1         | ST; QL (30 EA per 30 days)  |
| FYCOMPA ORAL TABLET 2 MG                                                                                | 1         | ST; QL (60 EA per 30 days)  |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | 1         |                             |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                            | 1         |                             |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                                                     | 1         |                             |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>                                                 | 1         |                             |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>                             | 1         |                             |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>                                                | 1         |                             |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                        | 1         |                             |
| <i>roweepra oral tablet 500 mg</i>                                                                      | 1         |                             |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG                                                      | 1         | ST; QL (90 EA per 30 days)  |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG                                                       | 1         | ST; QL (360 EA per 30 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG                                                       | 1         | ST; QL (180 EA per 30 days) |

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| Drug Name                                                                                                      | Drug Tier | Requirements/Limits         |
|----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG                                                              | 1         | ST; QL (120 EA per 30 days) |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>                                                    | 1         |                             |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                     | 1         |                             |
| <i>valproic acid oral capsule 250 mg</i>                                                                       | 1         |                             |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                                  | 1         |                             |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG                                               | 1         | ST; QL (56 EA per 28 days)  |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG                                               | 1         | ST; QL (56 EA per 28 days)  |
| XCOPRI ORAL TABLET 100 MG, 50 MG                                                                               | 1         | ST; QL (30 EA per 30 days)  |
| XCOPRI ORAL TABLET 150 MG, 200 MG                                                                              | 1         | ST; QL (60 EA per 30 days)  |
| XCOPRI ORAL TABLET 25 MG                                                                                       | 1         | ST                          |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG | 1         | ST; QL (28 EA per 28 days)  |
| <b>Calcium Channel Modifying Agents</b>                                                                        |           |                             |
| <i>ethosuximide oral capsule 250 mg</i>                                                                        | 1         |                             |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                                                   | 1         |                             |
| <i>methsuximide oral capsule 300 mg</i>                                                                        | 1         |                             |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>                                                        |           |                             |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                                      | 1         | QL (480 ML per 30 days)     |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                                       | 1         | QL (60 EA per 30 days)      |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                                                | 1         |                             |
| <i>gabapentin oral capsule 100 mg, 400 mg</i>                                                                  | 1         | QL (270 EA per 30 days)     |
| <i>gabapentin oral capsule 300 mg</i>                                                                          | 1         | QL (360 EA per 30 days)     |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                                                         | 1         | QL (2160 ML per 30 days)    |
| <i>gabapentin oral tablet 600 mg</i>                                                                           | 1         | QL (180 EA per 30 days)     |
| <i>gabapentin oral tablet 800 mg</i>                                                                           | 1         | QL (120 EA per 30 days)     |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG                                                      | 1         | PA; QL (10 EA per 30 days)  |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML                                                                             | 1         | PA; QL (10 EA per 30 days)  |
| <i>phenobarbital oral elixir 20 mg/5ml</i>                                                                     | 1         | PA                          |

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| Drug Name                                                                                        | Drug Tier | Requirements/Limits          |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 1         | PA                           |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>                       | 1         | QL (90 EA per 30 days)       |
| <i>pregabalin oral capsule 225 mg, 300 mg</i>                                                    | 1         | QL (60 EA per 30 days)       |
| <i>pregabalin oral solution 20 mg/ml</i>                                                         | 1         | QL (900 ML per 30 days)      |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                                       | 1         |                              |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG                                                            | 1         | ST; QL (60 EA per 30 days)   |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                        | 1         |                              |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML                                                      | 1         | PA; QL (10 EA per 30 days)   |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML                      | 1         | PA; QL (10 EA per 30 days)   |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML                        | 1         | PA; QL (10 EA per 30 days)   |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML                                                        | 1         | PA; QL (10 EA per 30 days)   |
| <i>vigabatrin oral packet 500 mg</i>                                                             | 1         | PA; QL (180 EA per 30 days)  |
| <i>vigabatrin oral tablet 500 mg</i>                                                             | 1         | PA; QL (180 EA per 30 days)  |
| VIGAFYDE ORAL SOLUTION 100 MG/ML                                                                 | 1         | PA                           |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                  | 1         | PA; QL (1100 ML per 30 days) |
| <b>Sodium Channel Agents</b>                                                                     |           |                              |
| APTOM ORAL TABLET 200 MG, 400 MG                                                                 | 1         | QL (30 EA per 30 days)       |
| APTOM ORAL TABLET 600 MG, 800 MG                                                                 | 1         | QL (60 EA per 30 days)       |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>             | 1         |                              |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>              | 1         |                              |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                                  | 1         |                              |
| <i>carbamazepine oral tablet 200 mg</i>                                                          | 1         |                              |
| <i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>                                         | 1         |                              |
| DILANTIN ORAL CAPSULE 30 MG                                                                      | 1         |                              |
| <i>epitol oral tablet 200 mg</i>                                                                 | 1         |                              |

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| Drug Name                                                                                             | Drug Tier | Requirements/Limits          |
|-------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>                                      | 1         | QL (1200 ML per 30 days)     |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                           | 1         | QL (60 EA per 30 days)       |
| <i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>                   | 1         |                              |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                                       | 1         |                              |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                               | 1         |                              |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                                  | 1         |                              |
| <i>phenytoin infatabs oral tablet chewable 50 mg</i>                                                  | 1         |                              |
| <i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>                                               | 1         |                              |
| <i>phenytoin oral tablet chewable 50 mg</i>                                                           | 1         |                              |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                  | 1         |                              |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                            | 1         | PA; QL (2400 ML per 30 days) |
| <i>rufinamide oral tablet 200 mg, 400 mg</i>                                                          | 1         | PA; QL (240 EA per 30 days)  |
| ZONISADE ORAL SUSPENSION 100 MG/5ML                                                                   | 1         | ST; QL (900 ML per 30 days)  |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                   | 1         |                              |
| <b>Antidementia Agents - Management Of Dementia</b>                                                   |           |                              |
| <b>Antidementia Agents, Other</b>                                                                     |           |                              |
| <i>ergoloid mesylates oral tablet 1 mg</i>                                                            | 1         |                              |
| <i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i> | 1         |                              |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG                                 | 1         |                              |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG                                                | 1         |                              |
| <b>Cholinesterase Inhibitors</b>                                                                      |           |                              |
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>                                                   | 1         |                              |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                              | 1         |                              |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>           | 1         |                              |

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| Drug Name                                                                                | Drug Tier | Requirements/Limits        |
|------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                            | 1         |                            |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                     | 1         | QL (60 EA per 30 days)     |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>     | 1         | QL (30 EA per 30 days)     |
| <b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>                                   |           |                            |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>  | 1         | QL (30 EA per 30 days)     |
| <i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>                 | 1         |                            |
| <b>Antidepressants - Treatment Of Depression</b>                                         |           |                            |
| <b>Antidepressants, Other</b>                                                            |           |                            |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG                                          | 1         | PA; QL (60 EA per 30 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | 1         | QL (60 EA per 30 days)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>                 | 1         | QL (90 EA per 30 days)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>         | 1         | QL (30 EA per 30 days)     |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                           | 1         |                            |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                               | 1         |                            |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                           | 1         |                            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                                       | 1         | PA; QL (28 EA per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG                                                              | 1         | PA; QL (14 EA per 14 days) |
| <b>Monoamine Oxidase Inhibitors</b>                                                      |           |                            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR                         | 1         | PA; QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET 10 MG                                                                | 1         |                            |
| <i>phenelzine sulfate oral tablet 15 mg</i>                                              | 1         |                            |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                         | 1         |                            |

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| Drug Name                                                                                                 | Drug Tier | Requirements/Limits        |
|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)</b> |           |                            |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i>                                                    | 1         |                            |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                                            | 1         |                            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>                            | 1         | QL (60 EA per 30 days)     |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>                      | 1         | QL (30 EA per 30 days)     |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                                        | 1         |                            |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                                | 1         |                            |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG                                 | 1         | ST; QL (30 EA per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG                                         | 1         | ST                         |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                                    | 1         |                            |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                                                  | 1         |                            |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                                             | 1         |                            |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                                            | 1         |                            |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                                               | 1         |                            |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                                   | 1         |                            |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>                     | 1         | QL (60 EA per 30 days)     |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i>                                                           | 1         | QL (900 ML per 30 days)    |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                                     | 1         | QL (30 EA per 30 days)     |
| <i>paroxetine hcl oral tablet 30 mg</i>                                                                   | 1         | QL (60 EA per 30 days)     |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                                           | 1         |                            |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                                    | 1         |                            |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                            | 1         |                            |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                                 | 1         | QL (30 EA per 30 days)     |

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| <b>Drug Name</b>                                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|-----------------------------------------------------------------------------------------------|------------------|-----------------------------|
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>        | 1                |                             |
| <i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i> | 1                |                             |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | 1                |                             |
| <i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>                                         | 1                | QL (30 EA per 30 days)      |
| <b>Tricyclics</b>                                                                             |                  |                             |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>                       | 1                | PA; QL (90 EA per 30 days)  |
| <i>amitriptyline hcl oral tablet 150 mg</i>                                                   | 1                | PA; QL (60 EA per 30 days)  |
| <i>amoxapine oral tablet 100 mg</i>                                                           | 1                | PA; QL (180 EA per 30 days) |
| <i>amoxapine oral tablet 150 mg</i>                                                           | 1                | PA; QL (120 EA per 30 days) |
| <i>amoxapine oral tablet 25 mg, 50 mg</i>                                                     | 1                | PA; QL (90 EA per 30 days)  |
| <i>clomipramine hcl oral capsule 25 mg</i>                                                    | 1                | PA; QL (60 EA per 30 days)  |
| <i>clomipramine hcl oral capsule 50 mg</i>                                                    | 1                | PA; QL (150 EA per 30 days) |
| <i>clomipramine hcl oral capsule 75 mg</i>                                                    | 1                | PA; QL (90 EA per 30 days)  |
| <i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                         | 1                | QL (60 EA per 30 days)      |
| <i>desipramine hcl oral tablet 100 mg</i>                                                     | 1                | QL (90 EA per 30 days)      |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                    | 1                | PA                          |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                                  | 1                | PA; QL (450 ML per 30 days) |
| <i>imipramine hcl oral tablet 10 mg</i>                                                       | 1                | PA; QL (90 EA per 30 days)  |
| <i>imipramine hcl oral tablet 25 mg, 50 mg</i>                                                | 1                | PA; QL (180 EA per 30 days) |
| <i>imipramine pamoate oral capsule 100 mg</i>                                                 | 1                | PA; QL (90 EA per 30 days)  |
| <i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>                                  | 1                | PA; QL (60 EA per 30 days)  |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>                                            | 1                | QL (120 EA per 30 days)     |
| <i>nortriptyline hcl oral capsule 50 mg</i>                                                   | 1                | QL (90 EA per 30 days)      |
| <i>nortriptyline hcl oral capsule 75 mg</i>                                                   | 1                | QL (60 EA per 30 days)      |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                              | 1                | QL (2250 ML per 30 days)    |
| <i>protriptyline hcl oral tablet 10 mg</i>                                                    | 1                | QL (180 EA per 30 days)     |
| <i>protriptyline hcl oral tablet 5 mg</i>                                                     | 1                | QL (120 EA per 30 days)     |
| <i>trimipramine maleate oral capsule 100 mg</i>                                               | 1                | QL (60 EA per 30 days)      |
| <i>trimipramine maleate oral capsule 25 mg, 50 mg</i>                                         | 1                | QL (120 EA per 30 days)     |

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| Drug Name                                                                 | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------|-----------|-----------------------------|
| <b>Antiemetics - Treatment Of Vomiting Or Nausea</b>                      |           |                             |
| <b>Antiemetics, Other</b>                                                 |           |                             |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>            | 1         |                             |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 1         |                             |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                           | 1         |                             |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>              | 1         |                             |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                         | 1         |                             |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                   | 1         |                             |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                   | 1         |                             |
| <i>prochlorperazine rectal suppository 25 mg</i>                          | 1         |                             |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>                         | 1         | QL (3600 ML per 30 days)    |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>                        | 1         | QL (180 EA per 30 days)     |
| <i>promethazine hcl oral tablet 50 mg</i>                                 | 1         | QL (30 EA per 30 days)      |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                 | 1         | QL (180 EA per 30 days)     |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i>                           | 1         | PA                          |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>                | 1         | PA                          |
| <i>promethegan rectal suppository 50 mg</i>                               | 1         | QL (30 EA per 30 days)      |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>                   | 1         | QL (10 EA per 30 days)      |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                          | 1         |                             |
| <b>Emetogenic Therapy Adjuncts</b>                                        |           |                             |
| <i>aprepitant oral 80 &amp; 125 mg</i>                                    | 1         | B/D                         |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>      | 1         | B/D                         |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                        | 1         | B/D; QL (60 EA per 30 days) |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML                            | 1         | B/D                         |
| <i>granisetron hcl oral tablet 1 mg</i>                                   | 1         | B/D                         |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                             | 1         | B/D                         |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>                      | 1         | B/D                         |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                     | 1         | B/D                         |

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| Drug Name                                                                                                   | Drug Tier | Requirements/Limits     |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>Antifungals - Treatment Of Fungal Or Yeast Infections</b>                                                |           |                         |
| <b>Antifungals</b>                                                                                          |           |                         |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                                                      | 1         | B/D                     |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i>                                              | 1         | B/D                     |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>                                   | 1         | B/D                     |
| <i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>                                  | 1         | PA                      |
| <i>clotrimazole external cream 1 %</i>                                                                      | 1         | QL (45 GM per 28 days)  |
| <i>clotrimazole external solution 1 %</i>                                                                   | 1         | QL (30 ML per 28 days)  |
| <i>clotrimazole mouth/throat troche 10 mg</i>                                                               | 1         | QL (150 EA per 30 days) |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                                                       | 1         | PA                      |
| <i>econazole nitrate external cream 1 %</i>                                                                 | 1         |                         |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>           | 1         |                         |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>                                         | 1         |                         |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>                                                | 1         |                         |
| <i>flucytosine oral capsule 250 mg, 500 mg</i>                                                              | 1         | PA                      |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>                                                    | 1         |                         |
| <i>itraconazole oral capsule 100 mg</i>                                                                     | 1         | QL (120 EA per 30 days) |
| <i>itraconazole oral solution 10 mg/ml</i>                                                                  | 1         |                         |
| <i>ketoconazole external cream 2 %</i>                                                                      | 1         |                         |
| <i>ketoconazole external shampoo 2 %</i>                                                                    | 1         |                         |
| <i>ketoconazole oral tablet 200 mg</i>                                                                      | 1         |                         |
| <i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>                                   | 1         |                         |
| <i>miconazole sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i> | 1         |                         |
| <i>nystatin external cream 100000 unit/gm</i>                                                               | 1         | QL (30 GM per 30 days)  |

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| Drug Name                                                           | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------|-----------|-----------------------------|
| <i>nystatin external ointment 100000 unit/gm</i>                    | 1         | QL (30 GM per 30 days)      |
| <i>nystatin external powder 100000 unit/gm</i>                      | 1         | QL (180 GM per 30 days)     |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>              | 1         |                             |
| <i>nystatin oral tablet 500000 unit</i>                             | 1         |                             |
| <i>posaconazole intravenous solution 300 mg/16.7ml</i>              | 1         |                             |
| <i>posaconazole oral suspension 40 mg/ml</i>                        | 1         | PA; QL (630 ML per 30 days) |
| <i>posaconazole oral tablet delayed release 100 mg</i>              | 1         | PA; QL (96 EA per 30 days)  |
| <i>terbinafine hcl oral tablet 250 mg</i>                           | 1         |                             |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                       | 1         |                             |
| <i>terconazole vaginal suppository 80 mg</i>                        | 1         |                             |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>       | 1         | PA                          |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i>          | 1         | PA                          |
| <i>voriconazole oral tablet 200 mg, 50 mg</i>                       | 1         | PA                          |
| <b>Antigout Agents - Treatment Or Prevention Of Gouty Arthritis</b> |           |                             |
| <b>Antigout Agents</b>                                              |           |                             |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                       | 1         |                             |
| <i>colchicine oral tablet 0.6 mg</i>                                | 1         |                             |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                 | 1         |                             |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                          | 1         | ST                          |
| <i>probenecid oral tablet 500 mg</i>                                | 1         |                             |
| <b>Antimigraine Agents - Treatment Of Migraine Headaches</b>        |           |                             |
| <b>Antimigraine Agents</b>                                          |           |                             |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG                                | 1         | PA; QL (16 EA per 30 days)  |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                   | 1         | PA; QL (16 EA per 30 days)  |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT                                   | 1         | PA; QL (8 EA per 30 days)   |
| <b>Ergot Alkaloids</b>                                              |           |                             |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>            | 1         | PA; QL (8 ML per 30 days)   |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                     | 1         | PA                          |
| <b>Prophylactic</b>                                                 |           |                             |

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| Drug Name                                                                                   | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------------------------|-----------|----------------------------|
| AIMOVIG SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 140 MG/ML, 70 MG/ML                          | 1         | PA; QL (1 ML per 28 days)  |
| EMGALITY (300 MG DOSE)<br>SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 100 MG/ML              | 1         | PA; QL (3 ML per 28 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 120 MG/ML                                   | 1         | PA; QL (2 ML per 28 days)  |
| EMGALITY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 120 MG/ML                               | 1         | PA; QL (2 ML per 28 days)  |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60<br>MG                                                  | 1         | PA; QL (30 EA per 30 days) |
| <b>Serotonin (5-HT) Receptor Agonist</b>                                                    |           |                            |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                         | 1         | QL (36 EA per 28 days)     |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg,<br/>5 mg</i>                         | 1         | QL (36 EA per 28 days)     |
| <i>sumatriptan nasal solution 20 mg/act</i>                                                 | 1         | QL (12 EA per 30 days)     |
| <i>sumatriptan nasal solution 5 mg/act</i>                                                  | 1         | QL (24 EA per 30 days)     |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg,<br/>50 mg</i>                           | 1         | QL (18 EA per 28 days)     |
| <i>sumatriptan succinate refill subcutaneous<br/>solution cartridge 4 mg/0.5ml</i>          | 1         | QL (9 ML per 30 days)      |
| <i>sumatriptan succinate refill subcutaneous<br/>solution cartridge 6 mg/0.5ml</i>          | 1         | QL (6 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous solution 6<br/>mg/0.5ml</i>                           | 1         | QL (6 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous solution<br/>auto-injector 4 mg/0.5ml</i>             | 1         | QL (9 ML per 30 days)      |
| <i>sumatriptan succinate subcutaneous solution<br/>auto-injector 6 mg/0.5ml</i>             | 1         | QL (6 ML per 30 days)      |
| <b>Antimyasthenic Agents - Treatment Of<br/>Myasthenia</b>                                  |           |                            |
| <b>Parasympathomimetics</b>                                                                 |           |                            |
| <i>pyridostigmine bromide er oral tablet extended<br/>release 180 mg</i>                    | 1         |                            |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                             | 1         |                            |
| <b>Antimycobacterials - Treatment For<br/>Infections By Tuberculosis-Type<br/>Organisms</b> |           |                            |

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| Drug Name                                                                | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------------------------|-----------|-----------------------------|
| <b>Antimycobacterials, Other</b>                                         |           |                             |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                 | 1         |                             |
| <i>rifabutin oral capsule 150 mg</i>                                     | 1         |                             |
| <b>Antituberculars</b>                                                   |           |                             |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                         | 1         |                             |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                              | 1         |                             |
| PRETOMANID ORAL TABLET 200 MG                                            | 1         | PA                          |
| PRIFTIN ORAL TABLET 150 MG                                               | 1         |                             |
| <i>pyrazinamide oral tablet 500 mg</i>                                   | 1         |                             |
| <i>rifampin intravenous solution reconstituted 600 mg</i>                | 1         |                             |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                              | 1         |                             |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                        | 1         | PA                          |
| TRECTOR ORAL TABLET 250 MG                                               | 1         |                             |
| <b>Antineoplastics - Treatment Of Cancer</b>                             |           |                             |
| <b>Alkylating Agents</b>                                                 |           |                             |
| <i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i> | 1         | PA                          |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                        | 1         | B/D                         |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                         | 1         | B/D                         |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG                              | 1         |                             |
| MATULANE ORAL CAPSULE 50 MG                                              | 1         |                             |
| VALCHLOR EXTERNAL GEL 0.016 %                                            | 1         | PA                          |
| <b>Antiandrogens</b>                                                     |           |                             |
| <i>abiraterone acetate oral tablet 250 mg</i>                            | 1         | PA; QL (120 EA per 30 days) |
| <i>abiraterone acetate oral tablet 500 mg</i>                            | 1         | PA; QL (60 EA per 30 days)  |
| <i>bicalutamide oral tablet 50 mg</i>                                    | 1         |                             |
| ERLEADA ORAL TABLET 240 MG                                               | 1         | PA; QL (30 EA per 30 days)  |
| ERLEADA ORAL TABLET 60 MG                                                | 1         | PA; QL (120 EA per 30 days) |
| <i>nilutamide oral tablet 150 mg</i>                                     | 1         | PA                          |
| NUBEQA ORAL TABLET 300 MG                                                | 1         | PA; QL (120 EA per 30 days) |
| XTANDI ORAL CAPSULE 40 MG                                                | 1         | PA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 40 MG                                                 | 1         | PA; QL (120 EA per 30 days) |
| XTANDI ORAL TABLET 80 MG                                                 | 1         | PA; QL (60 EA per 30 days)  |

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| Drug Name                                                                 | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------|-----------|-----------------------------|
| YONSA ORAL TABLET 125 MG                                                  | 1         | PA; QL (120 EA per 30 days) |
| <b>Antiangiogenic Agents</b>                                              |           |                             |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | 1         | PA; QL (28 EA per 28 days)  |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                              | 1         | PA; QL (21 EA per 28 days)  |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG            | 1         | PA                          |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                       | 1         | PA; QL (28 EA per 28 days)  |
| THALOMID ORAL CAPSULE 150 MG, 200 MG                                      | 1         | PA; QL (56 EA per 28 days)  |
| <b>Antiestrogens/Modifiers</b>                                            |           |                             |
| <i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>    | 1         | PA                          |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML                                          | 1         | PA                          |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>                         | 1         |                             |
| <i>toremifene citrate oral tablet 60 mg</i>                               | 1         | PA                          |
| <b>Antimetabolites</b>                                                    |           |                             |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                | 1         |                             |
| <i>hydroxyurea oral capsule 500 mg</i>                                    | 1         |                             |
| INQOVI ORAL TABLET 35-100 MG                                              | 1         | PA; QL (5 EA per 28 days)   |
| <i>mercaptopurine oral suspension 2000 mg/100ml</i>                       | 1         | PA                          |
| <i>mercaptopurine oral tablet 50 mg</i>                                   | 1         |                             |
| ONUREG ORAL TABLET 200 MG, 300 MG                                         | 1         | PA; QL (14 EA per 28 days)  |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML                                     | 1         | PA                          |
| SIKLOS ORAL TABLET 100 MG, 1000 MG                                        | 1         |                             |
| <b>Antineoplastics, Other</b>                                             |           |                             |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                  | 1         | PA; QL (60 EA per 30 days)  |
| <i>azacitidine injection suspension reconstituted 100 mg</i>              | 1         | PA                          |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML                | 1         | PA                          |
| BORUZU INJECTION SOLUTION 3.5 MG/1.4ML                                    | 1         | PA                          |

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| Drug Name                                                          | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------------------|-----------|-----------------------------|
| DANZITEN ORAL TABLET 71 MG, 95 MG                                  | 1         | PA; QL (120 EA per 30 days) |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG                                    | 1         | PA                          |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG                                   | 1         | PA                          |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                   | 1         | PA; QL (30 EA per 30 days)  |
| IWILFIN ORAL TABLET 192 MG                                         | 1         | PA; QL (240 EA per 30 days) |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                      | 1         | PA                          |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1         | PA; QL (49 EA per 28 days)  |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1         | PA; QL (70 EA per 28 days)  |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 1         | PA; QL (91 EA per 28 days)  |
| KRAZATI ORAL TABLET 200 MG                                         | 1         | PA; QL (180 EA per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG                                 | 1         | PA                          |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                         | 1         | PA                          |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG                        | 1         | PA                          |
| LYSODREN ORAL TABLET 500 MG                                        | 1         |                             |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                            | 1         | PA; QL (3 EA per 28 days)   |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                         | 1         | PA; QL (30 EA per 30 days)  |
| OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML           | 1         | PA                          |
| ORSERDU ORAL TABLET 345 MG                                         | 1         | PA; QL (30 EA per 30 days)  |
| ORSERDU ORAL TABLET 86 MG                                          | 1         | PA; QL (90 EA per 30 days)  |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG                         | 1         | PA                          |
| REZLIDHIA ORAL CAPSULE 150 MG                                      | 1         | PA; QL (60 EA per 30 days)  |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG                          | 1         | PA; QL (8 EA per 28 days)   |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML                          | 1         | PA                          |
| TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML      | 1         | PA                          |
| TIBSOVO ORAL TABLET 250 MG                                         | 1         | PA                          |

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| Drug Name                                                  | Drug Tier | Requirements/Limits         |
|------------------------------------------------------------|-----------|-----------------------------|
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG       | 1         |                             |
| VORANIGO ORAL TABLET 10 MG, 40 MG                          | 1         | PA                          |
| WELIREG ORAL TABLET 40 MG                                  | 1         | PA                          |
| XATMEP ORAL SOLUTION 2.5 MG/ML                             | 1         | PA                          |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 1         | PA; QL (8 EA per 28 days)   |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG  | 1         | PA; QL (16 EA per 28 days)  |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG  | 1         | PA; QL (4 EA per 28 days)   |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 1         | PA; QL (8 EA per 28 days)   |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG  | 1         | PA; QL (4 EA per 28 days)   |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 1         | PA; QL (24 EA per 28 days)  |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG  | 1         | PA; QL (8 EA per 28 days)   |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 1         | PA; QL (32 EA per 28 days)  |
| ZOLINZA ORAL CAPSULE 100 MG                                | 1         | PA; QL (120 EA per 30 days) |
| <b>Aromatase Inhibitors, 3rd Generation</b>                |           |                             |
| <i>anastrozole oral tablet 1 mg</i>                        | 1         |                             |
| <i>exemestane oral tablet 25 mg</i>                        | 1         |                             |
| <i>letrozole oral tablet 2.5 mg</i>                        | 1         |                             |
| <b>Molecular Target Inhibitors</b>                         |           |                             |
| ALECENSA ORAL CAPSULE 150 MG                               | 1         | PA; QL (240 EA per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                         | 1         | PA; QL (30 EA per 30 days)  |
| ALUNBRIG ORAL TABLET 30 MG                                 | 1         | PA; QL (60 EA per 30 days)  |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG              | 1         | PA; QL (30 EA per 180 days) |
| AUGTYRO ORAL CAPSULE 160 MG                                | 1         | PA; QL (60 EA per 30 days)  |
| AUGTYRO ORAL CAPSULE 40 MG                                 | 1         | PA; QL (240 EA per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG   | 1         | PA; QL (30 EA per 30 days)  |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                      | 1         | PA                          |

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| Drug Name                                                               | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------|-----------|-----------------------------|
| BOSULIF ORAL CAPSULE 100 MG                                             | 1         | PA; QL (180 EA per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG                                              | 1         | PA; QL (360 EA per 30 days) |
| BOSULIF ORAL TABLET 100 MG                                              | 1         | PA; QL (90 EA per 30 days)  |
| BOSULIF ORAL TABLET 400 MG, 500 MG                                      | 1         | PA; QL (30 EA per 30 days)  |
| BRAFTOVI ORAL CAPSULE 75 MG                                             | 1         | PA; QL (180 EA per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG                                             | 1         | PA; QL (120 EA per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                               | 1         | PA; QL (30 EA per 30 days)  |
| CALQUENCE ORAL CAPSULE 100 MG                                           | 1         | PA; QL (60 EA per 30 days)  |
| CALQUENCE ORAL TABLET 100 MG                                            | 1         | PA; QL (60 EA per 30 days)  |
| CAPRELSA ORAL TABLET 100 MG                                             | 1         | PA; QL (60 EA per 30 days)  |
| CAPRELSA ORAL TABLET 300 MG                                             | 1         | PA; QL (30 EA per 30 days)  |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG                        | 1         | PA; QL (56 EA per 28 days)  |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG                 | 1         | PA; QL (112 EA per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG                              | 1         | PA; QL (84 EA per 28 days)  |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                      | 1         | PA; QL (60 EA per 30 days)  |
| COTELLIC ORAL TABLET 20 MG                                              | 1         | PA; QL (63 EA per 28 days)  |
| <i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> | 1         | PA                          |
| DAURISMO ORAL TABLET 100 MG                                             | 1         | PA; QL (30 EA per 30 days)  |
| DAURISMO ORAL TABLET 25 MG                                              | 1         | PA; QL (60 EA per 30 days)  |
| ERIVEDGE ORAL CAPSULE 150 MG                                            | 1         | PA; QL (30 EA per 30 days)  |
| <i>erlotinib hcl oral tablet 100 mg</i>                                 | 1         | PA; QL (30 EA per 30 days)  |
| <i>erlotinib hcl oral tablet 150 mg, 25 mg</i>                          | 1         | PA; QL (90 EA per 30 days)  |
| <i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>               | 1         | PA; QL (30 EA per 30 days)  |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>                  | 1         | PA                          |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                   | 1         | PA; QL (21 EA per 28 days)  |
| FRUZAQLA ORAL CAPSULE 1 MG                                              | 1         | PA; QL (84 EA per 28 days)  |
| FRUZAQLA ORAL CAPSULE 5 MG                                              | 1         | PA; QL (21 EA per 28 days)  |
| GAVRETO ORAL CAPSULE 100 MG                                             | 1         | PA; QL (120 EA per 30 days) |
| <i>gefitinib oral tablet 250 mg</i>                                     | 1         | PA; QL (60 EA per 30 days)  |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                | 1         | PA; QL (30 EA per 30 days)  |

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| Drug Name                                                      | Drug Tier | Requirements/Limits         |
|----------------------------------------------------------------|-----------|-----------------------------|
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                     | 1         | PA; QL (21 EA per 28 days)  |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                      | 1         | PA; QL (21 EA per 28 days)  |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                 | 1         | PA; QL (30 EA per 30 days)  |
| <i>imatinib mesylate oral tablet 100 mg</i>                    | 1         | PA; QL (180 EA per 30 days) |
| <i>imatinib mesylate oral tablet 400 mg</i>                    | 1         | PA; QL (60 EA per 30 days)  |
| IMBRUVICA ORAL CAPSULE 140 MG                                  | 1         | PA; QL (120 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG                                   | 1         | PA; QL (30 EA per 30 days)  |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                             | 1         | PA; QL (216 ML per 27 days) |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG                           | 1         | PA; QL (30 EA per 30 days)  |
| IMKELDI ORAL SOLUTION 80 MG/ML                                 | 1         | PA; QL (300 ML per 30 days) |
| INLYTA ORAL TABLET 1 MG                                        | 1         | PA; QL (180 EA per 30 days) |
| INLYTA ORAL TABLET 5 MG                                        | 1         | PA; QL (120 EA per 30 days) |
| INREBIC ORAL CAPSULE 100 MG                                    | 1         | PA; QL (120 EA per 30 days) |
| ITOVEBI ORAL TABLET 3 MG, 9 MG                                 | 1         | PA                          |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG            | 1         | PA; QL (60 EA per 30 days)  |
| JAYPIRCA ORAL TABLET 100 MG                                    | 1         | PA; QL (60 EA per 30 days)  |
| JAYPIRCA ORAL TABLET 50 MG                                     | 1         | PA; QL (30 EA per 30 days)  |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG          | 1         | PA; QL (21 EA per 28 days)  |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG          | 1         | PA; QL (42 EA per 28 days)  |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG          | 1         | PA; QL (63 EA per 28 days)  |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                             | 1         | PA                          |
| <i>lapatinib ditosylate oral tablet 250 mg</i>                 | 1         | PA; QL (180 EA per 30 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG     | 1         | PA; QL (30 EA per 30 days)  |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG  | 1         | PA; QL (90 EA per 30 days)  |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 1         | PA; QL (60 EA per 30 days)  |

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| Drug Name                                                             | Drug Tier | Requirements/Limits          |
|-----------------------------------------------------------------------|-----------|------------------------------|
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 1         | PA; QL (90 EA per 30 days)   |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG        | 1         | PA; QL (60 EA per 30 days)   |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 1         | PA; QL (90 EA per 30 days)   |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG              | 1         | PA; QL (30 EA per 30 days)   |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG          | 1         | PA; QL (60 EA per 30 days)   |
| LORBRENA ORAL TABLET 100 MG                                           | 1         | PA; QL (30 EA per 30 days)   |
| LORBRENA ORAL TABLET 25 MG                                            | 1         | PA; QL (90 EA per 30 days)   |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                   | 1         | PA; QL (120 EA per 30 days)  |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | 1         | PA                           |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | 1         | PA                           |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG              | 1         | PA                           |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML                       | 1         | PA; QL (1200 ML per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG                                           | 1         | PA; QL (90 EA per 30 days)   |
| MEKINIST ORAL TABLET 2 MG                                             | 1         | PA; QL (30 EA per 30 days)   |
| MEKTOVI ORAL TABLET 15 MG                                             | 1         | PA; QL (180 EA per 30 days)  |
| NERLYNX ORAL TABLET 40 MG                                             | 1         | PA                           |
| ODOMZO ORAL CAPSULE 200 MG                                            | 1         | PA; QL (30 EA per 30 days)   |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                                    | 1         | PA                           |
| OGSIVEO ORAL TABLET 50 MG                                             | 1         | PA; QL (180 EA per 30 days)  |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML                         | 1         | PA                           |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)         | 1         | PA                           |
| <i>pazopanib hcl oral tablet 200 mg</i>                               | 1         | PA; QL (120 EA per 30 days)  |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                            | 1         | PA                           |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG            | 1         | PA                           |

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| Drug Name                                                             | Drug Tier | Requirements/Limits         |
|-----------------------------------------------------------------------|-----------|-----------------------------|
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG       | 1         | PA                          |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG        | 1         | PA                          |
| QINLOCK ORAL TABLET 50 MG                                             | 1         | PA; QL (90 EA per 30 days)  |
| RETEVMO ORAL CAPSULE 40 MG                                            | 1         | PA; QL (180 EA per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG                                            | 1         | PA; QL (120 EA per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG                      | 1         | PA                          |
| ROZLYTREK ORAL CAPSULE 100 MG                                         | 1         | PA; QL (180 EA per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG                                         | 1         | PA; QL (90 EA per 30 days)  |
| ROZLYTREK ORAL PACKET 50 MG                                           | 1         | PA                          |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                            | 1         | PA; QL (120 EA per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG                                             | 1         | PA; QL (224 EA per 28 days) |
| SCEMBLIX ORAL TABLET 100 MG                                           | 1         | PA                          |
| SCEMBLIX ORAL TABLET 20 MG                                            | 1         | PA; QL (60 EA per 30 days)  |
| SCEMBLIX ORAL TABLET 40 MG                                            | 1         | PA; QL (300 EA per 30 days) |
| <i>sorafenib tosylate oral tablet 200 mg</i>                          | 1         | PA; QL (120 EA per 30 days) |
| STIVARGA ORAL TABLET 40 MG                                            | 1         | PA; QL (84 EA per 28 days)  |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>   | 1         | PA; QL (30 EA per 30 days)  |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                   | 1         | PA                          |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                                    | 1         | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG                                    | 1         | PA; QL (840 EA per 28 days) |
| TAGRISO ORAL TABLET 40 MG, 80 MG                                      | 1         | PA; QL (30 EA per 30 days)  |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 1         | PA; QL (30 EA per 30 days)  |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                                   | 1         | PA; QL (112 EA per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG                                            | 1         | PA; QL (120 EA per 30 days) |
| TAZVERIK ORAL TABLET 200 MG                                           | 1         | PA                          |
| TEPMETKO ORAL TABLET 225 MG                                           | 1         | PA                          |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                     | 1         | PA; QL (64 EA per 28 days)  |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG                        | 1         | PA                          |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG         | 1         | PA; QL (21 EA per 21 days)  |

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| <b>Drug Name</b>                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--------------------------------------------------------------------|------------------|-----------------------------|
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | 1                | PA; QL (42 EA per 21 days)  |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG        | 1                | PA; QL (42 EA per 21 days)  |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG        | 1                | PA; QL (63 EA per 21 days)  |
| TUKYSA ORAL TABLET 150 MG                                          | 1                | PA; QL (120 EA per 30 days) |
| TUKYSA ORAL TABLET 50 MG                                           | 1                | PA; QL (300 EA per 30 days) |
| TURALIO ORAL CAPSULE 125 MG                                        | 1                | PA; QL (120 EA per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                              | 1                | PA; QL (56 EA per 28 days)  |
| VENCLEXTA ORAL TABLET 10 MG                                        | 1                | PA; QL (56 EA per 28 days)  |
| VENCLEXTA ORAL TABLET 100 MG                                       | 1                | PA; QL (180 EA per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG                                        | 1                | PA; QL (28 EA per 28 days)  |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG  | 1                | PA; QL (42 EA per 28 days)  |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                 | 1                | PA; QL (60 EA per 30 days)  |
| VIJOICE ORAL PACKET 50 MG                                          | 1                | PA                          |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG                     | 1                | PA; QL (30 EA per 30 days)  |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG                       | 1                | PA; QL (60 EA per 30 days)  |
| VITRAKVI ORAL CAPSULE 100 MG                                       | 1                | PA; QL (60 EA per 30 days)  |
| VITRAKVI ORAL CAPSULE 25 MG                                        | 1                | PA; QL (180 EA per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                    | 1                | PA; QL (300 ML per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                           | 1                | PA; QL (30 EA per 30 days)  |
| VONJO ORAL CAPSULE 100 MG                                          | 1                | PA; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                | 1                | PA; QL (120 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG                               | 1                | PA; QL (180 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG                                | 1                | PA; QL (240 EA per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG                                | 1                | PA; QL (120 EA per 30 days) |
| XOSPATA ORAL TABLET 40 MG                                          | 1                | PA; QL (90 EA per 30 days)  |

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| Drug Name                                                                    | Drug Tier | Requirements/Limits         |
|------------------------------------------------------------------------------|-----------|-----------------------------|
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                                    | 1         | PA; QL (30 EA per 30 days)  |
| ZELBORAF ORAL TABLET 240 MG                                                  | 1         | PA; QL (240 EA per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                           | 1         | PA; QL (60 EA per 30 days)  |
| ZYKADIA ORAL TABLET 150 MG                                                   | 1         | PA; QL (90 EA per 30 days)  |
| <b>Retinoids</b>                                                             |           |                             |
| <i>bexarotene external gel 1 %</i>                                           | 1         | PA                          |
| <i>bexarotene oral capsule 75 mg</i>                                         | 1         | PA                          |
| PANRETIN EXTERNAL GEL 0.1 %                                                  | 1         | PA                          |
| <i>tretinoin oral capsule 10 mg</i>                                          | 1         | PA                          |
| <b>Treatment Adjuncts</b>                                                    |           |                             |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>              | 1         |                             |
| <i>mesna oral tablet 400 mg</i>                                              | 1         |                             |
| MESNEX ORAL TABLET 400 MG                                                    | 1         |                             |
| <b>Antiparasitics - Treatment Of Infections From Parasites</b>               |           |                             |
| <b>Anthelmintics</b>                                                         |           |                             |
| <i>albendazole oral tablet 200 mg</i>                                        | 1         |                             |
| <i>ivermectin oral tablet 3 mg</i>                                           | 1         | QL (20 EA per 30 days)      |
| <i>praziquantel oral tablet 600 mg</i>                                       | 1         |                             |
| <b>Antiprotozoals</b>                                                        |           |                             |
| <i>atovaquone oral suspension 750 mg/5ml</i>                                 | 1         |                             |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>           | 1         |                             |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                      | 1         |                             |
| COARTEM ORAL TABLET 20-120 MG                                                | 1         |                             |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | 1         |                             |
| IMPAVIDO ORAL CAPSULE 50 MG                                                  | 1         | PA; QL (84 EA per 28 days)  |
| <i>mefloquine hcl oral tablet 250 mg</i>                                     | 1         |                             |
| <i>nitazoxanide oral tablet 500 mg</i>                                       | 1         |                             |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>      | 1         | B/D                         |

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| Drug Name                                                                                                                                         | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>pentamidine isethionate injection solution reconstituted 300 mg</i>                                                                            | 1         | PA                         |
| <i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>                                                                                         | 1         |                            |
| <i>pyrimethamine oral tablet 25 mg</i>                                                                                                            | 1         | PA; QL (90 EA per 30 days) |
| <i>quinine sulfate oral capsule 324 mg</i>                                                                                                        | 1         |                            |
| <b>Antiparkinson Agents - Treatment Of Parkinson's Disease</b>                                                                                    |           |                            |
| <b>Anticholinergics</b>                                                                                                                           |           |                            |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                        | 1         | PA                         |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                                                                                                | 1         | PA                         |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                                                                                 | 1         | PA                         |
| <b>Antiparkinson Agents, Other</b>                                                                                                                |           |                            |
| <i>amantadine hcl oral capsule 100 mg</i>                                                                                                         | 1         |                            |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                                                                                                     | 1         |                            |
| <i>amantadine hcl oral tablet 100 mg</i>                                                                                                          | 1         |                            |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 1         |                            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | 1         |                            |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG                                                                                              | 1         | PA; QL (60 EA per 30 days) |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG                                                                                             | 1         | PA; QL (30 EA per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                                                                                                                | 1         | ST                         |
| <b>Dopamine Agonists</b>                                                                                                                          |           |                            |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML                                                                                                  | 1         | PA                         |
| <i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>                                                                                  | 1         | PA; QL (90 ML per 30 days) |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                                                                                                   | 1         |                            |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                                                                                                  | 1         |                            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR                                                 | 1         |                            |

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You can find information on what the symbols and abbreviations in this table mean by going to page vii. Medications that are contained within a compound may require prior authorization.

| Drug Name                                                                                                                            | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | 1         |                     |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                      | 1         |                     |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                          | 1         |                     |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                      | 1         |                     |
| <b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>                                                              |           |                     |
| <i>carbidopa oral tablet 25 mg</i>                                                                                                   | 1         |                     |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>                                                       | 1         |                     |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                                                                | 1         |                     |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>                                                    | 1         |                     |
| <b>Monoamine Oxidase B (MAO-B) Inhibitors</b>                                                                                        |           |                     |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                  | 1         |                     |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                              | 1         |                     |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                               | 1         |                     |
| <b>Antipsychotics - Treatment Of Behavioral And Emotional Disorders</b>                                                              |           |                     |
| <b>1st Generation/Typical</b>                                                                                                        |           |                     |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                                            | 1         |                     |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                                                 | 1         |                     |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                                                     | 1         |                     |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                                                       | 1         |                     |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                        | 1         |                     |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>                               | 1         |                     |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                | 1         |                     |
| <i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>                                                                       | 1         |                     |

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| <b>Drug Name</b>                                                          | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|---------------------------------------------------------------------------|------------------|------------------------------|
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>     | 1                |                              |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>          | 1                |                              |
| <i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>                       | 1                |                              |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                    | 1                |                              |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>           | 1                |                              |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                   | 1                |                              |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>            | 1                |                              |
| <b>2nd Generation/Atypical</b>                                            |                  |                              |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML            | 1                | QL (2.4 ML per 56 days)      |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML            | 1                | QL (3.2 ML per 56 days)      |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG           | 1                | QL (1 EA per 28 days)        |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 1                | QL (1 EA per 28 days)        |
| <i>aripiprazole oral solution 1 mg/ml</i>                                 | 1                | QL (900 ML per 30 days)      |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>    | 1                | QL (30 EA per 30 days)       |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                  | 1                | QL (60 EA per 30 days)       |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML              | 1                | PA; QL (4.8 ML per 365 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML                    | 1                | PA; QL (3.9 ML per 56 days)  |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML                     | 1                | PA; QL (1.6 ML per 28 days)  |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML                     | 1                | PA; QL (2.4 ML per 28 days)  |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML                     | 1                | PA; QL (3.2 ML per 28 days)  |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> | 1                | QL (60 EA per 30 days)       |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG                                | 1                | PA; QL (30 EA per 30 days)   |

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| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|--------------------------------------------------------------------------------|------------------|------------------------------|
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 117 MG/0.75ML            | 1                | PA; QL (0.75 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 156 MG/ML                | 1                | PA; QL (1 ML per 28 days)    |
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 234 MG/1.5ML             | 1                | PA; QL (1.5 ML per 28 days)  |
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 351 MG/2.25ML            | 1                | PA; QL (2.25 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 39 MG/0.25ML             | 1                | PA; QL (0.25 ML per 28 days) |
| ERZOFRI INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 78 MG/0.5ML              | 1                | PA; QL (0.5 ML per 28 days)  |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12<br>MG, 2 MG, 4 MG, 6 MG, 8 MG               | 1                | PA; QL (60 EA per 30 days)   |
| FANAPT TITRATION PACK ORAL TABLET<br>1 & 2 & 4 & 6 MG                          | 1                | PA                           |
| INVEGA HAFYERA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1092<br>MG/3.5ML  | 1                | QL (3.5 ML per 180 days)     |
| INVEGA HAFYERA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 1560<br>MG/5ML    | 1                | QL (5 ML per 180 days)       |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 117<br>MG/0.75ML | 1                | QL (0.75 ML per 28 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 156<br>MG/ML     | 1                | QL (1 ML per 28 days)        |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 234<br>MG/1.5ML  | 1                | QL (1.5 ML per 28 days)      |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 39<br>MG/0.25ML  | 1                | QL (0.25 ML per 28 days)     |
| INVEGA SUSTENNA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 78<br>MG/0.5ML   | 1                | QL (0.5 ML per 28 days)      |
| INVEGA TRINZA INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 273<br>MG/0.88ML   | 1                | QL (0.88 ML per 84 days)     |

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Medications that are contained within a compound may require prior authorization.

| Drug Name                                                                                | Drug Tier | Requirements/Limits        |
|------------------------------------------------------------------------------------------|-----------|----------------------------|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML                   | 1         | QL (1.32 ML per 84 days)   |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML                   | 1         | QL (1.75 ML per 84 days)   |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML                   | 1         | QL (2.63 ML per 84 days)   |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                            | 1         | QL (30 EA per 30 days)     |
| <i>lurasidone hcl oral tablet 80 mg</i>                                                  | 1         | QL (60 EA per 30 days)     |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG                                | 1         | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG                                                              | 1         | PA; QL (30 EA per 30 days) |
| NUPLAZID ORAL TABLET 10 MG                                                               | 1         | PA; QL (30 EA per 30 days) |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>                             | 1         | QL (90 EA per 30 days)     |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                  | 1         | QL (30 EA per 30 days)     |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                      | 1         | QL (30 EA per 30 days)     |
| OPIPZA ORAL FILM 10 MG, 5 MG                                                             | 1         | PA; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG                                                                    | 1         | PA; QL (30 EA per 30 days) |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>           | 1         | QL (30 EA per 30 days)     |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>                         | 1         | QL (60 EA per 30 days)     |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG                                    | 1         | PA; QL (1 EA per 28 days)  |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>        | 1         | QL (30 EA per 30 days)     |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i> | 1         | QL (60 EA per 30 days)     |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>            | 1         | QL (60 EA per 30 days)     |
| <i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>                                      | 1         | QL (90 EA per 30 days)     |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                              | 1         | PA; QL (30 EA per 30 days) |

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| Drug Name                                                                                            | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG | 1         | QL (2 EA per 28 days)        |
| <i>risperidone oral solution 1 mg/ml</i>                                                             | 1         | QL (480 ML per 30 days)      |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                           | 1         | QL (60 EA per 30 days)       |
| <i>risperidone oral tablet 3 mg, 4 mg</i>                                                            | 1         | QL (120 EA per 30 days)      |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                               | 1         | QL (60 EA per 30 days)       |
| <i>risperidone oral tablet dispersible 3 mg, 4 mg</i>                                                | 1         | QL (120 EA per 30 days)      |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG                              | 1         | PA                           |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR                              | 1         | PA; QL (30 EA per 30 days)   |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML                                        | 1         | PA; QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML                                        | 1         | PA; QL (0.35 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML                                        | 1         | PA; QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML                                        | 1         | PA; QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML                                         | 1         | PA; QL (0.7 ML per 56 days)  |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML                                         | 1         | PA; QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML                                         | 1         | PA; QL (0.21 ML per 28 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                                      | 1         | PA; QL (30 EA per 30 days)   |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                       | 1         | QL (60 EA per 30 days)       |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>                               | 1         | QL (6 EA per 3 days)         |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG                               | 1         | PA; QL (2 EA per 28 days)    |

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| Drug Name                                                      | Drug Tier | Requirements/Limits       |
|----------------------------------------------------------------|-----------|---------------------------|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 1         | PA; QL (1 EA per 28 days) |
| <b>Treatment-Resistant</b>                                     |           |                           |
| <i>clozapine oral tablet 100 mg</i>                            | 1         | QL (270 EA per 30 days)   |
| <i>clozapine oral tablet 200 mg</i>                            | 1         | QL (120 EA per 30 days)   |
| <i>clozapine oral tablet 25 mg, 50 mg</i>                      | 1         | QL (90 EA per 30 days)    |
| <i>clozapine oral tablet dispersible 100 mg</i>                | 1         | QL (270 EA per 30 days)   |
| <i>clozapine oral tablet dispersible 12.5 mg</i>               | 1         |                           |
| <i>clozapine oral tablet dispersible 150 mg</i>                | 1         | QL (180 EA per 30 days)   |
| <i>clozapine oral tablet dispersible 200 mg</i>                | 1         | QL (120 EA per 30 days)   |
| <i>clozapine oral tablet dispersible 25 mg</i>                 | 1         | QL (90 EA per 30 days)    |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                             | 1         | QL (540 ML per 30 days)   |
| <b>Antispasticity Agents - Treatment Of Muscle Spasms</b>      |           |                           |
| <b>Antispasticity Agents</b>                                   |           |                           |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                 | 1         |                           |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>     | 1         |                           |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                   | 1         |                           |
| <b>Antivirals - Treatment Of Infections By Viruses</b>         |           |                           |
| <b>Anti-cytomegalovirus (CMV) Agents</b>                       |           |                           |
| LIVTENCITY ORAL TABLET 200 MG                                  | 1         | PA                        |
| PREVYMIS ORAL PACKET 120 MG, 20 MG                             | 1         | PA                        |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                            | 1         | PA                        |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> | 1         |                           |
| <i>valganciclovir hcl oral tablet 450 mg</i>                   | 1         |                           |
| <b>Anti-hepatitis B (HBV) Agents</b>                           |           |                           |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                    | 1         | QL (30 EA per 30 days)    |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                             | 1         |                           |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                      | 1         |                           |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML                               | 1         |                           |
| <i>lamivudine oral solution 10 mg/ml</i>                       | 1         | QL (960 ML per 30 days)   |
| <i>lamivudine oral tablet 100 mg, 300 mg</i>                   | 1         | QL (30 EA per 30 days)    |

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| Drug Name                                               | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------|-----------|-----------------------------|
| <i>lamivudine oral tablet 150 mg</i>                    | 1         | QL (60 EA per 30 days)      |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 1         | QL (30 EA per 30 days)      |
| VEMLIDY ORAL TABLET 25 MG                               | 1         | PA                          |
| VIREAD ORAL POWDER 40 MG/GM                             | 1         | QL (240 GM per 30 days)     |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG               | 1         | QL (30 EA per 30 days)      |
| <b>Anti-hepatitis C (HCV) Agents</b>                    |           |                             |
| MAVYRET ORAL PACKET 50-20 MG                            | 1         | PA; QL (150 EA per 30 days) |
| MAVYRET ORAL TABLET 100-40 MG                           | 1         | PA; QL (90 EA per 30 days)  |
| <i>ribavirin oral capsule 200 mg</i>                    | 1         |                             |
| <i>ribavirin oral tablet 200 mg</i>                     | 1         |                             |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG           | 1         | PA; QL (28 EA per 28 days)  |
| VOSEVI ORAL TABLET 400-100-100 MG                       | 1         | PA; QL (28 EA per 28 days)  |
| <b>Antitherpetic Agents</b>                             |           |                             |
| <i>acyclovir oral capsule 200 mg</i>                    | 1         |                             |
| <i>acyclovir oral suspension 200 mg/5ml</i>             | 1         |                             |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>             | 1         |                             |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>   | 1         | B/D                         |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>   | 1         |                             |
| <i>trifluridine ophthalmic solution 1 %</i>             | 1         |                             |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>        | 1         |                             |
| <b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>    |           |                             |
| ISENTRESS HD ORAL TABLET 600 MG                         | 1         | QL (60 EA per 30 days)      |
| ISENTRESS ORAL PACKET 100 MG                            | 1         | QL (60 EA per 30 days)      |
| ISENTRESS ORAL TABLET 400 MG                            | 1         | QL (120 EA per 30 days)     |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG            | 1         | QL (180 EA per 30 days)     |
| TIVICAY ORAL TABLET 10 MG                               | 1         | QL (120 EA per 30 days)     |
| TIVICAY ORAL TABLET 25 MG                               | 1         | QL (30 EA per 30 days)      |
| TIVICAY ORAL TABLET 50 MG                               | 1         | QL (60 EA per 30 days)      |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG                     | 1         | QL (180 EA per 30 days)     |
| VOCABRIA ORAL TABLET 30 MG                              | 1         | QL (30 EA per 30 days)      |

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| Drug Name                                                                                    | Drug Tier | Requirements/Limits      |
|----------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>              |           |                          |
| EDURANT ORAL TABLET 25 MG                                                                    | 1         | QL (30 EA per 30 days)   |
| <i>efavirenz oral tablet 600 mg</i>                                                          | 1         | QL (30 EA per 30 days)   |
| <i>etravirine oral tablet 100 mg</i>                                                         | 1         | QL (120 EA per 30 days)  |
| <i>etravirine oral tablet 200 mg</i>                                                         | 1         | QL (60 EA per 30 days)   |
| INTELENCE ORAL TABLET 25 MG                                                                  | 1         | QL (120 EA per 30 days)  |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i>                             | 1         | QL (30 EA per 30 days)   |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                                  | 1         | QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet 200 mg</i>                                                         | 1         | QL (60 EA per 30 days)   |
| PIFELTRO ORAL TABLET 100 MG                                                                  | 1         | QL (30 EA per 30 days)   |
| <b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>    |           |                          |
| <i>abacavir sulfate oral solution 20 mg/ml</i>                                               | 1         | QL (960 ML per 30 days)  |
| <i>abacavir sulfate oral tablet 300 mg</i>                                                   | 1         | QL (60 EA per 30 days)   |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>                                    | 1         | QL (30 EA per 30 days)   |
| CIMDUO ORAL TABLET 300-300 MG                                                                | 1         | QL (30 EA per 30 days)   |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG                                                     | 1         | QL (30 EA per 30 days)   |
| <i>emtricitabine oral capsule 200 mg</i>                                                     | 1         | QL (30 EA per 30 days)   |
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> | 1         | QL (30 EA per 30 days)   |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                               | 1         |                          |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                          | 1         | QL (60 EA per 30 days)   |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG                           | 1         | QL (30 EA per 30 days)   |
| <i>zidovudine oral capsule 100 mg</i>                                                        | 1         | QL (180 EA per 30 days)  |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                                       | 1         | QL (1920 ML per 30 days) |
| <i>zidovudine oral tablet 300 mg</i>                                                         | 1         | QL (60 EA per 30 days)   |
| <b>Anti-HIV Agents, Other</b>                                                                |           |                          |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                                              | 1         | QL (30 EA per 30 days)   |

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| Drug Name                                                                             | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------------------|-----------|--------------------------|
| CABENUVA INTRAMUSCULAR<br>SUSPENSION EXTENDED RELEASE 400 &<br>600 MG/2ML             | 1         | QL (52 ML per 365 days)  |
| CABENUVA INTRAMUSCULAR<br>SUSPENSION EXTENDED RELEASE 600 &<br>900 MG/3ML             | 1         | QL (42 ML per 365 days)  |
| COMPLERA ORAL TABLET 200-25-300 MG                                                    | 1         | QL (30 EA per 30 days)   |
| DELSTRIGO ORAL TABLET 100-300-300 MG                                                  | 1         | QL (30 EA per 30 days)   |
| DOVATO ORAL TABLET 50-300 MG                                                          | 1         | QL (30 EA per 30 days)   |
| <i>efavirenz-emtricitab-tenofo df oral tablet 600-<br/>200-300 mg</i>                 | 1         | QL (30 EA per 30 days)   |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-<br/>300-300 mg, 600-300-300 mg</i> | 1         | QL (30 EA per 30 days)   |
| EVOTAZ ORAL TABLET 300-150 MG                                                         | 1         | QL (30 EA per 30 days)   |
| FUZEON SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 90 MG                                   | 1         |                          |
| GENVOYA ORAL TABLET 150-150-200-10<br>MG                                              | 1         | QL (30 EA per 30 days)   |
| JULUCA ORAL TABLET 50-25 MG                                                           | 1         | QL (30 EA per 30 days)   |
| <i>maraviroc oral tablet 150 mg</i>                                                   | 1         | QL (60 EA per 30 days)   |
| <i>maraviroc oral tablet 300 mg</i>                                                   | 1         | QL (120 EA per 30 days)  |
| ODEFSEY ORAL TABLET 200-25-25 MG                                                      | 1         | QL (30 EA per 30 days)   |
| PREZCOBIX ORAL TABLET 800-150 MG                                                      | 1         | QL (30 EA per 30 days)   |
| RUKOBIA ORAL TABLET EXTENDED<br>RELEASE 12 HOUR 600 MG                                | 1         | QL (60 EA per 30 days)   |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                                      | 1         | QL (1840 ML per 30 days) |
| SELZENTRY ORAL TABLET 25 MG                                                           | 1         | QL (240 EA per 30 days)  |
| SELZENTRY ORAL TABLET 75 MG                                                           | 1         | QL (120 EA per 30 days)  |
| STRIBILD ORAL TABLET 150-150-200-300<br>MG                                            | 1         | QL (30 EA per 30 days)   |
| SUNLENCA ORAL TABLET THERAPY<br>PACK 4 X 300 MG                                       | 1         | QL (8 EA per 365 days)   |
| SUNLENCA ORAL TABLET THERAPY<br>PACK 5 X 300 MG                                       | 1         | QL (10 EA per 365 days)  |
| SUNLENCA SUBCUTANEOUS SOLUTION<br>463.5 MG/1.5ML                                      | 1         | QL (6 ML per 365 days)   |
| SYMTUZA ORAL TABLET 800-150-200-10<br>MG                                              | 1         | QL (30 EA per 30 days)   |

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| Drug Name                                                                       | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------------|-----------|--------------------------|
| TRIUMEQ ORAL TABLET 600-50-300 MG                                               | 1         | QL (30 EA per 30 days)   |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG                                       | 1         | QL (180 EA per 30 days)  |
| TYBOST ORAL TABLET 150 MG                                                       | 1         | QL (30 EA per 30 days)   |
| <b>Anti-HIV Agents, Protease Inhibitors (PI)</b>                                |           |                          |
| APTIVUS ORAL CAPSULE 250 MG                                                     | 1         | QL (120 EA per 30 days)  |
| <i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>                           | 1         | QL (30 EA per 30 days)   |
| <i>atazanavir sulfate oral capsule 200 mg</i>                                   | 1         | QL (60 EA per 30 days)   |
| <i>darunavir oral tablet 600 mg</i>                                             | 1         | QL (60 EA per 30 days)   |
| <i>darunavir oral tablet 800 mg</i>                                             | 1         | QL (30 EA per 30 days)   |
| <i>fosamprenavir calcium oral tablet 700 mg</i>                                 | 1         | QL (120 EA per 30 days)  |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>                         | 1         | QL (390 ML per 30 days)  |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                                | 1         | QL (300 EA per 30 days)  |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                                | 1         | QL (120 EA per 30 days)  |
| NORVIR ORAL PACKET 100 MG                                                       | 1         | QL (360 EA per 30 days)  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                              | 1         | QL (400 ML per 30 days)  |
| PREZISTA ORAL TABLET 150 MG                                                     | 1         | QL (180 EA per 30 days)  |
| PREZISTA ORAL TABLET 75 MG                                                      | 1         | QL (300 EA per 30 days)  |
| REYATAZ ORAL PACKET 50 MG                                                       | 1         |                          |
| <i>ritonavir oral tablet 100 mg</i>                                             | 1         | QL (360 EA per 30 days)  |
| VIRACEPT ORAL TABLET 250 MG                                                     | 1         | QL (300 EA per 30 days)  |
| VIRACEPT ORAL TABLET 625 MG                                                     | 1         | QL (120 EA per 30 days)  |
| <b>Anti-influenza Agents</b>                                                    |           |                          |
| <i>oseltamivir phosphate oral capsule 30 mg</i>                                 | 1         | QL (84 EA per 180 days)  |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>                          | 1         | QL (42 EA per 180 days)  |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>              | 1         | QL (540 ML per 180 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT           | 1         | QL (60 EA per 180 days)  |
| <i>rimantadine hcl oral tablet 100 mg</i>                                       | 1         |                          |
| <b>Antiviral, Coronavirus Agents</b>                                            |           |                          |
| <i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg &amp; 10 x 100mg</i> | 1         | QL (20 EA per 5 days)    |

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| Drug Name                                                                       | Drug Tier | Requirements/Limits      |
|---------------------------------------------------------------------------------|-----------|--------------------------|
| <i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg &amp; 10 x 100mg</i> | 1         | QL (30 EA per 5 days)    |
| <b>Antivirals</b>                                                               |           |                          |
| LAGEVRIO ORAL CAPSULE 200 MG                                                    | 1         | QL (40 EA per 5 days)    |
| <b>Anxiolytics - Treatment Of Anxiety Or Nervousness</b>                        |           |                          |
| <b>Anxiolytics, Other</b>                                                       |           |                          |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>              | 1         |                          |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                    | 1         | PA                       |
| <b>Benzodiazepines</b>                                                          |           |                          |
| <i>alprazolam intensol oral concentrate 1 mg/ml</i>                             | 1         | QL (300 ML per 30 days)  |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>                             | 1         | QL (120 EA per 30 days)  |
| <i>alprazolam oral tablet 2 mg</i>                                              | 1         | QL (150 EA per 30 days)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i>                                      | 1         | QL (90 EA per 30 days)   |
| <i>clonazepam oral tablet 2 mg</i>                                              | 1         | QL (300 EA per 30 days)  |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>       | 1         | QL (90 EA per 30 days)   |
| <i>clonazepam oral tablet dispersible 2 mg</i>                                  | 1         | QL (300 EA per 30 days)  |
| <i>clorazepate dipotassium oral tablet 15 mg</i>                                | 1         | QL (180 EA per 30 days)  |
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>                      | 1         | QL (90 EA per 30 days)   |
| <i>diazepam intensol oral concentrate 5 mg/ml</i>                               | 1         | QL (240 ML per 30 days)  |
| <i>diazepam oral concentrate 5 mg/ml</i>                                        | 1         | QL (240 ML per 30 days)  |
| <i>diazepam oral solution 5 mg/5ml</i>                                          | 1         | QL (1200 ML per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                   | 1         | QL (120 EA per 30 days)  |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i>                              | 1         | QL (150 ML per 30 days)  |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                       | 1         | QL (150 ML per 30 days)  |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                                       | 1         | QL (90 EA per 30 days)   |
| <i>lorazepam oral tablet 2 mg</i>                                               | 1         | QL (150 EA per 30 days)  |
| <b>Bipolar Agents - Treatment For Bipolar Illnesses</b>                         |           |                          |
| <b>Mood Stabilizers</b>                                                         |           |                          |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG            | 1         |                          |

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| Drug Name                                                               | Drug Tier | Requirements/Limits     |
|-------------------------------------------------------------------------|-----------|-------------------------|
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i> | 1         |                         |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>            | 1         |                         |
| <i>lithium carbonate oral tablet 300 mg</i>                             | 1         |                         |
| <i>lithium oral solution 8 meq/5ml</i>                                  | 1         |                         |
| <b>Blood Glucose Regulators - Control Of Diabetes</b>                   |           |                         |
| <b>Antidiabetic Agents</b>                                              |           |                         |
| <i>acarbose oral tablet 100 mg</i>                                      | 1         | QL (90 EA per 30 days)  |
| <i>acarbose oral tablet 25 mg</i>                                       | 1         | QL (360 EA per 30 days) |
| <i>acarbose oral tablet 50 mg</i>                                       | 1         | QL (180 EA per 30 days) |
| FARXIGA ORAL TABLET 10 MG, 5 MG                                         | 1         | QL (30 EA per 30 days)  |
| <i>glimepiride oral tablet 1 mg</i>                                     | 1         | QL (240 EA per 30 days) |
| <i>glimepiride oral tablet 2 mg</i>                                     | 1         | QL (120 EA per 30 days) |
| <i>glimepiride oral tablet 4 mg</i>                                     | 1         | QL (60 EA per 30 days)  |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i>          | 1         | QL (60 EA per 30 days)  |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>         | 1         | QL (240 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i>           | 1         | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 10 mg</i>                                      | 1         | QL (120 EA per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i>                                     | 1         | QL (60 EA per 30 days)  |
| <i>glipizide oral tablet 5 mg</i>                                       | 1         | QL (240 EA per 30 days) |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg</i>          | 1         | QL (60 EA per 30 days)  |
| <i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>         | 1         | QL (240 EA per 30 days) |
| <i>glipizide xl oral tablet extended release 24 hour 5 mg</i>           | 1         | QL (120 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>                   | 1         | QL (240 EA per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>         | 1         | QL (120 EA per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>                    | 1         | QL (90 EA per 30 days)  |
| <i>glyburide micronized oral tablet 6 mg</i>                            | 1         | QL (60 EA per 30 days)  |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg</i>                            | 1         | QL (60 EA per 30 days)  |

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| <b>Drug Name</b>                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>glyburide oral tablet 5 mg</i>                                                                                            | 1                | QL (120 EA per 30 days)    |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i>                                                                           | 1                | QL (240 EA per 30 days)    |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>                                                                  | 1                | QL (120 EA per 30 days)    |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                                                                        | 1                | QL (30 EA per 30 days)     |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG                                                                                    | 1                | QL (60 EA per 30 days)     |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG                                                                  | 1                | QL (30 EA per 30 days)     |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG                                                        | 1                | QL (60 EA per 30 days)     |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                     | 1                | QL (30 EA per 30 days)     |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                                           | 1                | QL (30 EA per 30 days)     |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG                                                                   | 1                | QL (60 EA per 30 days)     |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG                                                               | 1                | QL (60 EA per 30 days)     |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG                                                                 | 1                | QL (30 EA per 30 days)     |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>                                                          | 1                | QL (120 EA per 30 days)    |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>                                                          | 1                | QL (60 EA per 30 days)     |
| <i>metformin hcl oral tablet 1000 mg</i>                                                                                     | 1                | QL (75 EA per 30 days)     |
| <i>metformin hcl oral tablet 500 mg</i>                                                                                      | 1                | QL (150 EA per 30 days)    |
| <i>metformin hcl oral tablet 850 mg</i>                                                                                      | 1                | QL (90 EA per 30 days)     |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 1                | PA; QL (2 ML per 28 days)  |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                 | 1                | QL (90 EA per 30 days)     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML                                                    | 1                | PA; QL (3 ML per 28 days)  |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML                                                              | 1                | PA; QL (3 ML per 28 days)  |

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| Drug Name                                                                                           | Drug Tier | Requirements/Limits          |
|-----------------------------------------------------------------------------------------------------|-----------|------------------------------|
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML                                     | 1         | PA; QL (3 ML per 28 days)    |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                             | 1         | QL (30 EA per 30 days)       |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                              | 1         | QL (90 EA per 30 days)       |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i>                                                         | 1         | QL (120 EA per 30 days)      |
| <i>repaglinide oral tablet 2 mg</i>                                                                 | 1         | QL (240 EA per 30 days)      |
| RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG                                            | 1         | PA; QL (30 EA per 30 days)   |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                              | 1         | PA; QL (30 EA per 30 days)   |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML                                     | 1         | PA; QL (10.8 ML per 30 days) |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML                                      | 1         | PA; QL (6 ML per 30 days)    |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG                                 | 1         | QL (60 EA per 30 days)       |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG                | 1         | QL (60 EA per 30 days)       |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG                                         | 1         | QL (30 EA per 30 days)       |
| TRADJENTA ORAL TABLET 5 MG                                                                          | 1         | QL (30 EA per 30 days)       |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG                         | 1         | QL (30 EA per 30 days)       |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG                    | 1         | QL (60 EA per 30 days)       |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 1         | PA; QL (2 ML per 28 days)    |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML                                                | 1         | PA; QL (9 ML per 30 days)    |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG                      | 1         | QL (30 EA per 30 days)       |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG                               | 1         | QL (60 EA per 30 days)       |
| <b>Glycemic Agents</b>                                                                              |           |                              |

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| Drug Name                                                                          | Drug Tier | Requirements/Limits         |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE                                            | 1         | QL (4 EA per 30 days)       |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE                                            | 1         | QL (4 EA per 30 days)       |
| <i>diazoxide oral suspension 50 mg/ml</i>                                          | 1         |                             |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG                             | 1         | QL (4 EA per 30 days)       |
| <i>glucagon emergency injection kit 1 mg</i>                                       | 1         | QL (4 EA per 30 days)       |
| <i>glucagon emergency injection solution reconstituted 1 mg/ml</i>                 | 1         | QL (4 EA per 30 days)       |
| <i>mifepristone oral tablet 300 mg</i>                                             | 1         | PA; QL (120 EA per 30 days) |
| <b>Insulins</b>                                                                    |           |                             |
| <i>gauze pad 2"x2"</i>                                                             | 1         |                             |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML                                             | 1         |                             |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML              | 1         |                             |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML        | 1         |                             |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | 1         |                             |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 1         |                             |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML                      | 1         |                             |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML                                | 1         |                             |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML     | 1         |                             |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                          | 1         |                             |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                 | 1         |                             |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                      | 1         |                             |

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| Drug Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1         |                     |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1         |                     |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1         |                     |
| <i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         |                     |
| <i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1         |                     |
| <i>insulin aspart injection solution 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                     |
| <i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1         |                     |
| <i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1         |                     |
| <i>insulin lispro injection solution 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         |                     |
| <i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1         |                     |
| <i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1         |                     |
| <i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 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, u-100 1 ml</i> | 1         |                     |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1         |                     |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1         |                     |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1         |                     |

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| <b>Drug Name</b>                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|---------------------------------------------------------------------------------------|------------------|----------------------------|
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML        | 1                |                            |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                      | 1                |                            |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                             | 1                |                            |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML             | 1                |                            |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML                    | 1                |                            |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                  | 1                |                            |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML                                         | 1                |                            |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                         | 1                |                            |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML                  | 1                |                            |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML                                              | 1                |                            |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML                                       | 1                |                            |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 1                |                            |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                 | 1                |                            |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML                        | 1                |                            |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML                                                | 1                |                            |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML    | 1                |                            |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                  | 1                |                            |

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| Drug Name                                                                                                                                                         | Drug Tier | Requirements/Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML                                                                                                     | 1         |                        |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML                                                                                                                     | 1         |                        |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT                                                                                                                                 | 1         |                        |
| OMNIPOD 5 DEXG7G6 PODS GEN 5                                                                                                                                      | 1         |                        |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT                                                                                                                                    | 1         |                        |
| OMNIPOD 5 G7 PODS (GEN 5)                                                                                                                                         | 1         |                        |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT                                                                                                                                      | 1         |                        |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS                                                                                                                                     | 1         |                        |
| OMNIPOD DASH INTRO (GEN 4) KIT                                                                                                                                    | 1         |                        |
| OMNIPOD DASH PDM (GEN 4) KIT                                                                                                                                      | 1         |                        |
| OMNIPOD DASH PODS (GEN 4)                                                                                                                                         | 1         |                        |
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR                                                   | 1         |                        |
| <i>pen needles 29g x 12.7mm , 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i> | 1         |                        |
| SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML                                                                                                       | 1         | QL (30 ML per 30 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                                                                                                | 1         |                        |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML                                                                                                    | 1         |                        |
| V-GO 20 KIT 20 UNIT/24HR                                                                                                                                          | 1         |                        |
| V-GO 30 KIT 30 UNIT/24HR                                                                                                                                          | 1         |                        |
| V-GO 40 KIT 40 UNIT/24HR                                                                                                                                          | 1         |                        |
| <b>Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production</b>                                                                 |           |                        |
| <b>Anticoagulants</b>                                                                                                                                             |           |                        |
| CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT                                                                                                   | 1         | PA                     |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG                                                                                                         | 1         | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG                                                                                                                                        | 1         | QL (60 EA per 30 days) |

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| Drug Name                                                                                                                                                                                   | Drug Tier | Requirements/Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| ELIQUIS ORAL TABLET 5 MG                                                                                                                                                                    | 1         | QL (74 EA per 30 days) |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                                                                                                                      | 1         |                        |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>                                        | 1         |                        |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                                                        | 1         |                        |
| <i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>                                                                                                              | 1         |                        |
| <i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>                                                                                                                          | 1         |                        |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                                                                       | 1         |                        |
| <i>rivaroxaban oral tablet 2.5 mg</i>                                                                                                                                                       | 1         | QL (60 EA per 30 days) |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                                                                | 1         |                        |
| XARELTO ORAL TABLET 10 MG, 20 MG                                                                                                                                                            | 1         | QL (30 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG                                                                                                                                                           | 1         | QL (60 EA per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG                                                                                                                                    | 1         | QL (51 EA per 30 days) |
| <b>Blood Products and Modifiers, Other</b>                                                                                                                                                  |           |                        |
| <i>aminocaproic acid oral solution 0.25 gm/ml</i>                                                                                                                                           | 1         |                        |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>                                                                                                                                        | 1         |                        |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                                                                                             | 1         |                        |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                                                                                           | 1         | PA                     |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML | 1         | PA                     |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML                                                                                            | 1         | PA                     |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                                                                                                                 | 1         | PA                     |

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You can find information on what the symbols and abbreviations in this table mean by going to page vii. Medications that are contained within a compound may require prior authorization.

| <b>Drug Name</b>                                                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| FYLNETRA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 6 MG/0.6ML                                                                                 | 1                | PA                          |
| LEUKINE INJECTION SOLUTION<br>RECONSTITUTED 250 MCG                                                                                            | 1                | PA                          |
| NEULASTA ONPRO SUBCUTANEOUS<br>PREFILLED SYRINGE KIT 6 MG/0.6ML                                                                                | 1                | PA                          |
| NEULASTA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 6 MG/0.6ML                                                                                 | 1                | PA                          |
| NIVESTYM INJECTION SOLUTION 300<br>MCG/ML, 480 MCG/1.6ML                                                                                       | 1                | PA                          |
| NIVESTYM INJECTION SOLUTION<br>PREFILLED SYRINGE 300 MCG/0.5ML, 480<br>MCG/0.8ML                                                               | 1                | PA                          |
| NYVEPRIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 6 MG/0.6ML                                                                                 | 1                | PA                          |
| PIASKY INJECTION SOLUTION 340 MG/2ML                                                                                                           | 1                | PA                          |
| PROCRIT INJECTION SOLUTION 10000<br>UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML,<br>3000 UNIT/ML, 4000 UNIT/ML, 40000<br>UNIT/ML                      | 1                | PA                          |
| PROMACTA ORAL PACKET 12.5 MG                                                                                                                   | 1                | PA; QL (360 EA per 30 days) |
| PROMACTA ORAL PACKET 25 MG                                                                                                                     | 1                | PA; QL (180 EA per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG                                                                                                            | 1                | PA; QL (30 EA per 30 days)  |
| PROMACTA ORAL TABLET 50 MG, 75 MG                                                                                                              | 1                | PA; QL (60 EA per 30 days)  |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50<br>MG                                                                                                     | 1                | PA                          |
| PYRUKYND TAPER PACK ORAL TABLET<br>THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5<br>MG, 7 X 50 MG & 7 X 20 MG                                           | 1                | PA                          |
| RELEUKO INJECTION SOLUTION 300<br>MCG/ML, 480 MCG/1.6ML                                                                                        | 1                | PA                          |
| RELEUKO SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 300 MCG/0.5ML, 480<br>MCG/0.8ML                                                             | 1                | PA                          |
| RETACRIT INJECTION SOLUTION 10000<br>UNIT/ML, 10000 UNIT/ML(1ML), 2000<br>UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML,<br>4000 UNIT/ML, 40000 UNIT/ML | 1                | PA                          |
| STIMUFEND SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 6 MG/0.6ML                                                                                | 1                | PA                          |

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Medications that are contained within a compound may require prior authorization.

| Drug Name                                                                                    | Drug Tier | Requirements/Limits         |
|----------------------------------------------------------------------------------------------|-----------|-----------------------------|
| TAVNEOS ORAL CAPSULE 10 MG                                                                   | 1         | PA                          |
| <i>tranexamic acid oral tablet 650 mg</i>                                                    | 1         |                             |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                            | 1         | PA                          |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML                                       | 1         | PA                          |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                   | 1         | PA                          |
| XOLREMDI ORAL CAPSULE 100 MG                                                                 | 1         | PA                          |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML                     | 1         | PA                          |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML                                 | 1         | PA                          |
| <b>Platelet Modifying Agents</b>                                                             |           |                             |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>               | 1         |                             |
| BRILINTA ORAL TABLET 60 MG, 90 MG                                                            | 1         |                             |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                  | 1         |                             |
| <i>clopidogrel bisulfate oral tablet 75 mg</i>                                               | 1         |                             |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                          | 1         | PA                          |
| DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)                                  | 1         | PA                          |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>                                                 | 1         |                             |
| <b>Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels</b> |           |                             |
| <b>Alpha-adrenergic Agonists</b>                                                             |           |                             |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                      | 1         |                             |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>              | 1         | QL (4 EA per 28 days)       |
| <i>droxidopa oral capsule 100 mg</i>                                                         | 1         | PA; QL (90 EA per 30 days)  |
| <i>droxidopa oral capsule 200 mg, 300 mg</i>                                                 | 1         | PA; QL (180 EA per 30 days) |
| <i>guanfacine hcl oral tablet 1 mg</i>                                                       | 1         | QL (60 EA per 30 days)      |
| <i>guanfacine hcl oral tablet 2 mg</i>                                                       | 1         | QL (30 EA per 30 days)      |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                         | 1         |                             |
| <b>Alpha-adrenergic Blocking Agents</b>                                                      |           |                             |

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| <b>Drug Name</b>                                                       | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------|------------------|----------------------------|
| <i>doxazosin mesylate oral tablet 1 mg, 4 mg</i>                       | 1                | QL (30 EA per 30 days)     |
| <i>doxazosin mesylate oral tablet 2 mg</i>                             | 1                | QL (90 EA per 30 days)     |
| <i>doxazosin mesylate oral tablet 8 mg</i>                             | 1                | QL (60 EA per 30 days)     |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                         | 1                | PA                         |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                      | 1                |                            |
| <i>terazosin hcl oral capsule 1 mg, 10 mg</i>                          | 1                | QL (60 EA per 30 days)     |
| <i>terazosin hcl oral capsule 2 mg, 5 mg</i>                           | 1                | QL (30 EA per 30 days)     |
| <b>Angiotensin II Receptor Antagonists</b>                             |                  |                            |
| <i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>             | 1                | QL (60 EA per 30 days)     |
| <i>candesartan cilexetil oral tablet 32 mg</i>                         | 1                | QL (30 EA per 30 days)     |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                    | 1                | QL (30 EA per 30 days)     |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>             | 1                |                            |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>                   | 1                | QL (30 EA per 30 days)     |
| <i>olmesartan medoxomil oral tablet 5 mg</i>                           | 1                | QL (60 EA per 30 days)     |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                     | 1                | QL (30 EA per 30 days)     |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>                      | 1                | QL (60 EA per 30 days)     |
| <i>valsartan oral tablet 320 mg</i>                                    | 1                | QL (30 EA per 30 days)     |
| <b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>                  |                  |                            |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>            | 1                |                            |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>             | 1                |                            |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>        | 1                |                            |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>               | 1                |                            |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | 1                |                            |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                         | 1                |                            |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>               | 1                |                            |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>             | 1                |                            |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>              | 1                |                            |

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| Drug Name                                                                                        | Drug Tier | Requirements/Limits    |
|--------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                 | 1         |                        |
| <b>Antiarrhythmics</b>                                                                           |           |                        |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                                         | 1         |                        |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                        | 1         |                        |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                         | 1         |                        |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                                      | 1         |                        |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                                        | 1         |                        |
| MULTAQ ORAL TABLET 400 MG                                                                        | 1         |                        |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG                                  | 1         |                        |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                        | 1         |                        |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                                | 1         |                        |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                              | 1         |                        |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                        | 1         |                        |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                     | 1         |                        |
| <b>Beta-adrenergic Blocking Agents</b>                                                           |           |                        |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                                | 1         |                        |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                 | 1         |                        |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                                    | 1         |                        |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                               | 1         |                        |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                  | 1         |                        |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                          | 1         |                        |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> | 1         |                        |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                      | 1         |                        |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                   | 1         |                        |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                             | 1         | QL (30 EA per 30 days) |
| <i>nebivolol hcl oral tablet 20 mg</i>                                                           | 1         | QL (60 EA per 30 days) |

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| <b>Drug Name</b>                                                                                                   | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                            | 1                |                            |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>                       | 1                |                            |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                                          | 1                |                            |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                               | 1                |                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                              | 1                |                            |
| <b>Calcium Channel Blocking Agents, Dihydropyridines</b>                                                           |                  |                            |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                         | 1                |                            |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                      | 1                |                            |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                        | 1                |                            |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                      | 1                |                            |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                      | 1                |                            |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                        | 1                | PA                         |
| <i>nimodipine oral capsule 30 mg</i>                                                                               | 1                |                            |
| <b>Calcium Channel Blocking Agents, Nondihydropyridines</b>                                                        |                  |                            |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>                              | 1                |                            |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1                |                            |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>  | 1                |                            |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                 | 1                |                            |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                               | 1                |                            |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                       | 1                |                            |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                        | 1                |                            |

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| Drug Name                                                                                                                                       | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg                                   | 1         |                             |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg                                                                            | 1         |                             |
| verapamil hcl oral tablet 120 mg, 40 mg, 80 mg                                                                                                  | 1         |                             |
| <b>Cardiovascular Agents, Other</b>                                                                                                             |           |                             |
| acetazolamide oral tablet 125 mg, 250 mg                                                                                                        | 1         |                             |
| aliskiren fumarate oral tablet 150 mg, 300 mg                                                                                                   | 1         |                             |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg                                                                                               | 1         |                             |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg                                            | 1         | QL (30 EA per 30 days)      |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg                                                              | 1         | QL (30 EA per 30 days)      |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg | 1         | QL (30 EA per 30 days)      |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg                                                                          | 1         | QL (30 EA per 30 days)      |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg                                    | 1         |                             |
| atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg                                                                                         | 1         |                             |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg                                                          | 1         |                             |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg                                                                   | 1         |                             |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                                                                 | 1         | PA; QL (30 EA per 30 days)  |
| candesartan cilexetil-hctz oral tablet 16-12.5 mg                                                                                               | 1         | QL (60 EA per 30 days)      |
| candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg                                                                                     | 1         | QL (30 EA per 30 days)      |
| CORLANOR ORAL SOLUTION 5 MG/5ML                                                                                                                 | 1         | PA; QL (450 ML per 30 days) |
| digoxin oral solution 0.05 mg/ml                                                                                                                | 1         | QL (150 ML per 30 days)     |
| digoxin oral tablet 125 mcg, 250 mcg                                                                                                            | 1         | QL (30 EA per 30 days)      |

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| Drug Name                                                                                                        | Drug Tier | Requirements/Limits        |
|------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>                                             | 1         |                            |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG                                                                  | 1         | QL (240 EA per 30 days)    |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                                               | 1         | QL (60 EA per 30 days)     |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                                                 | 1         |                            |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>                                                    | 1         | QL (60 EA per 30 days)     |
| <i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>                                                    | 1         | QL (30 EA per 30 days)     |
| <i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>                                                                   | 1         | PA; QL (60 EA per 30 days) |
| KERENDIA ORAL TABLET 10 MG, 20 MG                                                                                | 1         | PA; QL (30 EA per 30 days) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                               | 1         |                            |
| LODOCO ORAL TABLET 0.5 MG                                                                                        | 1         | PA; QL (30 EA per 30 days) |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>                                    | 1         |                            |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                 | 1         |                            |
| <i>metyrosine oral capsule 250 mg</i>                                                                            | 1         | PA                         |
| NEXLETOL ORAL TABLET 180 MG                                                                                      | 1         | PA; QL (30 EA per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG                                                                                   | 1         | PA; QL (30 EA per 30 days) |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>                                    | 1         | QL (30 EA per 30 days)     |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 1         | QL (30 EA per 30 days)     |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                                     | 1         |                            |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                                | 1         |                            |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                                        | 1         |                            |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                                                  | 1         |                            |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>                                                         | 1         | QL (30 EA per 30 days)     |
| <i>telmisartan-hctz oral tablet 80-12.5 mg</i>                                                                   | 1         | QL (60 EA per 30 days)     |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                                                  | 1         |                            |

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| Drug Name                                                                                                   | Drug Tier | Requirements/Limits       |
|-------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                                                    | 1         |                           |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1         | QL (30 EA per 30 days)    |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                     | 1         | QL (30 EA per 30 days)    |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                                 | 1         | PA                        |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML                          | 1         | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML                                     | 1         | PA; QL (3 ML per 28 days) |
| <b>Diuretics, Loop</b>                                                                                      |           |                           |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                            | 1         |                           |
| <i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>                                       | 1         |                           |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                                                           | 1         |                           |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>                                                           | 1         |                           |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                                                      | 1         |                           |
| <b>Diuretics, Potassium-sparing</b>                                                                         |           |                           |
| <i>amiloride hcl oral tablet 5 mg</i>                                                                       | 1         |                           |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                                  | 1         |                           |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                                      | 1         |                           |
| <b>Diuretics, Thiazide</b>                                                                                  |           |                           |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                              | 1         |                           |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                                                             | 1         |                           |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                                                | 1         |                           |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                                               | 1         |                           |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                           | 1         |                           |
| <b>Dyslipidemics, Fibric Acid Derivatives</b>                                                               |           |                           |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                                     | 1         |                           |
| <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>                                                       | 1         |                           |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>                                                 | 1         |                           |

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| Drug Name                                                                                  | Drug Tier | Requirements/Limits     |
|--------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                          | 1         |                         |
| <i>fenofibric acid oral tablet 35 mg</i>                                                   | 1         |                         |
| <i>gemfibrozil oral tablet 600 mg</i>                                                      | 1         |                         |
| <b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>                                         |           |                         |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                         | 1         |                         |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>                                          | 1         |                         |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                           | 1         |                         |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                          | 1         |                         |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>                            | 1         |                         |
| <b>Dyslipidemics, Other</b>                                                                |           |                         |
| <i>cholestyramine light oral packet 4 gm</i>                                               | 1         |                         |
| <i>cholestyramine light oral powder 4 gm/dose</i>                                          | 1         |                         |
| <i>cholestyramine oral packet 4 gm</i>                                                     | 1         |                         |
| <i>cholestyramine oral powder 4 gm/dose</i>                                                | 1         |                         |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                                 | 1         |                         |
| <i>colesevelam hcl oral tablet 625 mg</i>                                                  | 1         |                         |
| <i>colestipol hcl oral granules 5 gm</i>                                                   | 1         |                         |
| <i>colestipol hcl oral packet 5 gm</i>                                                     | 1         |                         |
| <i>colestipol hcl oral tablet 1 gm</i>                                                     | 1         |                         |
| <i>ezetimibe oral tablet 10 mg</i>                                                         | 1         |                         |
| <i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>                                          | 1         | QL (30 EA per 30 days)  |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>            | 1         | QL (30 EA per 30 days)  |
| <i>icosapent ethyl oral capsule 0.5 gm</i>                                                 | 1         | QL (240 EA per 30 days) |
| <i>icosapent ethyl oral capsule 1 gm</i>                                                   | 1         | QL (120 EA per 30 days) |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                                            | 1         | PA                      |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | 1         | QL (60 EA per 30 days)  |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                                         | 1         |                         |

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| Drug Name                                                                                            | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------------------|-----------|---------------------|
| PRALUENT SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 150 MG/ML, 75 MG/ML                                  | 1         | PA                  |
| <i>prevalite oral packet 4 gm</i>                                                                    | 1         |                     |
| <i>prevalite oral powder 4 gm/dose</i>                                                               | 1         |                     |
| REPATHA PUSHTRONEX SYSTEM<br>SUBCUTANEOUS SOLUTION CARTRIDGE<br>420 MG/3.5ML                         | 1         | PA                  |
| REPATHA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 140 MG/ML                                         | 1         | PA                  |
| REPATHA SURECLICK SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR 140 MG/ML                                   | 1         | PA                  |
| <b>Vasodilators, Direct-acting Arterial</b>                                                          |           |                     |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg,<br/>50 mg</i>                                   | 1         |                     |
| <i>isosorb dinitrate-hydralazine oral tablet 20-37.5<br/>mg</i>                                      | 1         |                     |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                           | 1         |                     |
| <b>Vasodilators, Direct-acting Arterial/<br/>Venous</b>                                              |           |                     |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30<br/>mg, 5 mg</i>                                | 1         |                     |
| <i>isosorbide mononitrate er oral tablet extended<br/>release 24 hour 120 mg, 30 mg, 60 mg</i>       | 1         |                     |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                               | 1         |                     |
| NITRO-BID TRANSDERMAL OINTMENT 2 %                                                                   | 1         |                     |
| NITRO-DUR TRANSDERMAL PATCH 24<br>HOUR 0.3 MG/HR, 0.8 MG/HR                                          | 1         |                     |
| <i>nitroglycerin rectal ointment 0.4 %</i>                                                           | 1         |                     |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg,<br/>0.4 mg, 0.6 mg</i>                         | 1         |                     |
| <i>nitroglycerin transdermal patch 24 hour 0.1<br/>mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>        | 1         |                     |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                              | 1         |                     |
| <b>Central Nervous System Agents -<br/>Treatment Of Disorders Of The Brain<br/>And Spinal Column</b> |           |                     |
| <b>Attention Deficit Hyperactivity<br/>Disorder Agents, Amphetamines</b>                             |           |                     |

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| <b>Drug Name</b>                                                                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>           | 1                | QL (30 EA per 30 days)     |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                                           | 1                | QL (60 EA per 30 days)     |
| <i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>                                                                     | 1                | QL (120 EA per 30 days)    |
| <i>amphetamine-dextroamphetamine oral tablet 15 mg</i>                                                                       | 1                | QL (90 EA per 30 days)     |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>                                              | 1                | QL (150 EA per 30 days)    |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>                                              | 1                | QL (120 EA per 30 days)    |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>                                               | 1                | QL (90 EA per 30 days)     |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                     | 1                | QL (180 EA per 30 days)    |
| <b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>                                                     |                  |                            |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                                                               | 1                | QL (60 EA per 30 days)     |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>                                                                     | 1                | QL (30 EA per 30 days)     |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                                                          | 1                | QL (120 EA per 30 days)    |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 1                | QL (30 EA per 30 days)     |
| <i>dexmethylphenidate hcl oral tablet 10 mg</i>                                                                              | 1                | QL (60 EA per 30 days)     |
| <i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>                                                                       | 1                | QL (90 EA per 30 days)     |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>                                               | 1                | QL (30 EA per 30 days)     |
| <i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>                                                           | 1                | QL (60 EA per 30 days)     |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                    | 1                | QL (30 EA per 30 days)     |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>                   | 1                | QL (30 EA per 30 days)     |

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| <b>Drug Name</b>                                                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>                                                   | 1                | QL (120 EA per 30 days)     |
| <i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>                                     | 1                | QL (30 EA per 30 days)      |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>                                                   | 1                | QL (60 EA per 30 days)      |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 1                | QL (30 EA per 30 days)      |
| <i>methylphenidate hcl er oral tablet extended release 10 mg</i>                                                         | 1                | QL (30 EA per 30 days)      |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i>                                                         | 1                | QL (90 EA per 30 days)      |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>                                                 | 1                | QL (120 EA per 30 days)     |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>                                                                       | 1                | QL (900 ML per 30 days)     |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>                                                                        | 1                | QL (1800 ML per 30 days)    |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                                | 1                | QL (90 EA per 30 days)      |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>                                                                    | 1                | QL (180 EA per 30 days)     |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>                                                             | 1                | QL (90 EA per 30 days)      |
| <b>Central Nervous System, Other</b>                                                                                     |                  |                             |
| AQNEURSA ORAL PACKET 1 GM                                                                                                | 1                | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG                                                                                          | 1                | PA; QL (120 EA per 30 days) |
| AUSTEDO ORAL TABLET 6 MG                                                                                                 | 1                | PA; QL (60 EA per 30 days)  |
| AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG                                                     | 1                | PA; QL (70 EA per 28 days)  |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG                    | 1                | PA                          |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG                              | 1                | PA                          |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG                                                                      | 1                | PA; QL (56 EA per 28 days)  |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG                                                         | 1                | PA; QL (56 EA per 28 days)  |

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| Drug Name                                                                            | Drug Tier | Requirements/Limits         |
|--------------------------------------------------------------------------------------|-----------|-----------------------------|
| EVRYSDI ORAL SOLUTION<br>RECONSTITUTED 0.75 MG/ML                                    | 1         | PA; QL (240 ML per 30 days) |
| EVRYSDI ORAL TABLET 5 MG                                                             | 1         | PA; QL (30 EA per 30 days)  |
| FIRDAPSE ORAL TABLET 10 MG                                                           | 1         | PA                          |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG,<br>80 MG                                         | 1         | PA; QL (30 EA per 30 days)  |
| INGREZZA ORAL CAPSULE SPRINKLE 40<br>MG, 60 MG, 80 MG                                | 1         | PA; QL (30 EA per 30 days)  |
| INGREZZA ORAL CAPSULE THERAPY<br>PACK 40 & 80 MG                                     | 1         | PA; QL (28 EA per 180 days) |
| NUEDEXTA ORAL CAPSULE 20-10 MG                                                       | 1         | PA; QL (60 EA per 30 days)  |
| RADICAVA ORS ORAL SUSPENSION 105<br>MG/5ML                                           | 1         | PA                          |
| RADICAVA ORS STARTER KIT ORAL<br>SUSPENSION 105 MG/5ML                               | 1         | PA                          |
| RELYVRIO ORAL PACKET 3-1 GM                                                          | 1         | PA                          |
| <i>riluzole oral tablet 50 mg</i>                                                    | 1         |                             |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                      | 1         | PA; QL (120 EA per 30 days) |
| VEOZAH ORAL TABLET 45 MG                                                             | 1         | PA                          |
| <b>Fibromyalgia Agents</b>                                                           |           |                             |
| DRIZALMA SPRINKLE ORAL CAPSULE<br>DELAYED RELEASE SPRINKLE 20 MG, 30<br>MG, 60 MG    | 1         | QL (60 EA per 30 days)      |
| <i>duloxetine hcl oral capsule delayed release<br/>particles 20 mg, 30 mg, 60 mg</i> | 1         | QL (60 EA per 30 days)      |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG,<br>25 MG, 50 MG                                 | 1         | ST; QL (60 EA per 30 days)  |
| SAVELLA TITRATION PACK ORAL 12.5 &<br>25 & 50 MG                                     | 1         | ST; QL (55 EA per 180 days) |
| <b>Multiple Sclerosis Agents</b>                                                     |           |                             |
| BAFIERTAM ORAL CAPSULE DELAYED<br>RELEASE 95 MG                                      | 1         | PA; QL (120 EA per 30 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                    | 1         | PA; QL (14 EA per 28 days)  |
| <i>dalfampridine er oral tablet extended release 12<br/>hour 10 mg</i>               | 1         | PA; QL (60 EA per 30 days)  |
| <i>dimethyl fumarate oral capsule delayed release<br/>120 mg</i>                     | 1         | PA; QL (14 EA per 30 days)  |

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| <b>Drug Name</b>                                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--------------------------------------------------------------------------------------------------|------------------|-----------------------------|
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i>                                     | 1                | PA; QL (60 EA per 30 days)  |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i> | 1                | PA                          |
| <i> fingolimod hcl oral capsule 0.5 mg</i>                                                       | 1                | PA; QL (30 EA per 30 days)  |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>                       | 1                | PA; QL (30 ML per 30 days)  |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>                       | 1                | PA; QL (12 ML per 28 days)  |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>                                  | 1                | PA; QL (30 ML per 30 days)  |
| <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>                                  | 1                | PA; QL (12 ML per 28 days)  |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML                                         | 1                | PA                          |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG                                               | 1                | PA                          |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG                                                | 1                | PA                          |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG                                                          | 1                | PA; QL (30 EA per 30 days)  |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG                                       | 1                | PA; QL (12 EA per 180 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG                                        | 1                | PA; QL (7 EA per 180 days)  |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML                                                         | 1                | PA; QL (20 ML per 180 days) |
| OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML                                        | 1                | PA; QL (23 ML per 180 days) |
| PONVORY ORAL TABLET 20 MG                                                                        | 1                | PA; QL (30 EA per 30 days)  |

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| Drug Name                                                                          | Drug Tier | Requirements/Limits         |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG              | 1         | PA; QL (14 EA per 180 days) |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML      | 1         | PA                          |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 1         | PA                          |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML           | 1         | PA                          |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG      | 1         | PA                          |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG                               | 1         | PA; QL (30 EA per 30 days)  |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i>                                       | 1         | PA; QL (30 EA per 30 days)  |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG       | 1         | PA; QL (7 EA per 180 days)  |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                       | 1         | PA; QL (30 EA per 30 days)  |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)           | 1         | PA; QL (28 EA per 180 days) |
| <b>Dental And Oral Agents - Treatment Of Mouth And Gum Disorders</b>               |           |                             |
| <b>Dental and Oral Agents</b>                                                      |           |                             |
| <i>cevimeline hcl oral capsule 30 mg</i>                                           | 1         |                             |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                        | 1         |                             |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                    | 1         |                             |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                            | 1         |                             |
| <b>Dermatological Agents - Treatment Of Skin Conditions</b>                        |           |                             |
| <b>Acne and Rosacea Agents</b>                                                     |           |                             |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                | 1         | PA                          |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>                           | 1         |                             |
| <i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>                                   | 1         |                             |

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| <b>Drug Name</b>                                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------|------------------|----------------------------|
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1                |                            |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i> | 1                |                            |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                  | 1                |                            |
| <i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1                |                            |
| <i>tazarotene external cream 0.05 %</i>                                      | 1                |                            |
| <i>tazarotene external cream 0.1 %</i>                                       | 1                | QL (60 GM per 30 days)     |
| <i>tazarotene external gel 0.05 %, 0.1 %</i>                                 | 1                |                            |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                       | 1                | QL (45 GM per 30 days)     |
| <i>tretinoin external gel 0.01 %, 0.025 %</i>                                | 1                | QL (45 GM per 30 days)     |
| <i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                      | 1                |                            |
| <b>Dermatitis and Pruritus Agents</b>                                        |                  |                            |
| <i>alclometasone dipropionate external cream 0.05 %</i>                      | 1                | QL (60 GM per 30 days)     |
| <i>alclometasone dipropionate external ointment 0.05 %</i>                   | 1                | QL (60 GM per 30 days)     |
| <i>ammonium lactate external cream 12 %</i>                                  | 1                |                            |
| <i>ammonium lactate external lotion 12 %</i>                                 | 1                |                            |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>                  | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>                    | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>                 | 1                | QL (120 ML per 30 days)    |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>               | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone dipropionate external cream 0.05 %</i>                      | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone dipropionate external lotion 0.05 %</i>                     | 1                | QL (120 ML per 30 days)    |
| <i>betamethasone dipropionate external ointment 0.05 %</i>                   | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone valerate external cream 0.1 %</i>                           | 1                | QL (120 GM per 30 days)    |
| <i>betamethasone valerate external lotion 0.1 %</i>                          | 1                | QL (120 ML per 30 days)    |
| <i>betamethasone valerate external ointment 0.1 %</i>                        | 1                | QL (120 GM per 30 days)    |

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| Drug Name                                                   | Drug Tier | Requirements/Limits        |
|-------------------------------------------------------------|-----------|----------------------------|
| <i>clobetasol prop emollient base external cream 0.05 %</i> | 1         | QL (60 GM per 30 days)     |
| <i>clobetasol propionate e external cream 0.05 %</i>        | 1         | QL (60 GM per 30 days)     |
| <i>clobetasol propionate external cream 0.05 %</i>          | 1         | QL (60 GM per 30 days)     |
| <i>clobetasol propionate external gel 0.05 %</i>            | 1         | QL (60 GM per 30 days)     |
| <i>clobetasol propionate external ointment 0.05 %</i>       | 1         | QL (60 GM per 30 days)     |
| <i>clobetasol propionate external solution 0.05 %</i>       | 1         | QL (50 ML per 30 days)     |
| <i>desonide external cream 0.05 %</i>                       | 1         |                            |
| <i>desonide external lotion 0.05 %</i>                      | 1         |                            |
| <i>desonide external ointment 0.05 %</i>                    | 1         |                            |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>         | 1         |                            |
| <i>desoximetasone external gel 0.05 %</i>                   | 1         |                            |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i>      | 1         |                            |
| <i>doxepin hcl external cream 5 %</i>                       | 1         | PA; QL (90 GM per 30 days) |
| EUCRISA EXTERNAL OINTMENT 2 %                               | 1         | PA                         |
| FLAC OTIC OIL 0.01 %                                        | 1         |                            |
| <i>fluocinolone acetonide external cream 0.01 %</i>         | 1         | QL (60 GM per 30 days)     |
| <i>fluocinolone acetonide external cream 0.025 %</i>        | 1         | QL (120 GM per 30 days)    |
| <i>fluocinolone acetonide external ointment 0.025 %</i>     | 1         | QL (120 GM per 30 days)    |
| <i>fluocinolone acetonide external solution 0.01 %</i>      | 1         | QL (60 ML per 30 days)     |
| <i>fluocinolone acetonide otic oil 0.01 %</i>               | 1         |                            |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>     | 1         | QL (118.28 ML per 30 days) |
| <i>fluocinonide emulsified base external cream 0.05 %</i>   | 1         | QL (120 GM per 30 days)    |
| <i>fluocinonide external cream 0.05 %</i>                   | 1         | QL (120 GM per 30 days)    |
| <i>fluocinonide external gel 0.05 %</i>                     | 1         | QL (120 GM per 30 days)    |
| <i>fluocinonide external ointment 0.05 %</i>                | 1         | QL (60 GM per 30 days)     |
| <i>fluocinonide external solution 0.05 %</i>                | 1         | QL (60 ML per 30 days)     |
| <i>fluticasone propionate external cream 0.05 %</i>         | 1         |                            |
| <i>fluticasone propionate external lotion 0.05 %</i>        | 1         |                            |
| <i>fluticasone propionate external ointment 0.005 %</i>     | 1         |                            |
| <i>halobetasol propionate external cream 0.05 %</i>         | 1         | QL (50 GM per 30 days)     |
| <i>halobetasol propionate external ointment 0.05 %</i>      | 1         | QL (50 GM per 30 days)     |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>  | 1         |                            |

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| <b>Drug Name</b>                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------------|------------------|----------------------------|
| <i>hydrocortisone butyr lipo base external cream 0.1 %</i>                     | 1                |                            |
| <i>hydrocortisone butyrate external cream 0.1 %</i>                            | 1                |                            |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>                         | 1                |                            |
| <i>hydrocortisone butyrate external solution 0.1 %</i>                         | 1                |                            |
| <i>hydrocortisone external cream 1 %, 2.5 %</i>                                | 1                |                            |
| <i>hydrocortisone external lotion 2.5 %</i>                                    | 1                |                            |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                             | 1                |                            |
| <i>hydrocortisone valerate external cream 0.2 %</i>                            | 1                |                            |
| <i>hydrocortisone valerate external ointment 0.2 %</i>                         | 1                |                            |
| <b>HYFTOR EXTERNAL GEL 0.2 %</b>                                               | 1                | PA                         |
| <i>mometasone furoate external cream 0.1 %</i>                                 | 1                |                            |
| <i>mometasone furoate external ointment 0.1 %</i>                              | 1                |                            |
| <i>mometasone furoate external solution 0.1 %</i>                              | 1                |                            |
| <i>pimecrolimus external cream 1 %</i>                                         | 1                | ST                         |
| <i>prednicarbate external ointment 0.1 %</i>                                   | 1                |                            |
| <i>selenium sulfide external lotion 2.5 %</i>                                  | 1                |                            |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>                              | 1                | ST                         |
| <i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>                   | 1                |                            |
| <i>triamcinolone acetonide external cream 0.1 %</i>                            | 1                | QL (454 GM per 30 days)    |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                  | 1                |                            |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 1                |                            |
| <i>triamcinolone in absorbbase external ointment 0.05 %</i>                    | 1                |                            |
| <b>Dermatological Agents, Other</b>                                            |                  |                            |
| <i>alcohol pad , 70 %</i>                                                      | 1                |                            |
| <i>alcohol sheet , 70 %</i>                                                    | 1                |                            |
| <i>calcipotriene external cream 0.005 %</i>                                    | 1                | QL (120 GM per 30 days)    |
| <i>calcipotriene external ointment 0.005 %</i>                                 | 1                | QL (120 GM per 30 days)    |
| <i>calcipotriene external solution 0.005 %</i>                                 | 1                | QL (120 ML per 30 days)    |
| <i>calcitriol external ointment 3 mcg/gm</i>                                   | 1                |                            |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>                      | 1                | QL (45 GM per 28 days)     |

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| Drug Name                                                            | Drug Tier | Requirements/Limits         |
|----------------------------------------------------------------------|-----------|-----------------------------|
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i>           | 1         | QL (60 ML per 28 days)      |
| <i>fluorouracil external cream 0.5 %</i>                             | 1         | PA                          |
| <i>fluorouracil external cream 5 %</i>                               | 1         | QL (40 GM per 30 days)      |
| <i>fluorouracil external solution 2 %, 5 %</i>                       | 1         | QL (10 ML per 30 days)      |
| <i>imiquimod external cream 5 %</i>                                  | 1         | QL (24 EA per 30 days)      |
| <i>methoxsalen rapid oral capsule 10 mg</i>                          | 1         |                             |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>    | 1         | QL (60 GM per 28 days)      |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | 1         | QL (60 GM per 28 days)      |
| OTEZLA ORAL TABLET 20 MG, 30 MG                                      | 1         | PA; QL (60 EA per 30 days)  |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG  | 1         | PA; QL (55 EA per 180 days) |
| <i>podofilox external solution 0.5 %</i>                             | 1         |                             |
| REGRANEX EXTERNAL GEL 0.01 %                                         | 1         | PA; QL (15 GM per 30 days)  |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM                                 | 1         | QL (180 GM per 30 days)     |
| <i>silver sulfadiazine external cream 1 %</i>                        | 1         |                             |
| <i>sodium chloride irrigation solution 0.9 %</i>                     | 1         |                             |
| <b>Pediculicides/Scabicides</b>                                      |           |                             |
| <i>malathion external lotion 0.5 %</i>                               | 1         | QL (59 ML per 30 days)      |
| <i>permethrin external cream 5 %</i>                                 | 1         | QL (60 GM per 30 days)      |
| <b>Topical Anti-infectives</b>                                       |           |                             |
| <i>acyclovir external cream 5 %</i>                                  | 1         | QL (30 GM per 30 days)      |
| <i>acyclovir external ointment 5 %</i>                               | 1         | QL (30 GM per 30 days)      |
| <i>ciclopirox external solution 8 %</i>                              | 1         | QL (6.6 ML per 28 days)     |
| <i>ciclopirox olamine external cream 0.77 %</i>                      | 1         | QL (90 GM per 30 days)      |
| <i>ciclopirox olamine external suspension 0.77 %</i>                 | 1         | QL (60 ML per 30 days)      |
| <i>clindamycin phos (once-daily) external gel 1 %</i>                | 1         | QL (120 ML per 30 days)     |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>               | 1         | QL (120 GM per 30 days)     |
| <i>clindamycin phosphate external gel 1 % (twice daily)</i>          | 1         |                             |
| <i>clindamycin phosphate external lotion 1 %</i>                     | 1         | QL (60 ML per 30 days)      |
| <i>clindamycin phosphate external solution 1 %</i>                   | 1         | QL (60 ML per 30 days)      |
| <i>clindamycin phosphate external swab 1 %</i>                       | 1         | QL (60 EA per 30 days)      |

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| Drug Name                                                                                                                                   | Drug Tier | Requirements/Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>ery external pad 2 %</i>                                                                                                                 | 1         | QL (60 EA per 30 days) |
| <i>erythromycin external gel 2 %</i>                                                                                                        | 1         | QL (60 GM per 30 days) |
| <i>erythromycin external solution 2 %</i>                                                                                                   | 1         | QL (60 ML per 30 days) |
| <i>gentamicin sulfate external cream 0.1 %</i>                                                                                              | 1         | QL (30 GM per 30 days) |
| <i>gentamicin sulfate external ointment 0.1 %</i>                                                                                           | 1         | QL (30 GM per 30 days) |
| <i>metronidazole external cream 0.75 %</i>                                                                                                  | 1         | QL (45 GM per 30 days) |
| <i>metronidazole external gel 0.75 %</i>                                                                                                    | 1         | QL (45 GM per 30 days) |
| <i>metronidazole external gel 1 %</i>                                                                                                       | 1         | QL (60 GM per 30 days) |
| <i>metronidazole external lotion 0.75 %</i>                                                                                                 | 1         | QL (59 ML per 30 days) |
| <i>mupirocin external ointment 2 %</i>                                                                                                      | 1         | QL (44 GM per 30 days) |
| <i>penciclovir external cream 1 %</i>                                                                                                       | 1         | QL (5 GM per 30 days)  |
| <b>Electrolytes/Minerals/ Metals/ Vitamins<br/>- Products That Supplement Or Replace<br/>Electrolytes, Minerals, Metals Or<br/>Vitamins</b> |           |                        |
| <b>Electrolyte/ Mineral Replacement</b>                                                                                                     |           |                        |
| <i>carglumic acid oral tablet soluble 200 mg</i>                                                                                            | 1         | PA                     |
| ISOLYTE-S INTRAVENOUS SOLUTION                                                                                                              | 1         |                        |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION                                                                                                       | 1         |                        |
| <i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>                                                                        | 1         |                        |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ                                                                                             | 1         |                        |
| <i>klor-con m10 oral tablet extended release 10 meq</i>                                                                                     | 1         |                        |
| <i>klor-con m15 oral tablet extended release 15 meq</i>                                                                                     | 1         |                        |
| <i>klor-con m20 oral tablet extended release 20 meq</i>                                                                                     | 1         |                        |
| KLOR-CON ORAL PACKET 20 MEQ                                                                                                                 | 1         |                        |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ                                                                                                 | 1         |                        |
| <i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>                                                                       | 1         |                        |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>                                                       | 1         |                        |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                                                                    | 1         |                        |

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| Drug Name                                                                                                        | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>                          | 1         |                     |
| <i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>                          | 1         |                     |
| <i>potassium chloride oral packet 20 meq</i>                                                                     | 1         |                     |
| <i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                               | 1         |                     |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>      | 1         |                     |
| <i>sodium chloride (pf) injection solution 0.9 %</i>                                                             | 1         |                     |
| <i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>                                                   | 1         |                     |
| <i>sodium fluoride oral tablet 2.2 (1 f) mg</i>                                                                  | 1         |                     |
| <b>Electrolyte/Mineral/Metal Modifiers</b>                                                                       |           |                     |
| CUVRIOR ORAL TABLET 300 MG                                                                                       | 1         | PA                  |
| <i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>                                                    | 1         | PA                  |
| <i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>                                                             | 1         | PA                  |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>                                                             | 1         | PA                  |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                                                    | 1         | PA                  |
| <i>deferiprone oral tablet 1000 mg, 500 mg</i>                                                                   | 1         | PA                  |
| <i>penicillamine oral tablet 250 mg</i>                                                                          | 1         | PA                  |
| <i>tolvaptan oral tablet 15 mg, 30 mg</i>                                                                        | 1         | PA                  |
| <i>trientine hcl oral capsule 250 mg</i>                                                                         | 1         | PA                  |
| <b>Electrolytes/Minerals/Metals/Vitamins</b>                                                                     |           |                     |
| <i>clinisol sf intravenous solution 15 %</i>                                                                     | 1         | B/D                 |
| <i>dextrose intravenous solution 10 %, 5 %</i>                                                                   | 1         |                     |
| <i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i> | 1         |                     |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                                                                       | 1         | B/D                 |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION                                                                            | 1         |                     |
| <i>levocarnitine oral solution 1 gm/10ml</i>                                                                     | 1         |                     |
| <i>levocarnitine oral tablet 330 mg</i>                                                                          | 1         |                     |

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| Drug Name                                                                       | Drug Tier | Requirements/Limits     |
|---------------------------------------------------------------------------------|-----------|-------------------------|
| <i>levocarnitine sf oral solution 1 gm/10ml</i>                                 | 1         |                         |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                            | 1         | B/D                     |
| <i>plenamine intravenous solution 15 %</i>                                      | 1         | B/D                     |
| <i>prenatal oral tablet 27-1 mg</i>                                             | 1         |                         |
| <b>Phosphate Binders</b>                                                        |           |                         |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                        | 1         | QL (360 EA per 30 days) |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                         | 1         | QL (360 EA per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>         | 1         |                         |
| <i>sevelamer carbonate oral packet 0.8 gm</i>                                   | 1         | QL (270 EA per 30 days) |
| <i>sevelamer carbonate oral packet 2.4 gm</i>                                   | 1         | QL (180 EA per 30 days) |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                   | 1         | QL (540 EA per 30 days) |
| <b>Potassium Binders</b>                                                        |           |                         |
| LOKELMA ORAL PACKET 10 GM, 5 GM                                                 | 1         |                         |
| <i>sodium polystyrene sulfonate oral powder</i>                                 | 1         |                         |
| <i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>          | 1         |                         |
| <i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>              | 1         |                         |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM                                           | 1         | QL (30 EA per 30 days)  |
| VELTASSA ORAL PACKET 8.4 GM                                                     | 1         | QL (90 EA per 30 days)  |
| <b>Vitamins</b>                                                                 |           |                         |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                        | 1         |                         |
| <b>Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions</b> |           |                         |
| <b>Anti-Constipation Agents</b>                                                 |           |                         |
| <i>constulose oral solution 10 gm/15ml</i>                                      | 1         |                         |
| <i>enulose oral solution 10 gm/15ml</i>                                         | 1         |                         |
| <i>gavilyte-c oral solution reconstituted 240 gm</i>                            | 1         |                         |
| <i>gavilyte-g oral solution reconstituted 236 gm</i>                            | 1         |                         |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>           | 1         |                         |
| <i>generlac oral solution 10 gm/15ml</i>                                        | 1         |                         |

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| Drug Name                                                               | Drug Tier | Requirements/Limits        |
|-------------------------------------------------------------------------|-----------|----------------------------|
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>                | 1         |                            |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>                   | 1         |                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                           | 1         | QL (30 EA per 30 days)     |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                          | 1         | QL (60 EA per 30 days)     |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                     | 1         | QL (30 EA per 30 days)     |
| <i>peg 3350-hcl-na bicarb-nacl oral solution reconstituted 420 gm</i>   | 1         |                            |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>         | 1         |                            |
| RELISTOR ORAL TABLET 150 MG                                             | 1         | PA                         |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE) | 1         | PA; QL (18 ML per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML                               | 1         | PA; QL (12 ML per 30 days) |
| <b>Anti-Diarrheal Agents</b>                                            |           |                            |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                           | 1         | QL (60 EA per 30 days)     |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>              | 1         | PA                         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                  | 1         | PA                         |
| <i>loperamide hcl oral capsule 2 mg</i>                                 | 1         |                            |
| XERMELO ORAL TABLET 250 MG                                              | 1         | PA                         |
| XIFAXAN ORAL TABLET 200 MG                                              | 1         | PA; QL (9 EA per 30 days)  |
| XIFAXAN ORAL TABLET 550 MG                                              | 1         | PA; QL (90 EA per 30 days) |
| <b>Antispasmodics, Gastrointestinal</b>                                 |           |                            |
| <i>dicyclomine hcl oral capsule 10 mg</i>                               | 1         |                            |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                          | 1         |                            |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                | 1         |                            |
| <i>glycopyrrolate oral solution 1 mg/5ml</i>                            | 1         |                            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                            | 1         |                            |
| <b>Gastrointestinal Agents, Other</b>                                   |           |                            |
| CHENODAL ORAL TABLET 250 MG                                             | 1         | PA                         |
| GATTEX SUBCUTANEOUS KIT 5 MG                                            | 1         | PA                         |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML                              | 1         | PA                         |

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| Drug Name                                                                                                                                             | Drug Tier | Requirements/Limits        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| OICALIVA ORAL TABLET 10 MG, 5 MG                                                                                                                      | 1         | PA; QL (30 EA per 30 days) |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                   | 1         |                            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                            | 1         |                            |
| VOWST ORAL CAPSULE                                                                                                                                    | 1         | PA                         |
| <b>Histamine2 (H2) Receptor Antagonists</b>                                                                                                           |           |                            |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                                                                                          | 1         |                            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                                                            | 1         |                            |
| <b>Protectants</b>                                                                                                                                    |           |                            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                                                                       | 1         |                            |
| <i>sucralfate oral tablet 1 gm</i>                                                                                                                    | 1         |                            |
| <b>Proton Pump Inhibitors</b>                                                                                                                         |           |                            |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i>                                                                                      | 1         | QL (30 EA per 30 days)     |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i>                                                                                      | 1         | QL (60 EA per 30 days)     |
| <i>lansoprazole oral capsule delayed release 15 mg</i>                                                                                                | 1         | QL (30 EA per 30 days)     |
| <i>lansoprazole oral capsule delayed release 30 mg</i>                                                                                                | 1         | QL (60 EA per 30 days)     |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>                                                                                           | 1         | QL (30 EA per 30 days)     |
| <i>omeprazole oral capsule delayed release 40 mg</i>                                                                                                  | 1         | QL (60 EA per 30 days)     |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i>                                                                                          | 1         | QL (30 EA per 30 days)     |
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i>                                                                                          | 1         | QL (60 EA per 30 days)     |
| <b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders</b> |           |                            |
| <b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>                                                                       |           |                            |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG                                                                                         | 1         | PA                         |
| <i>betaine oral powder</i>                                                                                                                            | 1         |                            |
| CERDELGA ORAL CAPSULE 84 MG                                                                                                                           | 1         | PA                         |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                                                                                                    | 1         | PA                         |

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| Drug Name                                                                                                                           | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 1         |                     |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                                                                                 | 1         | PA                  |
| <i>dichlorphenamide oral tablet 50 mg</i>                                                                                           | 1         | PA                  |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML                                                                                              | 1         | PA                  |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG                                                                            | 1         | PA                  |
| GALAFOLD ORAL CAPSULE 123 MG                                                                                                        | 1         | PA                  |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML                                                                                           | 1         | PA                  |
| KANUMA INTRAVENOUS SOLUTION 20 MG/10ML                                                                                              | 1         | PA                  |
| <i>l-glutamine oral packet 5 gm</i>                                                                                                 | 1         | PA                  |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG                                                                                   | 1         | PA                  |
| <i>miglustat oral capsule 100 mg</i>                                                                                                | 1         | PA                  |
| NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML                                                                                              | 1         | PA                  |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>                                                                             | 1         | PA                  |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                                                                                     | 1         | PA                  |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML                                                                                       | 1         | PA                  |
| RAVICTI ORAL LIQUID 1.1 GM/ML                                                                                                       | 1         | PA                  |
| <i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>                                                                       | 1         | PA                  |
| <i>sapropterin dihydrochloride oral tablet 100 mg</i>                                                                               | 1         | PA                  |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>                                                                                   | 1         | PA                  |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                                                                     | 1         | PA                  |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML                                                     | 1         | PA                  |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML                                                                                                  | 1         | PA                  |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG                                                                                     | 1         | PA                  |

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| Drug Name                                                                                                                                                                                                 | Drug Tier | Requirements/Limits        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| ZEMAIRA INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 MG, 4000 MG, 5000 MG                                                                                                                                   | 1         | PA                         |
| ZENPEP ORAL CAPSULE DELAYED<br>RELEASE PARTICLES 10000-32000 UNIT,<br>15000-47000 UNIT, 20000-63000 UNIT, 25000-<br>79000 UNIT, 3000-10000 UNIT, 40000-126000<br>UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 1         |                            |
| <b>Genitourinary Agents - Treatment Of<br/>Urinary Tract And Prostate Conditions</b>                                                                                                                      |           |                            |
| <b>Antispasmodics, Urinary</b>                                                                                                                                                                            |           |                            |
| <i>darifenacin hydrobromide er oral tablet extended<br/>release 24 hour 15 mg, 7.5 mg</i>                                                                                                                 | 1         | ST; QL (30 EA per 30 days) |
| <i>fesoterodine fumarate er oral tablet extended<br/>release 24 hour 4 mg, 8 mg</i>                                                                                                                       | 1         | QL (30 EA per 30 days)     |
| MYRBETRIQ ORAL SUSPENSION<br>RECONSTITUTED ER 8 MG/ML                                                                                                                                                     | 1         | QL (300 ML per 28 days)    |
| MYRBETRIQ ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 25 MG, 50 MG                                                                                                                                            | 1         | QL (30 EA per 30 days)     |
| <i>oxybutynin chloride er oral tablet extended<br/>release 24 hour 10 mg, 15 mg</i>                                                                                                                       | 1         | QL (60 EA per 30 days)     |
| <i>oxybutynin chloride er oral tablet extended<br/>release 24 hour 5 mg</i>                                                                                                                               | 1         | QL (30 EA per 30 days)     |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                                                                                                                                         | 1         |                            |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                                                                                                                                               | 1         |                            |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                                                                                                                                      | 1         | QL (30 EA per 30 days)     |
| <i>tolterodine tartrate er oral capsule extended<br/>release 24 hour 2 mg, 4 mg</i>                                                                                                                       | 1         | QL (30 EA per 30 days)     |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                                                                                                                                        | 1         | QL (60 EA per 30 days)     |
| <i>tropium chloride er oral capsule extended<br/>release 24 hour 60 mg</i>                                                                                                                                | 1         | ST; QL (30 EA per 30 days) |
| <i>tropium chloride oral tablet 20 mg</i>                                                                                                                                                                 | 1         | QL (60 EA per 30 days)     |
| <b>Benign Prostatic Hypertrophy Agents</b>                                                                                                                                                                |           |                            |
| <i>alfuzosin hcl er oral tablet extended release 24<br/>hour 10 mg</i>                                                                                                                                    | 1         | QL (30 EA per 30 days)     |
| <i>dutasteride oral capsule 0.5 mg</i>                                                                                                                                                                    | 1         | QL (30 EA per 30 days)     |
| <i>finasteride oral tablet 5 mg</i>                                                                                                                                                                       | 1         | QL (30 EA per 30 days)     |
| <i>tadalafil oral tablet 5 mg</i>                                                                                                                                                                         | 1         | PA                         |

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Medications that are contained within a compound may require prior authorization.

| Drug Name                                                                                                        | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                                                        | 1         |                     |
| <b>Genitourinary Agents, Other</b>                                                                               |           |                     |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                                                | 1         |                     |
| ELMIRON ORAL CAPSULE 100 MG                                                                                      | 1         |                     |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                                                              | 1         | PA                  |
| <i>tiopronin oral tablet 100 mg</i>                                                                              | 1         | PA                  |
| <i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>                                                      | 1         | PA                  |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids</b> |           |                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>                                              |           |                     |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML                                                   | 1         | PA                  |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                                                  | 1         | PA                  |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML                                          | 1         | PA                  |
| CORTROPHIN INJECTION GEL 80 UNIT/ML                                                                              | 1         | PA                  |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                                                    | 1         |                     |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>                                 | 1         |                     |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                                                | 1         |                     |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                                             | 1         |                     |
| <i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>                                       | 1         |                     |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                                   | 1         |                     |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                                          | 1         |                     |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                                      | 1         |                     |
| <i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>                                           | 1         |                     |

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| Drug Name                                                                                                                       | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <b>Hormonal Agents, Stimulant/<br/>Replacement/ Modifying (Pituitary) -<br/>Treatment Of Pituitary Gland<br/>Conditions</b>     |           |                     |
| <b>Hormonal Agents, Stimulant/<br/>Replacement/ Modifying (Pituitary)</b>                                                       |           |                     |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                                                                      | 1         |                     |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                                                                          | 1         |                     |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                                                                         | 1         |                     |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG                                                                             | 1         | PA                  |
| GENOTROPIN MINISQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | 1         | PA                  |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG                                                                                   | 1         | PA                  |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG                                                                                | 1         | PA                  |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML                                                                                        | 1         | PA                  |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML                                                              | 1         | PA                  |
| NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML                          | 1         | PA                  |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML                                                              | 1         | PA                  |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML                                                              | 1         | PA                  |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML                                                                | 1         | PA                  |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML                                                               | 1         | PA                  |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG                                                                            | 1         | PA                  |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG                                                                   | 1         | PA                  |

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| Drug Name                                                                                                                                                 | Drug Tier | Requirements/Limits         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| SKYTROFA SUBCUTANEOUS CARTRIDGE<br>11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2<br>MG, 6.3 MG, 7.6 MG, 9.1 MG                                                | 1         | PA                          |
| <b>Hormonal Agents, Stimulant/<br/>Replacement/ Modifying (Sex<br/>Hormones/ Modifiers) - For The<br/>Replacement Or Modification Of Sex<br/>Hormones</b> |           |                             |
| <b>Anabolic Steroids</b>                                                                                                                                  |           |                             |
| oxandrolone oral tablet 10 mg, 2.5 mg                                                                                                                     | 1         |                             |
| <b>Androgens</b>                                                                                                                                          |           |                             |
| danazol oral capsule 100 mg, 200 mg, 50 mg                                                                                                                | 1         |                             |
| methyltestosterone oral capsule 10 mg                                                                                                                     | 1         | PA                          |
| testosterone cypionate injection solution 200<br>mg/ml                                                                                                    | 1         | PA                          |
| testosterone cypionate intramuscular solution 100<br>mg/ml, 200 mg/ml, 200 mg/ml (1 ml)                                                                   | 1         | PA                          |
| testosterone enanthate intramuscular solution 200<br>mg/ml                                                                                                | 1         | PA                          |
| testosterone transdermal gel 1.62 %, 20.25<br>mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25<br>mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)                         | 1         | PA; QL (150 GM per 30 days) |
| testosterone transdermal gel 12.5 mg/act (1%), 50<br>mg/5gm (1%)                                                                                          | 1         | PA; QL (300 GM per 30 days) |
| testosterone transdermal solution 30 mg/act                                                                                                               | 1         | PA; QL (180 ML per 30 days) |
| <b>Estrogens</b>                                                                                                                                          |           |                             |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg                                                                                                                  | 1         | PA                          |
| estradiol transdermal patch twice weekly 0.025<br>mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075<br>mg/24hr, 0.1 mg/24hr                                    | 1         | PA; QL (8 EA per 28 days)   |
| estradiol transdermal patch weekly 0.025<br>mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06<br>mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr                            | 1         | PA; QL (4 EA per 28 days)   |
| estradiol vaginal cream 0.1 mg/gm                                                                                                                         | 1         |                             |
| estradiol vaginal tablet 10 mcg                                                                                                                           | 1         |                             |
| estradiol valerate intramuscular oil 10 mg/ml, 20<br>mg/ml, 40 mg/ml                                                                                      | 1         |                             |

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| Drug Name                                                                                     | Drug Tier | Requirements/Limits   |
|-----------------------------------------------------------------------------------------------|-----------|-----------------------|
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG                                          | 1         | PA                    |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG                               | 1         | PA                    |
| PREMARIN VAGINAL CREAM 0.625 MG/GM                                                            | 1         |                       |
| yuva <span style="font-variant: small-caps;">fem</span> vaginal tablet 10 mcg                 | 1         |                       |
| <b>Hormonal Agents, Stimulant/<br/>Replacement/ Modifying (Sex<br/>Hormones/ Modifiers)</b>   |           |                       |
| <i>altavera</i> oral tablet 0.15-30 mg-mcg                                                    | 1         |                       |
| <i>alyacen</i> 1/35 oral tablet 1-35 mg-mcg                                                   | 1         |                       |
| <i>alyacen</i> 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg                                         | 1         |                       |
| <i>apri</i> oral tablet 0.15-30 mg-mcg                                                        | 1         |                       |
| <i>aranelle</i> oral tablet 0.5/1/0.5-35 mg-mcg                                               | 1         |                       |
| <i>aubra eq</i> oral tablet 0.1-20 mg-mcg                                                     | 1         |                       |
| <i>aurovela fe</i> 1/20 oral tablet 1-20 mg-mcg                                               | 1         |                       |
| <i>aviane</i> oral tablet 0.1-20 mg-mcg                                                       | 1         |                       |
| <i>balziva</i> oral tablet 0.4-35 mg-mcg                                                      | 1         |                       |
| <i>blisovi fe</i> 1.5/30 oral tablet 1.5-30 mg-mcg                                            | 1         |                       |
| <i>blisovi fe</i> 1/20 oral tablet 1-20 mg-mcg                                                | 1         |                       |
| <i>briellyn</i> oral tablet 0.4-35 mg-mcg                                                     | 1         |                       |
| COMBIPATCH TRANSDERMAL PATCH<br>TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-<br>0.25 MG/DAY           | 1         | QL (8 EA per 28 days) |
| <i>cryselle-28</i> oral tablet 0.3-30 mg-mcg                                                  | 1         |                       |
| <i>cyred eq</i> oral tablet 0.15-30 mg-mcg                                                    | 1         |                       |
| <i>desogestrel-ethinyl estradiol</i> oral tablet 0.15-<br>0.02/0.01 mg (21/5), 0.15-30 mg-mcg | 1         |                       |
| <i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02<br>mg, 3-0.03 mg                     | 1         |                       |
| <i>eluryng</i> vaginal ring 0.12-0.015 mg/24hr                                                | 1         |                       |
| <i>enpresse-28</i> oral tablet 50-30/75-40/ 125-30 mcg                                        | 1         |                       |
| <i>enskyce</i> oral tablet 0.15-30 mg-mcg                                                     | 1         |                       |
| <i>estarylla</i> oral tablet 0.25-35 mg-mcg                                                   | 1         |                       |
| <i>estradiol-norethindrone acet</i> oral tablet 0.5-0.1<br>mg, 1-0.5 mg                       | 1         |                       |

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| <b>Drug Name</b>                                                                                               | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>                                      | 1                |                            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>                                          | 1                |                            |
| <i>falmina oral tablet 0.1-20 mg-mcg</i>                                                                       | 1                |                            |
| <i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                          | 1                |                            |
| <i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>                                                                | 1                |                            |
| <i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>                                                              | 1                |                            |
| <i>introvale oral tablet 0.15-0.03 mg</i>                                                                      | 1                |                            |
| <i>isibloom oral tablet 0.15-30 mg-mcg</i>                                                                     | 1                |                            |
| <i>jinteli oral tablet 1-5 mg-mcg</i>                                                                          | 1                |                            |
| <i>juleber oral tablet 0.15-30 mg-mcg</i>                                                                      | 1                |                            |
| <i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>                                                                  | 1                |                            |
| <i>junel 1/20 oral tablet 1-20 mg-mcg</i>                                                                      | 1                |                            |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>                                                               | 1                |                            |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>                                                                   | 1                |                            |
| <i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                                             | 1                |                            |
| <i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>                                                                     | 1                |                            |
| <i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>                                                                     | 1                |                            |
| <i>kurvelo oral tablet 0.15-30 mg-mcg</i>                                                                      | 1                |                            |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG                                                               | 1                |                            |
| <i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>                                                                  | 1                |                            |
| <i>larin 1/20 oral tablet 1-20 mg-mcg</i>                                                                      | 1                |                            |
| <i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>                                                               | 1                |                            |
| <i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>                                                                   | 1                |                            |
| <i>lessina oral tablet 0.1-20 mg-mcg</i>                                                                       | 1                |                            |
| <i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>                                                            | 1                |                            |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i> | 1                |                            |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>                                 | 1                |                            |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                                       | 1                |                            |
| <i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>                                                          | 1                |                            |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY                                                  | 1                |                            |

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| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------|------------------|----------------------------|
| <i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>                                    | 1                |                            |
| <i>luta oral tablet 0.1-20 mg-mcg</i>                                            | 1                |                            |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i>                                       | 1                |                            |
| <i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>                              | 1                |                            |
| <i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>                                  | 1                |                            |
| <i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>                                 | 1                |                            |
| <i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>                           | 1                |                            |
| <i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>                               | 1                |                            |
| <i>mili oral tablet 0.25-35 mg-mcg</i>                                           | 1                |                            |
| <i>mimvey oral tablet 1-0.5 mg</i>                                               | 1                |                            |
| MIRENA (52 MG) INTRAUTERINE<br>INTRAUTERINE DEVICE 20 MCG/DAY                    | 1                |                            |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                               | 1                |                            |
| NEXPLANON SUBCUTANEOUS IMPLANT<br>68 MG                                          | 1                |                            |
| <i>norelgestromin-eth estradiol transdermal patch<br/>weekly 150-35 mcg/24hr</i> | 1                |                            |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-<br/>mcg, 1.5-30 mg-mcg</i>    | 1                |                            |
| <i>norethindrone acet-ethinyl est oral tablet 1-20<br/>mg-mcg, 1.5-30 mg-mcg</i> | 1                |                            |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5<br/>mg-mcg, 1-5 mg-mcg</i>    | 1                |                            |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-<br/>30/1-35 mg-mcg</i>     | 1                |                            |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-<br/>mcg</i>                | 1                |                            |
| <i>norgestim-eth estrad triphasic oral tablet<br/>0.18/0.215/0.25 mg-35 mcg</i>  | 1                |                            |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>                             | 1                |                            |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>                                 | 1                |                            |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>                                 | 1                |                            |
| <i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                            | 1                |                            |
| <i>nylia 1/35 oral tablet 1-35 mg-mcg</i>                                        | 1                |                            |
| <i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                              | 1                |                            |
| <i>ocella oral tablet 3-0.03 mg</i>                                              | 1                |                            |
| <i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>                              | 1                |                            |

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| <b>Drug Name</b>                                                              | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-------------------------------------------------------------------------------|------------------|----------------------------|
| <i>portia-28 oral tablet 0.15-30 mg-mcg</i>                                   | 1                |                            |
| PREMPHASE ORAL TABLET 0.625-5 MG                                              | 1                |                            |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG         | 1                |                            |
| <i>reclipsen oral tablet 0.15-30 mg-mcg</i>                                   | 1                |                            |
| <i>setlakin oral tablet 0.15-0.03 mg</i>                                      | 1                |                            |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG                                | 1                |                            |
| <i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>                                 | 1                |                            |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i>                                       | 1                |                            |
| <i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>                              | 1                |                            |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>                    | 1                |                            |
| <i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>                        | 1                |                            |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>                         | 1                |                            |
| <i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>                     | 1                |                            |
| <i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>                       | 1                |                            |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>                      | 1                |                            |
| <i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>                           | 1                |                            |
| <i>vienva oral tablet 0.1-20 mg-mcg</i>                                       | 1                |                            |
| <i>vyfemla oral tablet 0.4-35 mg-mcg</i>                                      | 1                |                            |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i>                                     | 1                |                            |
| <i>xulane transdermal patch weekly 150-35 mcg/24hr</i>                        | 1                |                            |
| <i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>                        | 1                |                            |
| <i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>                                | 1                |                            |
| <b>Progestins</b>                                                             |                  |                            |
| <i>camila oral tablet 0.35 mg</i>                                             | 1                |                            |
| <i>deblitane oral tablet 0.35 mg</i>                                          | 1                |                            |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 1                |                            |
| <i>errin oral tablet 0.35 mg</i>                                              | 1                |                            |
| <i>incassia oral tablet 0.35 mg</i>                                           | 1                |                            |
| <i>lyza oral tablet 0.35 mg</i>                                               | 1                |                            |

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| Drug Name                                                                                                                                      | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                                                                          | 1         |                     |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>                                                        | 1         |                     |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                             | 1         |                     |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>                                                        | 1         | PA                  |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>                                                                                              | 1         | PA                  |
| <i>nora-be oral tablet 0.35 mg</i>                                                                                                             | 1         |                     |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                                                                  | 1         |                     |
| <i>norethindrone oral tablet 0.35 mg</i>                                                                                                       | 1         |                     |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                                                                                | 1         |                     |
| <i>sharobel oral tablet 0.35 mg</i>                                                                                                            | 1         |                     |
| <b>Selective Estrogen Receptor Modifying Agents</b>                                                                                            |           |                     |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                                                                  | 1         |                     |
| <i>raloxifene hcl oral tablet 60 mg</i>                                                                                                        | 1         |                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions</b>                                          |           |                     |
| <b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>                                                                            |           |                     |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                             | 1         |                     |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG                      | 1         |                     |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         |                     |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG                              | 1         |                     |

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| Drug Name                                                                                                                    | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                 | 1         |                     |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1         |                     |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 1         |                     |
| <b>Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion</b>                |           |                     |
| <b>Hormonal Agents, Suppressant (Pituitary)</b>                                                                              |           |                     |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                        | 1         |                     |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG                                                                                 | 1         | PA                  |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG                                                                       | 1         | PA                  |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL                                                       | 1         | PA                  |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG                                                                           | 1         | PA                  |
| <i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>                                                         | 1         | PA                  |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i>                                                                           | 1         |                     |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG                                                                     | 1         | PA                  |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG                                                                   | 1         | PA                  |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG                                                                               | 1         | PA                  |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG                                                                               | 1         | PA                  |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG                                                                                            | 1         | PA                  |

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| Drug Name                                                                                               | Drug Tier | Requirements/Limits        |
|---------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 1         | PA                         |
| <i>octreotide acetate intramuscular kit 20 mg, 30 mg</i>                                                | 1         | PA                         |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>     | 1         |                            |
| ORGOVYX ORAL TABLET 120 MG                                                                              | 1         | PA; QL (30 EA per 28 days) |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG                                                    | 1         | PA                         |
| ORILISSA ORAL TABLET 150 MG, 200 MG                                                                     | 1         | PA                         |
| RECORLEV ORAL TABLET 150 MG                                                                             | 1         | PA                         |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML                                          | 1         | PA                         |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                          | 1         | PA                         |
| SYNAREL NASAL SOLUTION 2 MG/ML                                                                          | 1         | PA                         |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG                                                               | 1         | PA                         |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG                      | 1         | PA                         |
| <b>Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid</b>                        |           |                            |
| <b>Antithyroid Agents</b>                                                                               |           |                            |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                              | 1         |                            |
| <i>propylthiouracil oral tablet 50 mg</i>                                                               | 1         |                            |
| <b>Immunological Agents - Medications That Alter The Immune System Including Vaccinations</b>           |           |                            |
| <b>Angioedema Agents</b>                                                                                |           |                            |
| BERINERT INTRAVENOUS KIT 500 UNIT                                                                       | 1         | PA                         |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT                                                     | 1         | PA                         |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT                                                  | 1         | PA; QL (30 EA per 30 days) |

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| Drug Name                                                                                             | Drug Tier | Requirements/Limits         |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT                                                | 1         | PA; QL (20 EA per 30 days)  |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>                            | 1         | PA; QL (27 ML per 30 days)  |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                                                  | 1         | PA                          |
| <b>Immunoglobulins</b>                                                                                |           |                             |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | 1         | B/D                         |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM                                 | 1         | B/D                         |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML                                                                 | 1         | B/D                         |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML                       | 1         | B/D                         |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML                                                                | 1         | B/D                         |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML                        | 1         | B/D                         |
| <b>Immunological Agents, Other</b>                                                                    |           |                             |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML                                       | 1         | PA; QL (3.6 ML per 28 days) |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML                                          | 1         | PA; QL (3.6 ML per 28 days) |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG                                                   | 1         | PA                          |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML                                                | 1         | PA; QL (8 ML per 28 days)   |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML                                            | 1         | PA; QL (8 ML per 28 days)   |
| CABLIVI INJECTION KIT 11 MG                                                                           | 1         | PA                          |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG                                                             | 1         | PA; QL (30 EA per 30 days)  |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML                              | 1         | PA                          |

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| Drug Name                                                                    | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------|-----------|------------------------------|
| COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML                                     | 1         | PA                           |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML   | 1         | PA                           |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML        | 1         | PA                           |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML      | 1         | PA                           |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML             | 1         | PA                           |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML                  | 1         | PA                           |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML                | 1         | PA; QL (2 ML per 28 days)    |
| FABHALTA ORAL CAPSULE 200 MG                                                 | 1         | PA; QL (60 EA per 30 days)   |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML                                       | 1         | PA; QL (2 ML per 28 days)    |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML                     | 1         | PA                           |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML     | 1         | PA; QL (2.28 ML per 28 days) |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML | 1         | PA; QL (2.28 ML per 28 days) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML                | 1         | PA                           |
| LITFULO ORAL CAPSULE 50 MG                                                   | 1         | PA; QL (30 EA per 30 days)   |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML              | 1         | PA; QL (4 ML per 28 days)    |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG                            | 1         | PA; QL (4 EA per 28 days)    |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML                    | 1         | PA; QL (4 ML per 28 days)    |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML                  | 1         | PA; QL (1.6 ML per 28 days)  |

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| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-----------------------------------------------------------------------------|------------------|------------------------------|
| ORENCIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 87.5 MG/0.7ML            | 1                | PA; QL (2.8 ML per 28 days)  |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML                                             | 1                | PA                           |
| RINVOQ ORAL TABLET EXTENDED<br>RELEASE 24 HOUR 15 MG, 30 MG, 45 MG          | 1                | PA; QL (30 EA per 30 days)   |
| SILIQ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 210 MG/1.5ML               | 1                | PA                           |
| SKYRIZI INTRAVENOUS SOLUTION 600<br>MG/10ML                                 | 1                | PA; QL (60 ML per 365 days)  |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 150 MG/ML                | 1                | PA; QL (2 ML per 28 days)    |
| SKYRIZI SUBCUTANEOUS SOLUTION<br>CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML       | 1                | PA; QL (2.4 ML per 56 days)  |
| SKYRIZI SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 150 MG/ML                | 1                | PA; QL (2 ML per 28 days)    |
| SOTYKTU ORAL TABLET 6 MG                                                    | 1                | PA; QL (30 EA per 30 days)   |
| STELARA INTRAVENOUS SOLUTION 130<br>MG/26ML                                 | 1                | PA; QL (104 ML per 180 days) |
| STELARA SUBCUTANEOUS SOLUTION 45<br>MG/0.5ML                                | 1                | PA; QL (0.5 ML per 28 days)  |
| STELARA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 45 MG/0.5ML              | 1                | PA; QL (0.5 ML per 28 days)  |
| STELARA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 90 MG/ML                 | 1                | PA; QL (1 ML per 28 days)    |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-<br>INJECTOR 80 MG/ML                      | 1                | PA; QL (3 ML per 28 days)    |
| TALTZ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 20 MG/0.25ML               | 1                | PA; QL (0.75 ML per 28 days) |
| TALTZ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 40 MG/0.5ML                | 1                | PA; QL (1.5 ML per 28 days)  |
| TALTZ SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 80 MG/ML                   | 1                | PA; QL (3 ML per 28 days)    |
| TREMFYA PEN SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR 100 MG/ML,<br>200 MG/2ML | 1                | PA                           |
| TREMFYA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 100 MG/ML, 200<br>MG/2ML | 1                | PA                           |
| XELJANZ ORAL SOLUTION 1 MG/ML                                               | 1                | PA; QL (480 ML per 24 days)  |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                             | 1                | PA; QL (60 EA per 30 days)   |

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| Drug Name                                                            | Drug Tier | Requirements/Limits            |
|----------------------------------------------------------------------|-----------|--------------------------------|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG         | 1         | PA; QL (30 EA per 30 days)     |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML     | 1         | PA                             |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML       | 1         | PA; QL (16.072 ML per 28 days) |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML      | 1         | PA; QL (22.68 ML per 28 days)  |
| <b>Immunostimulants</b>                                              |           |                                |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML                        | 1         | PA                             |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                             | 1         | PA; QL (4 ML per 28 days)      |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML        | 1         | PA; QL (2 ML per 28 days)      |
| <b>Immunosuppressants</b>                                            |           |                                |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | 1         | B/D                            |
| <i>azathioprine oral tablet 50 mg</i>                                | 1         | B/D                            |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML      | 1         | PA; QL (3 EA per 28 days)      |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG                                   | 1         | PA; QL (2 EA per 28 days)      |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML          | 1         | PA; QL (3 EA per 28 days)      |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>       | 1         | B/D                            |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                 | 1         | B/D                            |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                       | 1         | B/D                            |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML                 | 1         | PA; QL (8 ML per 28 days)      |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML                             | 1         | PA; QL (8 ML per 28 days)      |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 1         | PA; QL (8 ML per 28 days)      |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML        | 1         | PA; QL (8 ML per 28 days)      |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG | 1         | B/D                            |

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| Drug Name                                                                             | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>                          | 1         | B/D                         |
| <i>gengraf oral capsule 100 mg, 25 mg</i>                                             | 1         | B/D                         |
| <i>gengraf oral solution 100 mg/ml</i>                                                | 1         | B/D                         |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML                     | 1         | PA; QL (4 ML per 28 days)   |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML                     | 1         | PA; QL (6 ML per 28 days)   |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML                           | 1         | PA; QL (4 ML per 28 days)   |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML                           | 1         | PA; QL (6 ML per 28 days)   |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                             | 1         | PA; QL (6 EA per 28 days)   |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML   | 1         | PA; QL (6 EA per 28 days)   |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML                     | 1         | PA; QL (2 EA per 28 days)   |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML                     | 1         | PA; QL (4 EA per 28 days)   |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML        | 1         | PA; QL (6 EA per 28 days)   |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                    | 1         | PA; QL (3 EA per 180 days)  |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML                | 1         | PA; QL (4 EA per 180 days)  |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 1         | PA; QL (3 EA per 180 days)  |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                           | 1         | QL (30 EA per 30 days)      |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                          | 1         | PA; QL (180 EA per 30 days) |
| <i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>                          | 1         |                             |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                  | 1         |                             |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                         | 1         |                             |

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| Drug Name                                                                         | Drug Tier | Requirements/Limits        |
|-----------------------------------------------------------------------------------|-----------|----------------------------|
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                  | 1         | B/D                        |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>              | 1         | B/D                        |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                   | 1         | B/D                        |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>            | 1         | B/D                        |
| <i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>               | 1         | B/D                        |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG                                 | 1         | B/D                        |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML                                              | 1         | B/D                        |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG                                                  | 1         | B/D                        |
| REZUROCK ORAL TABLET 200 MG                                                       | 1         | PA; QL (30 EA per 30 days) |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML                                                | 1         | B/D                        |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML                | 1         | PA                         |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML            | 1         | PA                         |
| <i>sirolimus oral solution 1 mg/ml</i>                                            | 1         | B/D                        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                   | 1         | B/D                        |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                 | 1         | B/D                        |
| <b>Vaccines</b>                                                                   |           |                            |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML                        | 1         |                            |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED                                       | 1         |                            |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 1         |                            |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML                       | 1         |                            |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG                                | 1         |                            |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                                | 1         |                            |

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| <b>Drug Name</b>                                                                 | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|----------------------------------------------------------------------------------|------------------|----------------------------|
| BEYFORTUS INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 100 MG/ML, 50<br>MG/0.5ML  | 1                |                            |
| BOOSTRIX INTRAMUSCULAR<br>SUSPENSION 5-2.5-18.5 LF-MCG/0.5                       | 1                |                            |
| BOOSTRIX INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 5-2.5-<br>18.5 LF-MCG/0.5 | 1                |                            |
| DAPTACEL INTRAMUSCULAR<br>SUSPENSION 23-15-5                                     | 1                |                            |
| ENGRIX-B INJECTION SUSPENSION 20<br>MCG/ML                                       | 1                | B/D                        |
| ENGRIX-B INJECTION SUSPENSION<br>PREFILLED SYRINGE 10 MCG/0.5ML, 20<br>MCG/ML    | 1                | B/D                        |
| ERVEBO INTRAMUSCULAR SUSPENSION                                                  | 1                |                            |
| GARDASIL 9 INTRAMUSCULAR<br>SUSPENSION                                           | 1                |                            |
| GARDASIL 9 INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE                         | 1                |                            |
| HAVRIX INTRAMUSCULAR SUSPENSION<br>1440 EL U/ML                                  | 1                |                            |
| HAVRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 720 EL U/0.5ML              | 1                |                            |
| HEPLISAV-B INTRAMUSCULAR SOLUTION<br>PREFILLED SYRINGE 20 MCG/0.5ML              | 1                | B/D                        |
| HIBERIX INJECTION SOLUTION<br>RECONSTITUTED 10 MCG                               | 1                |                            |
| IMOVAX RABIES INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 2.5<br>UNIT/ML           | 1                | B/D                        |
| INFANRIX INTRAMUSCULAR SUSPENSION<br>25-58-10                                    | 1                |                            |
| IPOL INJECTION INJECTABLE                                                        | 1                |                            |
| IXCHIQ INTRAMUSCULAR SOLUTION<br>RECONSTITUTED                                   | 1                |                            |
| IXIARO INTRAMUSCULAR SUSPENSION                                                  | 1                |                            |
| JYNNEOS SUBCUTANEOUS SUSPENSION<br>0.5 ML                                        | 1                |                            |

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| <b>Drug Name</b>                                                                  | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|-----------------------------------------------------------------------------------|------------------|----------------------------|
| KINRIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 0.5 ML                       | 1                |                            |
| MENACTRA INTRAMUSCULAR SOLUTION                                                   | 1                |                            |
| MENQUADFI INTRAMUSCULAR SOLUTION                                                  | 1                |                            |
| MENVEO INTRAMUSCULAR SOLUTION                                                     | 1                |                            |
| MENVEO INTRAMUSCULAR SOLUTION<br>RECONSTITUTED                                    | 1                |                            |
| M-M-R II INJECTION SOLUTION<br>RECONSTITUTED                                      | 1                |                            |
| MRESVIA INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE 50 MCG/0.5ML                | 1                |                            |
| PEDIARIX INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE                            | 1                |                            |
| PEDVAX HIB INTRAMUSCULAR<br>SUSPENSION 7.5 MCG/0.5ML                              | 1                |                            |
| PENBRAYA INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED                                | 1                |                            |
| PENTACEL INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED                                | 1                |                            |
| PREHEVBRIO INTRAMUSCULAR<br>SUSPENSION 10 MCG/ML                                  | 1                | B/D                        |
| PRIORIX SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                  | 1                |                            |
| PROQUAD SUBCUTANEOUS SUSPENSION<br>RECONSTITUTED                                  | 1                |                            |
| QUADRACEL INTRAMUSCULAR<br>SUSPENSION                                             | 1                |                            |
| QUADRACEL INTRAMUSCULAR<br>SUSPENSION PREFILLED SYRINGE 0.5 ML                    | 1                |                            |
| RABAERT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED                                 | 1                | B/D                        |
| RECOMBIVAX HB INJECTION SUSPENSION<br>10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML           | 1                | B/D                        |
| RECOMBIVAX HB INJECTION SUSPENSION<br>PREFILLED SYRINGE 10 MCG/ML, 5<br>MCG/0.5ML | 1                | B/D                        |
| ROTARIX ORAL SUSPENSION                                                           | 1                |                            |
| ROTATEQ ORAL SOLUTION                                                             | 1                |                            |

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| Drug Name                                                                                       | Drug Tier | Requirements/Limits    |
|-------------------------------------------------------------------------------------------------|-----------|------------------------|
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML                                    | 1         | QL (2 EA per 999 days) |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)                                   | 1         | B/D                    |
| TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML                             | 1         | B/D                    |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML                | 1         |                        |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                                             | 1         |                        |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML                            | 1         |                        |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML                                                   | 1         |                        |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML                                 | 1         |                        |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML | 1         |                        |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML                                       | 1         |                        |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED                                                          | 1         |                        |
| VAXELIS INTRAMUSCULAR SUSPENSION                                                                | 1         |                        |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE                                              | 1         |                        |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG                                          | 1         |                        |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)                                 | 1         |                        |
| <b>Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease</b>   |           |                        |
| <b>Aminosaliclates</b>                                                                          |           |                        |
| <i>balsalazide disodium oral capsule 750 mg</i>                                                 | 1         |                        |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>                             | 1         |                        |

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| <b>Drug Name</b>                                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|------------------------------------------------------------------------------------------|------------------|----------------------------|
| <i>mesalamine oral capsule delayed release 400 mg</i>                                    | 1                |                            |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>                                     | 1                |                            |
| <i>mesalamine rectal enema 4 gm</i>                                                      | 1                |                            |
| <i>mesalamine rectal suppository 1000 mg</i>                                             | 1                |                            |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                                               | 1                |                            |
| <i>sulfasalazine oral tablet 500 mg</i>                                                  | 1                |                            |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                                  | 1                |                            |
| <b>Glucocorticoids</b>                                                                   |                  |                            |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                           | 1                | QL (30 EA per 30 days)     |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                            | 1                | QL (90 EA per 30 days)     |
| <i>dexamethasone intensol oral concentrate 1 mg/ml</i>                                   | 1                |                            |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                              | 1                |                            |
| <i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i> | 1                |                            |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                           | 1                |                            |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>                | 1                |                            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>                             | 1                |                            |
| <i>prednisone intensol oral concentrate 5 mg/ml</i>                                      | 1                |                            |
| <i>prednisone oral solution 5 mg/5ml</i>                                                 | 1                |                            |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                    | 1                |                            |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>  | 1                |                            |
| <b>Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis</b> |                  |                            |
| <b>Metabolic Bone Disease Agents</b>                                                     |                  |                            |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i>                                        | 1                | QL (30 EA per 30 days)     |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>                                       | 1                | QL (4 EA per 28 days)      |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                                   | 1                |                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                                         | 1                |                            |
| <i>calcitriol oral solution 1 mcg/ml</i>                                                 | 1                |                            |

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| Drug Name                                                                                                                                                        | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>                                                                                                                   | 1         | QL (60 EA per 30 days)       |
| <i>cinacalcet hcl oral tablet 90 mg</i>                                                                                                                          | 1         | QL (120 EA per 30 days)      |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                                                                                      | 1         |                              |
| <i>ibandronate sodium oral tablet 150 mg</i>                                                                                                                     | 1         | QL (1 EA per 28 days)        |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                                                                                                             | 1         |                              |
| PROLIA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 60 MG/ML                                                                                                       | 1         | QL (1 ML per 180 days)       |
| <i>risedronate sodium oral tablet 150 mg</i>                                                                                                                     | 1         | QL (1 EA per 28 days)        |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i>                                                                                                                | 1         | QL (30 EA per 30 days)       |
| <i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>                                                                                     | 1         | QL (4 EA per 28 days)        |
| TERIPARATIDE SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR 560<br>MCG/2.24ML, 600 MCG/2.4ML, 620<br>MCG/2.48ML                                                           | 1         | PA; QL (2.48 ML per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-<br>INJECTOR 3120 MCG/1.56ML                                                                                                    | 1         | PA                           |
| XGEVA SUBCUTANEOUS SOLUTION 120<br>MG/1.7ML                                                                                                                      | 1         | PA                           |
| YORVIPATH SUBCUTANEOUS SOLUTION<br>PEN-INJECTOR 168 MCG/0.56ML, 294<br>MCG/0.98ML, 420 MCG/1.4ML                                                                 | 1         | PA                           |
| <b>Ophthalmic Agents - Treatment Of Eye Conditions</b>                                                                                                           |           |                              |
| <b>Ophthalmic Agents, Other</b>                                                                                                                                  |           |                              |
| <i>atropine sulfate ophthalmic solution 1 %</i>                                                                                                                  | 1         |                              |
| <i>bevacizumab intravitreal solution prefilled<br/>syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.25<br/>mg/0.09ml, 2.5 mg/0.1ml, 3.25 mg/0.13ml, 3.75<br/>mg/0.15ml</i> | 1         |                              |
| <i>brimonidine tartrate-timolol ophthalmic solution<br/>0.2-0.5 %</i>                                                                                            | 1         |                              |
| <i>bromfenac sodium (once-daily) ophthalmic<br/>solution 0.09 %</i>                                                                                              | 1         |                              |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i>                                                                                                               | 1         |                              |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i>                                                                                                                   | 1         | QL (60 EA per 30 days)       |
| CYSTARAN OPHTHALMIC SOLUTION 0.44<br>%                                                                                                                           | 1         | PA                           |

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| <b>Drug Name</b>                                                         | <b>Drug Tier</b> | <b>Requirements/Limits</b> |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>           | 1                |                            |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>        | 1                |                            |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>     | 1                |                            |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | 1                |                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | 1                |                            |
| OXERVATE OPHTHALMIC SOLUTION 0.002 %                                     | 1                | PA                         |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>          | 1                |                            |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>          | 1                |                            |
| XDEMVY OPHTHALMIC SOLUTION 0.25 %                                        | 1                | PA                         |
| <b>Ophthalmic Anti-allergy Agents</b>                                    |                  |                            |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                         | 1                |                            |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                           | 1                |                            |
| <b>Ophthalmic Anti-Infectives</b>                                        |                  |                            |
| <i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>                 | 1                |                            |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                        | 1                |                            |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>      | 1                |                            |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                       | 1                |                            |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                          | 1                |                            |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                      | 1                |                            |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                        | 1                |                            |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                               | 1                |                            |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>  | 1                |                            |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>                     | 1                |                            |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                     | 1                |                            |
| <i>tobramycin ophthalmic solution 0.3 %</i>                              | 1                |                            |
| <b>Ophthalmic Anti-inflammatory</b>                                      |                  |                            |

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| Drug Name                                                            | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------------|-----------|---------------------|
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>      | 1         |                     |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                   | 1         |                     |
| <i>difluprednate ophthalmic emulsion 0.05 %</i>                      | 1         |                     |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                   | 1         |                     |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                | 1         |                     |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>       | 1         |                     |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                | 1         |                     |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>         | 1         |                     |
| <b>Ophthalmic Beta-Adrenergic Blocking Agents</b>                    |           |                     |
| <i>carteolol hcl ophthalmic solution 1 %</i>                         | 1         |                     |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                     | 1         |                     |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>             | 1         |                     |
| <b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>        |           |                     |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 1         |                     |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                   | 1         |                     |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                       | 1         |                     |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>         | 1         |                     |
| <i>brinzolamide ophthalmic suspension 1 %</i>                        | 1         | ST                  |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                       | 1         |                     |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                        | 1         |                     |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>             | 1         |                     |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 %                                 | 1         | ST                  |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %                           | 1         | ST                  |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %                              | 1         |                     |

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| Drug Name                                                                      | Drug Tier | Requirements/Limits      |
|--------------------------------------------------------------------------------|-----------|--------------------------|
| <b>Ophthalmic Prostaglandin and Prostamide Analogs</b>                         |           |                          |
| <i>latanoprost ophthalmic solution 0.005 %</i>                                 | 1         |                          |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 %                                             | 1         |                          |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>                       | 1         |                          |
| <b>Otic Agents - Treatment Of Ear Conditions</b>                               |           |                          |
| <b>Otic Agents</b>                                                             |           |                          |
| <i>acetic acid otic solution 2 %</i>                                           | 1         |                          |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>                   | 1         | QL (7.5 ML per 7 days)   |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                          | 1         |                          |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>                    | 1         |                          |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                       | 1         |                          |
| <i>ofloxacin otic solution 0.3 %</i>                                           | 1         |                          |
| <b>Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions</b> |           |                          |
| <b>Antihistamines</b>                                                          |           |                          |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>              | 1         | QL (60 ML per 30 days)   |
| <i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>                          | 1         |                          |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                                  | 1         | PA                       |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                                     | 1         | PA                       |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                    | 1         | PA                       |
| <i>hydroxyzine hcl oral tablet 10 mg</i>                                       | 1         |                          |
| <i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>                                | 1         | PA                       |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>                 | 1         |                          |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                         | 1         |                          |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>                              | 1         | QL (3600 ML per 30 days) |
| <b>Anti-inflammatories, Inhaled Corticosteroids</b>                            |           |                          |

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| Drug Name                                                                                       | Drug Tier | Requirements/Limits          |
|-------------------------------------------------------------------------------------------------|-----------|------------------------------|
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 1         | QL (30 EA per 30 days)       |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>                                 | 1         | B/D; QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension 1 mg/2ml</i>                                                | 1         | B/D; QL (60 ML per 30 days)  |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                                           | 1         | QL (50 ML per 30 days)       |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>     | 1         | QL (60 EA per 30 days)       |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>     | 1         | QL (240 EA per 30 days)      |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>      | 1         | QL (120 EA per 30 days)      |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>                                | 1         | QL (12 GM per 30 days)       |
| <i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>                                | 1         | QL (24 GM per 30 days)       |
| <i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>                                 | 1         | QL (10.6 GM per 30 days)     |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                                       | 1         | QL (16 GM per 30 days)       |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>                                           | 1         | QL (34 GM per 30 days)       |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT                        | 1         |                              |
| <b>Bronchodilators, Anticholinergic</b>                                                         |           |                              |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT                                             | 1         | QL (25.8 GM per 30 days)     |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT                         | 1         | QL (30 EA per 30 days)       |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                           | 1         | B/D                          |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                        | 1         |                              |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT                          | 1         | QL (4 GM per 30 days)        |
| <i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>                                 | 1         | QL (90 EA per 90 days)       |

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| Drug Name                                                                                                                                            | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <b>Bronchodilators, Sympathomimetic</b>                                                                                                              |           |                              |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i> | 1         | QL (36 GM per 30 days)       |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>                | 1         | B/D                          |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                                                         | 1         |                              |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>                                                                                                      | 1         |                              |
| <i>epinephrine injection solution 0.3 mg/0.3ml</i>                                                                                                   | 1         | QL (2 EA per 30 days)        |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>                                                      | 1         | QL (2 EA per 30 days)        |
| <i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>                                                                               | 1         | B/D; QL (120 ML per 30 days) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>                                                       | 1         | B/D                          |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT                                                                                | 1         | QL (60 EA per 30 days)       |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                                                                  | 1         |                              |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT                                                                                       | 1         | QL (36 GM per 30 days)       |
| <b>Cystic Fibrosis Agents</b>                                                                                                                        |           |                              |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG                                                                                                        | 1         | PA; QL (56 EA per 28 days)   |
| BRONCHITOL INHALATION CAPSULE 40 MG                                                                                                                  | 1         | PA                           |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG                                                                                                      | 1         | PA; QL (84 ML per 56 days)   |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG                                                                                                    | 1         | PA; QL (56 EA per 28 days)   |
| KALYDECO ORAL PACKET 5.8 MG                                                                                                                          | 1         | PA                           |
| KALYDECO ORAL TABLET 150 MG                                                                                                                          | 1         | PA; QL (56 EA per 28 days)   |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG                                                                                                 | 1         | PA; QL (56 EA per 28 days)   |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                                                                           | 1         | PA; QL (112 EA per 28 days)  |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML                                                                                                           | 1         | B/D                          |

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| <b>Drug Name</b>                                                                                      | <b>Drug Tier</b> | <b>Requirements/Limits</b>   |
|-------------------------------------------------------------------------------------------------------|------------------|------------------------------|
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG                                      | 1                | PA; QL (56 EA per 28 days)   |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i>                                         | 1                | B/D                          |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                         | 1                | B/D; QL (280 ML per 56 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG                              | 1                | PA; QL (84 EA per 28 days)   |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG                                      | 1                | PA; QL (56 EA per 28 days)   |
| <b>Mast Cell Stabilizers</b>                                                                          |                  |                              |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>                                     | 1                | B/D                          |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                    | 1                |                              |
| <b>Phosphodiesterase Inhibitors, Airways Disease</b>                                                  |                  |                              |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i>                                                       | 1                |                              |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>            | 1                |                              |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                            | 1                |                              |
| <i>theophylline oral elixir 80 mg/15ml</i>                                                            | 1                |                              |
| <i>theophylline oral solution 80 mg/15ml</i>                                                          | 1                |                              |
| <b>Pulmonary Antihypertensives</b>                                                                    |                  |                              |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                                | 1                | PA; QL (90 EA per 30 days)   |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                            | 1                | PA; QL (30 EA per 30 days)   |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                           | 1                | PA; QL (60 EA per 30 days)   |
| OPSUMIT ORAL TABLET 10 MG                                                                             | 1                | PA; QL (30 EA per 30 days)   |
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>                                      | 1                | PA; QL (720 ML per 30 days)  |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                           | 1                | PA; QL (90 EA per 30 days)   |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                              | 1                | PA; QL (60 EA per 30 days)   |
| TADLIQ ORAL SUSPENSION 20 MG/5ML                                                                      | 1                | PA; QL (300 ML per 30 days)  |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG | 1                | PA                           |

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| Drug Name                                                                                             | Drug Tier | Requirements/Limits          |
|-------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG                                           | 1         | PA                           |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG        | 1         | PA                           |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG                                              | 1         | PA                           |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML                                                     | 1         | PA                           |
| <b>Pulmonary Fibrosis Agents</b>                                                                      |           |                              |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                                                      | 1         | PA; QL (60 EA per 30 days)   |
| <i>pirfenidone oral capsule 267 mg</i>                                                                | 1         | PA; QL (270 EA per 30 days)  |
| <i>pirfenidone oral tablet 267 mg</i>                                                                 | 1         | PA; QL (270 EA per 30 days)  |
| <i>pirfenidone oral tablet 534 mg, 801 mg</i>                                                         | 1         | PA; QL (90 EA per 30 days)   |
| <b>Respiratory Tract Agents, Other</b>                                                                |           |                              |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i>                                                  | 1         | B/D                          |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT                           | 1         | QL (12 GM per 30 days)       |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT                              | 1         | QL (60 EA per 30 days)       |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT                                                   | 1         | QL (10.7 GM per 30 days)     |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 1         | QL (60 EA per 30 days)       |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT                                               | 1         | QL (10.7 GM per 30 days)     |
| BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT                     | 1         | QL (10.2 GM per 30 days)     |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT                                         | 1         | QL (8 GM per 30 days)        |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML                                            | 1         | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML                                               | 1         | PA; QL (8 ML per 28 days)    |

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| Drug Name                                                                                                                                                                          | Drug Tier | Requirements/Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 100 MG/0.67ML                                                                                                                  | 1         | PA; QL (1.34 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 200 MG/1.14ML                                                                                                                  | 1         | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 300 MG/2ML                                                                                                                     | 1         | PA; QL (8 ML per 28 days)    |
| FASENRA PEN SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR 30 MG/ML                                                                                                                        | 1         | PA; QL (1 ML per 28 days)    |
| FASENRA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 10 MG/0.5ML                                                                                                                     | 1         | PA                           |
| FASENRA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 30 MG/ML                                                                                                                        | 1         | PA; QL (1 ML per 28 days)    |
| <i>fluticasone-salmeterol inhalation aerosol powder<br/>breath activated 100-50 mcg/act, 113-14 mcg/act,<br/>232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act,<br/>55-14 mcg/act</i> | 1         | QL (60 EA per 30 days)       |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5<br/>(3) mg/3ml</i>                                                                                                            | 1         | B/D                          |
| <i>montelukast sodium oral packet 4 mg</i>                                                                                                                                         | 1         |                              |
| <i>montelukast sodium oral tablet 10 mg</i>                                                                                                                                        | 1         |                              |
| <i>montelukast sodium oral tablet chewable 4 mg, 5<br/>mg</i>                                                                                                                      | 1         |                              |
| NUCALA SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 100 MG/ML                                                                                                                            | 1         | PA; QL (3 ML per 28 days)    |
| NUCALA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 100 MG/ML                                                                                                                        | 1         | PA; QL (3 ML per 28 days)    |
| NUCALA SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 40 MG/0.4ML                                                                                                                      | 1         | PA; QL (0.4 ML per 28 days)  |
| NUCALA SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 100 MG                                                                                                                               | 1         | PA; QL (3 EA per 28 days)    |
| STIOLTO RESPIMAT INHALATION<br>AEROSOL SOLUTION 2.5-2.5 MCG/ACT                                                                                                                    | 1         | QL (4 GM per 30 days)        |
| TRELEGY ELLIPTA INHALATION<br>AEROSOL POWDER BREATH ACTIVATED<br>100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT                                                                          | 1         | QL (60 EA per 30 days)       |
| <i>wixela inhub inhalation aerosol powder breath<br/>activated 100-50 mcg/act, 250-50 mcg/act, 500-<br/>50 mcg/act</i>                                                             | 1         | QL (60 EA per 30 days)       |

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| Drug Name                                                                                                                             | Drug Tier | Requirements/Limits         |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 150 MG/ML, 300 MG/2ML,<br>75 MG/0.5ML                                                   | 1         | PA; QL (8 ML per 28 days)   |
| XOLAIR SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 150 MG/ML, 300<br>MG/2ML, 75 MG/0.5ML                                               | 1         | PA; QL (8 ML per 28 days)   |
| XOLAIR SUBCUTANEOUS SOLUTION<br>RECONSTITUTED 150 MG                                                                                  | 1         | PA; QL (8 EA per 28 days)   |
| <b>Skeletal Muscle Relaxants - Treatment<br/>Of Muscle Tightness</b>                                                                  |           |                             |
| <b>Skeletal Muscle Relaxants</b>                                                                                                      |           |                             |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i>                                                                                        | 1         | PA; QL (90 EA per 30 days)  |
| <i>chlorzoxazone oral tablet 500 mg</i>                                                                                               | 1         | PA; QL (180 EA per 30 days) |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                                                                                    | 1         | PA; QL (90 EA per 30 days)  |
| <i>metaxalone oral tablet 800 mg</i>                                                                                                  | 1         | PA; QL (120 EA per 30 days) |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                                                                       | 1         | PA                          |
| <b>Sleep Disorder Agents - Treatment Of<br/>Insomnia</b>                                                                              |           |                             |
| <b>Sleep Promoting Agents</b>                                                                                                         |           |                             |
| <i>doxepin hcl oral tablet 3 mg, 6 mg</i>                                                                                             | 1         | QL (30 EA per 30 days)      |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                                                                       | 1         | PA; QL (30 EA per 30 days)  |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                                                                                                    | 1         | PA; QL (158 ML per 30 days) |
| <i>ramelteon oral tablet 8 mg</i>                                                                                                     | 1         | QL (30 EA per 30 days)      |
| <i>tasimelteon oral capsule 20 mg</i>                                                                                                 | 1         | PA; QL (30 EA per 30 days)  |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg,<br/>7.5 mg</i>                                                                       | 1         | PA; QL (30 EA per 30 days)  |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                                                                              | 1         | PA; QL (30 EA per 30 days)  |
| ZEPBOUND SUBCUTANEOUS SOLUTION<br>AUTO-INJECTOR 10 MG/0.5ML, 12.5<br>MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5<br>MG/0.5ML, 7.5 MG/0.5ML | 1         | PA; QL (2 ML per 28 days)   |
| <i>zolpidem tartrate er oral tablet extended release<br/>12.5 mg, 6.25 mg</i>                                                         | 1         | PA; QL (30 EA per 30 days)  |
| <i>zolpidem tartrate oral tablet 10 mg</i>                                                                                            | 1         | PA; QL (30 EA per 30 days)  |
| <i>zolpidem tartrate oral tablet 5 mg</i>                                                                                             | 1         | QL (30 EA per 30 days)      |
| <b>Wakefulness Promoting Agents</b>                                                                                                   |           |                             |

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| <b>Drug Name</b>                                             | <b>Drug Tier</b> | <b>Requirements/Limits</b>  |
|--------------------------------------------------------------|------------------|-----------------------------|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> | 1                | PA; QL (30 EA per 30 days)  |
| <i>modafinil oral tablet 100 mg</i>                          | 1                | PA; QL (30 EA per 30 days)  |
| <i>modafinil oral tablet 200 mg</i>                          | 1                | PA; QL (60 EA per 30 days)  |
| <i>sodium oxybate oral solution 500 mg/ml</i>                | 1                | PA; QL (540 ML per 30 days) |
| XYWAV ORAL SOLUTION 500 MG/ML                                | 1                | PA                          |

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