

# 2026 Oregon (OR) Drug List



**This formulary was updated on April 9, 2026.**

**Please read: This document contains information about the drugs we cover in this plan.**

For a complete, up-to-date list of covered drugs, visit our website at [PacificSource.com](https://PacificSource.com).  
For more recent information or other questions, please contact PacificSource Customer Service at 888-977-9299 or at [cs@pacificsource.com](mailto:cs@pacificsource.com). Or visit us online at [PacificSource.com](https://PacificSource.com).

# PacificSource 2026 List of Covered Drugs

## What is a Drug List?

A drug list is a list of covered drugs, selected in consultation with a team of healthcare providers. The list represents prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover a drug on the list as long as it is medically necessary, the prescription is filled at an in-network pharmacy, and other plan rules are followed. The drug list is a guide to help you and your provider identify medications that can provide the best clinical results at the lowest cost.

To find out which list applies to your pharmacy plan, check your PacificSource member ID card or Summary of Benefits—available online through your InTouch account or from your benefits administrator. You are also welcome to call our Customer Service team for assistance. If you have questions about your coverage, please contact Customer Service at 888-977-9299 or at [cs@pacificsource.com](mailto:cs@pacificsource.com).

## Can the Drug List change?

Yes. Updates to the drug list may occur on a monthly basis. Refer to the list on our website, [PacificSource.com](https://www.pacificsource.com), for the most current list of covered medications. If a change is made to the drug list, we will notify affected members at least 30 days before the change becomes effective. Changes may include removing drugs from our list, moving a drug to a higher cost-sharing tier, or adding restrictions such as prior authorization, quantity limit, or step therapy. Please refer to our prescription drug information and news web page for more information ([PacificSource.com/members/individuals/prescription-drug-information](https://www.pacificsource.com/members/individuals/prescription-drug-information)).

## How do I use the Drug List?

Our drug lists are available in a searchable online format and can be found at [PacificSource.com/find-a-drug](https://www.pacificsource.com/find-a-drug), where you'll have the option to view and print an entire list or just your search results. Only the drugs on the list are covered by your plan. Our drug lists are subject to change, as new drugs are constantly entering the market. **Please note: Some specific group plans may not cover all drugs on the drug list.** A separate benefit may apply to some drugs, such as specialty drugs.

**State Drug Lists:** Our Idaho Drug List (ID), Montana Drug List (MT), and Oregon Drug List (OR) are used by the majority of our members covered through employers or who have an individual and family plan.

**Tier:** The tier numbers in the drug list refer to drug copay tiers.

- Tier 0 drugs have no copays and include preventive service drugs covered under the Affordable Care Act.
- Tier 1 drugs have a low copay and are typically generics.
- Tier 2 drugs have a mid-range copay.
- Tier 3 drugs have a high copay.
- Tier 4 drugs have the highest copay.

Drugs listed as "SP" are specialty medications and may have additional restrictions or costs associated with them.

Drugs listed as "PS Expanded NCDL" are available on the PacificSource Expanded No Cost Drug List, which groups may opt to provide.

Drugs listed as "VBP Drug List" are available on the Value Based Preventive No-Cost Drug List, which self-funded groups may opt to provide.

Drugs listed with "Prudent" are available on a copay maximizer program, available to select self-insured large groups only, additional optional coverage, refer to benefit book.

**Requirements/Limits:** This may include information on Quantity Limits ("QL"), if the medication requires prior authorization ("PA"), Step Therapy ("ST"), if the medication is considered a specialty medication ("SP"), or if there are other restrictions on coverage. Please see your Member Handbook for details.

## What are generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

If you or your provider requests that your medication be filled with a brand name drug when a generic is available, you may be responsible for the brand name drug's copay plus the difference in cost between the brand name drug and the generic option. Actual costs may vary by plan design.

## Affordable Care Act (ACA) No Cost Drug List

The Affordable Care Act (ACA) No Cost Drug List includes medications used to prevent certain health conditions. These are also known as Tier 0 drugs. If you are enrolled in a group that qualified under ACA, these drugs are covered at no cost when prescribed by a licensed healthcare provider. Some examples include drugs used to help you stop smoking, folic acid, and contraceptives for women. Covered drugs are subject to restrictions such as age and gender. For more information please visit [PacificSource.com/members/prescription-drug-information/lists-and-criteria](http://PacificSource.com/members/prescription-drug-information/lists-and-criteria).

## Drugs with special requirements

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

**Partial Fill:** Some drugs have a high cost and many side effects that make them harder to tolerate for long-term use. These medications will be dispensed in a limited amount on the first fill only (for half the normal copay). This first fill acts as a trial period to see if you are able to tolerate the drug. If the trial is a success, future fills will be for the full amount.

**PA (Prior Authorization):** If "PA" appears in the requirements column, the drug requires prior authorization. This means your provider will need to get approval from us before you will be able to fill your prescription. Without prior authorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review if you need to get a "PA."

**PA-NSO (Prior Authorization, New Starts Only):** If "PA-NSO" appears in the requirements column, the drug may require prior authorization. If you are a new member or if you have not taken this drug before, you or your physician are required to get prior authorization from us before you will be able to fill your prescription. Without prior authorization, we may not cover the drug. Please have your provider submit documentation to us for authorization review.

**QL (Quantity Limits):** If "QL" appears in the requirements column, the drug may be covered by your plan, but only up to a certain quantity or amount. If you need quantities higher than the limit shown, please have your provider contact us for authorization.

**ST (Step Therapy):** In some cases, we require you to first try a lower-cost alternative ("Step 1") drug before using the more expensive ("Step 2" or "Step 3") drug. If it is medically necessary for you to use a Step 2 or Step 3 drug as initial therapy, your provider will need to submit a request for authorization.

**LA (Limited Access):** If "LA" appears in the requirements column, the drug is only available at a specific Limited Access Pharmacy and is limited to a 31-day supply.

**SP (Specialty Drug):** If "SP" appears in the requirements column, it is a specialty drug. Fills of specialty drugs are generally limited to a 30-day supply and must be filled at an in-network Specialty Pharmacy. Specialty drugs are not available to be filled at your regular retail or mail-order pharmacy unless an exception has been granted. Here is the contact information for specialty pharmacy access in all 50 states:

### CVS Specialty Pharmacy

800-237-2767 Phone

800-323-2445 Fax

### Regional specialty pharmacies:

Depending where you live, you may wish to contact your provider about using the specialty pharmacies in your region, including Legacy Health, OHSU, St. Luke's, and Billings Clinic.

**Age/Gender Restrictions:** Covered drugs for members in Idaho, Montana, and Oregon are subject to possible age and gender restrictions. For more information, please visit [PacificSource.com/Find-A-Drug](http://PacificSource.com/Find-A-Drug).

## How do I get authorization for my drug?

Certain drugs require prior authorization or have additional requirements ("PA" or "ST") that must be met before your drug is covered under your prescription benefit.

### If your drug requires "PA" or "PA-NSO", you can:

- Have your provider submit medical documentation to us for review.

### If your drug requires "ST", you can:

- Ask your provider about prescribing a Step 1 drug. If these options are not appropriate, your provider will need to submit a request for authorization to us.

You and your provider can get more information about specific restrictions applied to covered drugs by visiting our website. We have posted documents that address our Prior Authorization and Step Therapy policies at [PacificSource.com/members/prescription-drug-information/lists-and-criteria](https://www.pacificsource.com/members/prescription-drug-information/lists-and-criteria), under "Utilization Management."

Your provider can submit authorization requests and supporting documentation to our Pharmacy Services department online via our InTouch portal, or by calling us at 844-877-4803.

## What if my drug is not on the Drug List?

If your drug is not included on the list of covered drugs for your plan, you can:

- Visit our website for a list of similar drugs that are covered by us. You can ask your provider to prescribe a drug that is covered by your plan.
- Ask us to make an exception and cover your drug.

## How do I request an exception from PacificSource?

You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. Generally, we will only approve your request for an exception if the alternative drugs included on the plan's drug list would not be as effective in treating your covered condition and/or would cause you to have adverse medical effects. Your provider will need to submit documentation to us for consideration.

If you or your provider have questions about how to submit a request, please contact our Customer Service team at 888-977-9299 or by email at [cs@pacificsource.com](mailto:cs@pacificsource.com).

## PacificSource Medication Synchronization Program

To ensure your medication is effective, it's important to take it exactly as prescribed. This can be challenging if you take multiple medications that refill at different times and require many trips to the pharmacy. Through our medication synchronization program, your ongoing prescriptions may be coordinated so refills are ready at the same time. Certain limitations apply regarding the medications eligible for synchronization. If you wish to have your medication refills synchronized, please ask your provider or pharmacist to contact our Pharmacy Services Department at 844-877-4803 or email [pharmacy@pacificsource.com](mailto:pharmacy@pacificsource.com). We will work with your provider to evaluate your options and develop your synchronization plan.

## Prescriptions delivered by mail

To order prescriptions online, via mobile app, and by phone, sign in to your InTouch account. If you want to learn more, go to [Caremark.com](https://www.caremark.com) or call Caremark Prescription Services at 866-329-3051.

## More information

For more detailed information about our prescription drug coverage, please review your Summary of Benefits and other plan materials. If you have questions, please contact Customer Service at 888-977-9299 or at [cs@pacificsource.com](mailto:cs@pacificsource.com).

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>                             |      |                     |
| <b>ADHD Agent - Selective Alpha Adrenergic Agonists</b>                          |      |                     |
| <i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>              | 1    | QL 120/30 days      |
| <i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>               | 1    |                     |
| <i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>               | 1    |                     |
| <i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>               | 1    |                     |
| <i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>               | 1    |                     |
| <b>ADHD Agent - Selective Norepinephrine Reuptake Inhibitor</b>                  |      |                     |
| <i>atomoxetine hcl capsule 10 mg oral</i>  | 1    | QL 120/30 days      |
| <i>atomoxetine hcl capsule 100 mg oral</i>                                       | 1    | QL 30/30 days       |
| <i>atomoxetine hcl capsule 18 mg oral</i>  | 1    | QL 120/30 days      |
| <i>atomoxetine hcl capsule 25 mg oral</i>  | 1    | QL 120/30 days      |
| <i>atomoxetine hcl capsule 40 mg oral</i>  | 1    | QL 60/30 days       |
| <i>atomoxetine hcl capsule 60 mg oral</i>  | 1    | QL 30/30 days       |
| <i>atomoxetine hcl capsule 80 mg oral</i>  | 1    | QL 30/30 days       |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL                             | 3    | QL 30/30 days       |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL                             | 3    | QL 60/30 days       |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL                             | 3    | QL 90/30 days       |
| <b>Amphetamine Mixtures</b>  |      |                     |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 10 mg oral</i> | 1    | QL 90/30 days       |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 15 mg oral</i> | 1    | QL 90/30 days       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Amphetamine Mixtures (continued)</b>  |      |                     |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 20 mg oral</i>     | 1    |                     |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 25 mg oral</i>     | 1    |                     |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 30 mg oral</i>     | 1    |                     |
| <i>amphetamine-dextroamphetamine capsule extended release 24 hour 5 mg oral</i>      | 1    | QL 90/30 days       |
| <i>amphetamine-dextroamphetamine tablet 10 mg oral</i>                               | 1    | QL 180/30 days      |
| <i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>                             | 1    | QL 120/30 days      |
| <i>amphetamine-dextroamphetamine tablet 15 mg oral</i>                               | 1    | QL 120/30 days      |
| <i>amphetamine-dextroamphetamine tablet 20 mg oral</i>                               | 1    | QL 90/30 days       |
| <i>amphetamine-dextroamphetamine tablet 30 mg oral</i>                               | 1    | QL 60/30 days       |
| <i>amphetamine-dextroamphetamine tablet 5 mg oral</i>                                | 1    | QL 180/30 days      |
| <i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>                              | 1    | QL 180/30 days      |
| <i>amphet-dextroamphetamine 3-bead capsule extended release 24 hour 12.5 mg oral</i> | 1    | QL 30/30 days       |
| <i>amphet-dextroamphetamine 3-bead capsule extended release 24 hour 25 mg oral</i>   | 1    | QL 30/30 days       |
| <i>amphet-dextroamphetamine 3-bead capsule extended release 24 hour 37.5 mg oral</i> | 1    | QL 30/30 days       |
| <i>amphet-dextroamphetamine 3-bead capsule extended release 24 hour 50 mg oral</i>   | 1    | QL 30/30 days       |

**Please Note:** You can find information on what the symbols and abbreviations on this table mean by going to page 1. For more information on PA or ST Requirements/Limits see page 1, or visit our Prescription Drug Information and News at [Pacifisource.com/members/prescription-drug-information/lists-and-criteria](http://Pacifisource.com/members/prescription-drug-information/lists-and-criteria).

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Amphetamines</b>   |      |                     |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i> | 1    | QL 120/30 days      |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i> | 1    | QL 4/1 days         |
| <i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>  | 1    | QL 1/1 days         |
| <i>dextroamphetamine sulfate solution 5 mg/5ml oral</i>                         | 1    | QL 1200/30 days     |
| <i>dextroamphetamine sulfate tablet 10 mg oral</i>                              | 1    | QL 6/1 days         |
| <i>dextroamphetamine sulfate tablet 15 mg oral</i>                              | 1    | QL 60/30 days       |
| <i>dextroamphetamine sulfate tablet 20 mg oral</i>                              | 1    | QL 60/30 days       |
| <i>dextroamphetamine sulfate tablet 30 mg oral</i>                              | 1    | QL 60/30 days       |
| <i>dextroamphetamine sulfate tablet 5 mg oral</i>                               | 1    | QL 3/1 days         |
| <i>lisdexamfetamine dimesylate capsule 10 mg oral</i>                           | 1    | QL 60/30 days       |
| <i>lisdexamfetamine dimesylate capsule 20 mg oral</i>                           | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate capsule 30 mg oral</i>                           | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate capsule 40 mg oral</i>                           | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate capsule 50 mg oral</i>                           | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate capsule 60 mg oral</i>                           | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate capsule 70 mg oral</i>                           | 1    | QL 30/30 days       |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Amphetamines (continued)</b>                               |      |                     |
| <i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i> | 1    | QL 60/30 days       |
| <i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i> | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i> | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i> | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i> | 1    | QL 30/30 days       |
| <i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i> | 1    | QL 30/30 days       |
| <i>methamphetamine hcl tablet 5 mg oral</i>                   | 1    | QL 150/30 days      |
| ZENZEDI TABLET 10 MG ORAL                                     | 1    | QL 60/30 days       |
| ZENZEDI TABLET 15 MG ORAL                                     | 1    | QL 60/30 days       |
| ZENZEDI TABLET 2.5 MG ORAL                                    | 1    | QL 120/30 days      |
| ZENZEDI TABLET 20 MG ORAL                                     | 1    | QL 60/30 days       |
| ZENZEDI TABLET 30 MG ORAL                                     | 1    | QL 60/30 days       |
| ZENZEDI TABLET 5 MG ORAL                                      | 1    | QL 60/30 days       |
| ZENZEDI TABLET 7.5 MG ORAL                                    | 1    | QL 120/30 days      |
| <b>Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)</b> |      |                     |
| SUNOSI TABLET 150 MG ORAL                                     | 3    | PA, QL 30/30 days   |
| SUNOSI TABLET 75 MG ORAL                                      | 3    | PA, QL 30/30 days   |
| <b>Stimulants - Misc.</b>                                     |      |                     |
| <i>armodafinil tablet 150 mg oral</i>                         | 1    | QL 30/30 days       |
| <i>armodafinil tablet 200 mg oral</i>                         | 1    | QL 30/30 days       |
| <i>armodafinil tablet 250 mg oral</i>                         | 1    | QL 30/30 days       |
| <i>armodafinil tablet 50 mg oral</i>                          | 1    | QL 60/30 days       |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Stimulants - Misc. (continued)</b>  |      |                     |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i> | 1    | QL 120/30 days      |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i> | 1    | QL 60/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i> | 1    | QL 60/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i> | 1    | QL 30/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i> | 1    | QL 30/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i> | 1    | QL 30/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i> | 1    | QL 30/30 days       |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>  | 1    | QL 240/30 days      |
| <i>dexmethylphenidate hcl tablet 10 mg oral</i>                              | 1    | QL 120/30 days      |
| <i>dexmethylphenidate hcl tablet 2.5 mg oral</i>                             | 1    | QL 240/30 days      |
| <i>dexmethylphenidate hcl tablet 5 mg oral</i>                               | 1    | QL 120/30 days      |
| METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL                               | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>       | 1    | QL 30/30 days       |
| <i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>       | 1    | QL 30/30 days       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Stimulants - Misc. (continued)</b>  |      |                     |
| <i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>         | 1    | QL 30/30 days       |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i> | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i> | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i> | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i> | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i> | 1    | QL 30/30 days       |
| <i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>         | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>         | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>         | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>         | 1    | QL 30/30 days       |
| <i>methylphenidate hcl er tablet extended release 10 mg oral</i>               | 1    | QL 90/30 days       |
| <i>methylphenidate hcl er tablet extended release 20 mg oral</i>               | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>       | 1    | QL 60/30 days       |
| <i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>       | 1    | QL 60/30 days       |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Stimulants - Misc. (continued)</b>                  |      |                                |
| <i>methylphenidate hcl solution 10 mg/5ml oral</i>     | 1    | QL 900/30 days                 |
| <i>methylphenidate hcl solution 5 mg/5ml oral</i>      | 1    | QL 1800/30 days                |
| <i>methylphenidate hcl tablet 10 mg oral</i>           | 1    | QL 180/30 days                 |
| <i>methylphenidate hcl tablet 20 mg oral</i>           | 1    | QL 90/30 days                  |
| <i>methylphenidate hcl tablet 5 mg oral</i>            | 1    | QL 180/30 days                 |
| <i>methylphenidate hcl tablet chewable 10 mg oral</i>  | 1    | QL 180/30 days                 |
| <i>methylphenidate hcl tablet chewable 2.5 mg oral</i> | 1    | QL 180/30 days                 |
| <i>methylphenidate hcl tablet chewable 5 mg oral</i>   | 1    | QL 180/30 days                 |
| <i>methylphenidate patch 10 mg/9hr transdermal</i>     | 1    | QL 30/30 days                  |
| <i>methylphenidate patch 15 mg/9hr transdermal</i>     | 1    | QL 30/30 days                  |
| <i>methylphenidate patch 20 mg/9hr transdermal</i>     | 1    | QL 30/30 days                  |
| <i>methylphenidate patch 30 mg/9hr transdermal</i>     | 1    | QL 30/30 days                  |
| <i>modafinil tablet 100 mg oral</i>                    | 1    | QL 60/30 days                  |
| <i>modafinil tablet 200 mg oral</i>                    | 1    | QL 60/30 days                  |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>            |      |                                |
| <b>Allergenic Extracts</b>                             |      |                                |
| GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL          | 2    | QL 30/30 days                  |
| PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG ORAL     | 4    | PA, QL 45/14 days, SP, Prudent |
| PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG ORAL      | 4    | PA, QL 60/14 days, SP, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Allergenic Extracts (continued)</b>                     |      |                                |
| PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG ORAL      | 4    | PA, QL 60/14 days, SP, Prudent |
| PALFORZIA (20 MG DAILY DOSE) 20 MG ORAL                    | 4    | PA, QL 15/14 days, SP, Prudent |
| PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG ORAL              | 4    | PA, QL 30/14 days, SP, Prudent |
| PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG ORAL  | 4    | PA, QL 60/14 days, SP, Prudent |
| PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG ORAL                  | 4    | PA, QL 45/14 days, SP, Prudent |
| PALFORZIA (300 MG MAINTENANCE) PACKET 300 MG ORAL          | 4    | PA, QL 30/30 days, SP, Prudent |
| PALFORZIA (300 MG TITRATION) PACKET 300 MG ORAL            | 4    | PA, QL 15/14 days, SP, Prudent |
| PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG ORAL                | 4    | PA, QL 30/14 days, SP, Prudent |
| PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG ORAL                  | 4    | PA, QL 90/14 days, SP, Prudent |
| PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG ORAL                | 4    | PA, QL 60/14 days, SP, Prudent |
| PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG ORAL | 4    | PA, QL 13/14 days, SP, Prudent |
| RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL         | 2    | QL 30/30 days                  |
| <b>Biologicals Misc</b>                                    |      |                                |
| ADAGEN SOLUTION 250 UNIT/ML INTRAMUSCULAR                  | 4    | LA, PA, SP                     |
| <b>Mixed Allergenic Extracts</b>                           |      |                                |
| ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL             | 2    | QL 30/30 days                  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                      |
|---|------|--|
| <b>AMINOGLYCOSIDES</b>  |      |  |
| <b>Aminoglycosides</b>  |      |  |
| <i>amikacin sulfate solution 1 gm/4ml injection</i>                   | 1    |  |
| <i>amikacin sulfate solution 500 mg/2ml injection</i>                 | 1    |  |
| ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION                           | 4    | LA, PA, QL 236/28 days, SP, Prudent      |
| <i>neomycin sulfate tablet 500 mg oral</i>                            | 1    |  |
| <i>paromomycin sulfate capsule 250 mg oral</i>                        | 1    | PA, QL 168/21 days, Medical Necessity PA |
| <i>streptomycin sulfate solution reconstituted 1 gm intramuscular</i> | 3    |  |
| <i>tobramycin nebulization solution 300 mg/4ml inhalation</i>         | 4    | PA, QL 224/56 days, SP, Prudent          |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i>         | 4    | PA, QL 280/56 days, SP, Prudent          |
| <i>tobramycin sulfate solution 1.2 gm/30ml injection</i>              | 1    |  |
| <i>tobramycin sulfate solution 10 mg/ml injection</i>                 | 1    |  |
| <i>tobramycin sulfate solution 2 gm/50ml injection</i>                | 1    |  |
| <i>tobramycin sulfate solution 80 mg/2ml injection</i>                | 1    |  |
| <i>tobramycin sulfate solution reconstituted 1.2 gm injection</i>     | 1    |  |
| <b>ANALGESICS - ANTI-INFLAMMATORY</b>                                 |      |  |
| <b>Antirheumatic - Janus Kinase (JAK) Inhibitors</b>                  |      |  |
| RINVOQ LQ SOLUTION 1 MG/ML ORAL                                       | 4    | PA, QL 360/30 days, SP, Prudent          |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS              |
|--|------|----------------------------------|
| <b>Antirheumatic - Janus Kinase (JAK) Inhibitors (continued)</b>           |      |                                  |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL                          | 4    | PA, QL 30/30 days, SP, Prudent   |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL                          | 4    | PA, QL 30/30 days, SP, Prudent   |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL                          | 4    | PA, QL 84/365 days, SP, Prudent  |
| XELJANZ SOLUTION 1 MG/ML ORAL  | 4    | PA, QL 240/30 days, SP, Prudent  |
| XELJANZ TABLET 10 MG ORAL  | 4    | PA, QL 60/30 days, SP, Prudent   |
| XELJANZ TABLET 5 MG ORAL   | 4    | PA, QL 60/30 days, SP, Prudent   |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL                      | 4    | PA, QL 30/30 days, SP, Prudent   |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL                      | 4    | PA, QL 30/30 days, SP, Prudent   |
| <b>Antirheumatic Antimetabolites</b>                                       |      |                                  |
| RHEUMATREX TABLET 2.5 MG ORAL  | 3    |                                  |
| <b>Anti-TNF-alpha - Monoclonal Antibodies</b>                              |      |                                  |
| <i>adalimumab-adaz solution auto-injector 40 mg/0.4ml subcutaneous</i>     | 4    | PA, QL 0.80/28 days, SP, Prudent |
| <i>adalimumab-adaz solution auto-injector 80 mg/0.8ml subcutaneous</i>     | 4    | PA, QL 1.60/28 days, SP, Prudent |
| <i>adalimumab-adaz solution prefilled syringe 10 mg/0.1ml subcutaneous</i> | 4    | PA, QL 0.20/28 days, SP, Prudent |
| <i>adalimumab-adaz solution prefilled syringe 20 mg/0.2ml subcutaneous</i> | 4    | PA, QL 0.40/28 days, SP, Prudent |
| <i>adalimumab-adaz solution prefilled syringe 40 mg/0.4ml subcutaneous</i> | 4    | PA, QL 0.80/28 days, SP, Prudent |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS          | 4    | PA, QL 0.80/28 days, SP, Prudent |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Anti-TNF-alpha - Monoclonal Antibodies (continued)</b>                                   |      |  |
| HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS                           | 4    | PA, QL 1.60/28 days, SP, Prudent           |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS                                 | 4    | PA, QL 0.80/28 days, SP, Prudent           |
| HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS                                 | 4    | PA, QL 1.60/28 days, SP, Prudent           |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS                                     | 4    | PA, QL 0.80/28 days, SP, Cordavis, Prudent |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS                                     | 4    | PA, QL 1.60/28 days, SP, Cordavis, Prudent |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS                                     | 4    | PA, QL 1.60/28 days, SP, Cordavis, Prudent |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS                                 | 4    | PA, QL 0.40/28 days, SP, Cordavis, Prudent |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS                                 | 4    | PA, QL 0.80/28 days, SP, Cordavis, Prudent |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS                                 | 4    | PA, QL 1.60/28 days, SP, Cordavis, Prudent |
| HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS                   | 4    | PA, QL 2.40/28 days, SP, Cordavis, Prudent |
| HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS | 4    | PA, QL 1.60/28 days, SP, Cordavis, Prudent |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|---|
| <b>Cyclooxygenase 2 (COX-2) Inhibitors</b>                      |      |   |
| <i>celecoxib capsule 100 mg oral</i>                            | 1    |   |
| <i>celecoxib capsule 200 mg oral</i>                            | 1    |   |
| <i>celecoxib capsule 400 mg oral</i>                            | 1    | QL 30/30 days   |
| <i>celecoxib capsule 50 mg oral</i>                             | 1    |   |
| <b>Gold Compounds</b>   |      |   |
| RIDAURA CAPSULE 3 MG ORAL                                       | 4    | PA, SP, Medical Necessity PA                                |
| <b>Interleukin-1 Blockers</b>                                   |      |   |
| ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS             | 4    | PA, QL 4/28 days, SP, Prudent                               |
| <b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>               |      |   |
| KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS   | 4    | LA, PA, QL 18.76/28 days, SP, Medical Necessity PA, Prudent |
| <b>Interleukin-6 Receptor Inhibitors</b>                        |      |   |
| ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS | 4    | PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent      |
| ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS    | 4    | PA, QL 3.60/28 days, SP, Medical Necessity PA, Prudent      |
| KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS       | 4    | PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent      |
| KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS       | 4    | PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent      |
| KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS   | 4    | PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent      |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                    |
|---|------|--|
| <b>Interleukin-6 Receptor Inhibitors (continued)</b>                    |      |  |
| KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS           | 4    | PA, QL 2.28/28 days, SP, Medical Necessity PA, Prudent |
| <b>Nonsteroidal Anti-inflammatory Agent Combinations</b>                |      |  |
| <i>diclofenac-misoprostol tablet delayed release 50-0.2 mg oral</i>     | 1    |  |
| <i>diclofenac-misoprostol tablet delayed release 75-0.2 mg oral</i>     | 1    |  |
| <i>naproxen-esomeprazole mg tablet delayed release 375-20 mg oral</i>   | 1    | PA, Medical Necessity PA                               |
| <i>naproxen-esomeprazole mg tablet delayed release 500-20 mg oral</i>   | 1    | PA, Medical Necessity PA                               |
| <i>naproxen-esomeprazole tablet delayed release 375-20 mg oral</i>      | 1    | PA, Medical Necessity PA                               |
| <i>naproxen-esomeprazole tablet delayed release 500-20 mg oral</i>      | 1    | PA, Medical Necessity PA                               |
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>                   |      |  |
| <i>diclofenac potassium tablet 50 mg oral</i>                           | 1    |  |
| <i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i> | 1    |  |
| <i>diclofenac sodium tablet delayed release 25 mg oral</i>              | 1    |  |
| <i>diclofenac sodium tablet delayed release 50 mg oral</i>              | 1    |  |
| <i>diclofenac sodium tablet delayed release 75 mg oral</i>              | 1    |  |
| <i>etodolac capsule 200 mg oral</i>                                     | 1    |  |
| <i>etodolac er tablet extended release 24 hour 400 mg oral</i>          | 1    |  |
| <i>etodolac er tablet extended release 24 hour 500 mg oral</i>          | 1    |  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)</b> |      |                     |
| <i>etodolac er tablet extended release 24 hour 600 mg oral</i>    | 1    |                     |
| <i>etodolac tablet 400 mg oral</i>                                | 1    |                     |
| <i>etodolac tablet 500 mg oral</i>                                | 1    |                     |
| <i>fenoprofen calcium capsule 400 mg oral</i>                     | 1    | ST                  |
| <i>fenoprofen calcium tablet 600 mg oral</i>                      | 1    |                     |
| <i>flurbiprofen tablet 100 mg oral</i>                            | 1    |                     |
| <i>flurbiprofen tablet 50 mg oral</i>                             | 1    |                     |
| IBU TABLET 600 MG ORAL  | 1    |                     |
| IBU TABLET 800 MG ORAL  | 1    |                     |
| <i>ibuprofen suspension 100 mg/5ml oral</i>                       | 1    |                     |
| <i>ibuprofen tablet 400 mg oral</i>                               | 1    |                     |
| <i>ibuprofen tablet 600 mg oral</i>                               | 1    |                     |
| <i>ibuprofen tablet 800 mg oral</i>                               | 1    |                     |
| <i>indomethacin capsule 25 mg oral</i>                            | 1    |                     |
| <i>indomethacin capsule 50 mg oral</i>                            | 1    |                     |
| <i>indomethacin er capsule extended release 75 mg oral</i>        | 1    |                     |
| <i>indomethacin suspension 25 mg/5ml oral</i>                     | 1    |                     |
| <i>ketoprofen capsule 25 mg oral</i>                              | 1    |                     |
| <i>ketoprofen capsule 50 mg oral</i>                              | 1    |                     |
| <i>ketoprofen capsule 75 mg oral</i>                              | 1    |                     |
| <i>ketoprofen er capsule extended release 24 hour 200 mg oral</i> | 1    |                     |
| <i>ketorolac tromethamine solution 15 mg/ml injection</i>         | 1    |                     |
| <i>ketorolac tromethamine solution 30 mg/ml injection</i>         | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS  |
|---|------|----------------------|
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)</b> |      |                      |
| <i>ketorolac tromethamine solution 60 mg/2ml injection</i>        | 1    |                      |
| <i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>    | 1    |                      |
| <i>ketorolac tromethamine tablet 10 mg oral</i>                   | 1    | QL 20/25 days        |
| <i>meclofenamate sodium capsule 100 mg oral</i>                   | 1    |                      |
| <i>meclofenamate sodium capsule 50 mg oral</i>                    | 1    |                      |
| <i>mefenamic acid capsule 250 mg oral</i>                         | 1    | Medical Necessity PA |
| <i>meloxicam tablet 15 mg oral</i>                                | 1    |                      |
| <i>meloxicam tablet 7.5 mg oral</i>                               | 1    |                      |
| <i>nabumetone tablet 500 mg oral</i>                              | 1    |                      |
| <i>nabumetone tablet 750 mg oral</i>                              | 1    |                      |
| NALFON CAPSULE 400 MG ORAL  | 3    | ST                   |
| NALFON TABLET 600 MG ORAL   | 3    | ST                   |
| <i>naproxen dr tablet delayed release 375 mg oral</i>             | 1    |                      |
| <i>naproxen dr tablet delayed release 500 mg oral</i>             | 1    |                      |
| <i>naproxen sodium tablet 275 mg oral</i>                         | 1    |                      |
| <i>naproxen sodium tablet 550 mg oral</i>                         | 1    |                      |
| <i>naproxen suspension 125 mg/5ml oral</i>                        | 1    |                      |
| <i>naproxen tablet 250 mg oral</i>                                | 1    |                      |
| <i>naproxen tablet 375 mg oral</i>                                | 1    |                      |
| <i>naproxen tablet 500 mg oral</i>                                | 1    |                      |
| <i>oxaprozin tablet 600 mg oral</i>                               | 1    |                      |
| <i>piroxicam capsule 10 mg oral</i>                               | 1    |                      |
| <i>piroxicam capsule 20 mg oral</i>                               | 1    |                      |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                                 |
|--|------|---|
| <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs) (continued)</b>          |      |   |
| <i>sulindac tablet 150 mg oral</i>   | 1    |   |
| <i>sulindac tablet 200 mg oral</i>   | 1    |   |
| <i>tolmetin sodium capsule 400 mg oral</i>                                 | 1    |   |
| <i>tolmetin sodium tablet 200 mg oral</i>                                  | 1    |   |
| <i>tolmetin sodium tablet 600 mg oral</i>                                  | 1    |   |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors</b>                               |      |   |
| OTEZLA TABLET 20 MG ORAL   | 4    | PA, QL 60/30 days, SP, Prudent                      |
| OTEZLA TABLET 30 MG ORAL   | 4    | PA, QL 60/30 days, SP, Prudent                      |
| OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL                            | 4    | PA, SP, Prudent                                     |
| OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL                         | 4    | PA, SP, Prudent                                     |
| OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL                       | 4    | PA, QL 30/30 days, Prudent                          |
| OTEZLA/OTEZLA XR INITIATION PK TABLET THERAPY PACK 10&20&30&(ER)75 MG ORAL | 4    | PA, Prudent   |
| <b>Pyrimidine Synthesis Inhibitors</b>                                     |      |   |
| <i>leflunomide tablet 10 mg oral</i>                                       | 1    |   |
| <i>leflunomide tablet 20 mg oral</i>                                       | 1    |   |
| <b>Selective Costimulation Modulators</b>                                  |      |   |
| ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS            | 4    | PA, QL 4/28 days, SP, Medical Necessity PA, Prudent |
| ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS                  | 4    | PA, QL 4/28 days, SP, Medical Necessity PA, Prudent |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                                 |
|--|------|---|
| <b>Selective Costimulation Modulators (continued)</b>          |      |   |
| ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS    | 4    | PA, QL 4/28 days, SP, Medical Necessity PA, Prudent |
| ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS  | 4    | PA, QL 4/28 days, SP, Medical Necessity PA, Prudent |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b>           |      |   |
| ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS           | 4    | PA, QL 4/28 days, SP, Prudent                       |
| ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS                       | 4    | PA, QL 8/28 days, SP, Prudent                       |
| ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS     | 4    | PA, QL 8/28 days, SP, Prudent                       |
| ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS        | 4    | PA, QL 4/28 days, SP, Prudent                       |
| ENBREL SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS               | 4    | PA, QL 8/28 days, SP                                |
| ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS  | 4    | PA, QL 4/28 days, SP, Prudent                       |
| <b>ANALGESICS - NonNarcotic</b>                                |      |   |
| <b>Analgesics - Selective NaV1.8 Sodium Channel Inhibitors</b> |      |   |
| JOURNAVX TABLET 50 MG ORAL                                     | 3    | QL 29/365 days, ST                                  |
| <b>Analgesics-Sedatives</b>                                    |      |   |
| <i>butalbital-acetaminophen tablet 50-325 mg oral</i>          | 1    | QL 30/30 days                                       |
| <i>butalbital-apap-caffeine capsule 50-300-40 mg oral</i>      | 1    | QL 30/30 days                                       |
| <i>butalbital-apap-caffeine capsule 50-325-40 mg oral</i>      | 1    | QL 30/30 days                                       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Analgesics-Sedatives (continued)</b>                      |      |                                 |
| <i>butalbital-apap-caffeine tablet 50-325-40 mg oral</i>     | 1    | QL 30/30 days                   |
| <i>butalbital-asa-caffeine capsule 50-325-40 mg oral</i>     | 1    | QL 30/30 days                   |
| <i>butalbital-aspirin-caffeine capsule 50-325-40 mg oral</i> | 1    | QL 30/30 days                   |
| <b>Salicylates</b>   |      |                                 |
| <i>diflunisal tablet 500 mg oral</i>                         | 1    |                                 |
| <b>ANALGESICS - OPIOID</b>                                   |      |                                 |
| <b>Codeine Combinations</b>                                  |      |                                 |
| <i>acetaminophen-codeine #2 tablet 300-15 mg oral</i>        | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine #3 tablet 300-30 mg oral</i>        | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine #4 tablet 300-60 mg oral</i>        | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>     | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>  | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine tablet 300-15 mg oral</i>           | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine tablet 300-30 mg oral</i>           | 1    | PA, PA may apply                |
| <i>acetaminophen-codeine tablet 300-60 mg oral</i>           | 1    | PA, PA may apply                |
| <i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i> | 1    | PA, QL 30/30 days, PA may apply |
| <i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i> | 1    | PA, QL 30/30 days, PA may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Codeine Combinations (continued)</b>                         |      |                                 |
| <i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i> | 1    | PA, QL 30/30 days, PA may apply |
| <b>Dihydrocodeine Combinations</b>                              |      |                                 |
| <i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>     | 1    | PA, PA may apply                |
| <b>Hydrocodone Combinations</b>                                 |      |                                 |
| <i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>  | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>          | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>          | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>         | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>           | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>           | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>         | 1    | PA, PA may apply                |
| <i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>         | 1    | PA, PA may apply                |
| <i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>              | 1    | PA, PA may apply                |
| <i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>               | 1    | PA, PA may apply                |
| <i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>             | 1    | PA, PA may apply                |
| <b>Opioid Agonists</b>  |      |                                 |
| ABSTRAL TABLET SUBLINGUAL 100 MCG SUBLINGUAL                    | 3    | PA, PA may apply                |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|----------------------|
| <b>Opioid Agonists (continued)</b>   |      |                      |
| ABSTRAL TABLET SUBLINGUAL 200 MCG SUBLINGUAL                                 | 3    | PA, PA may apply     |
| ABSTRAL TABLET SUBLINGUAL 400 MCG SUBLINGUAL                                 | 3    | PA, PA may apply     |
| ABSTRAL TABLET SUBLINGUAL 600 MCG SUBLINGUAL                                 | 3    | PA, PA may apply     |
| ABSTRAL TABLET SUBLINGUAL 800 MCG SUBLINGUAL                                 | 3    | PA, PA may apply     |
| <i>codeine sulfate tablet 15 mg oral</i>                                     | 3    | PA, PA may apply     |
| <i>codeine sulfate tablet 30 mg oral</i>                                     | 3    | PA, PA may apply     |
| <i>codeine sulfate tablet 60 mg oral</i>                                     | 3    | PA, PA may apply     |
| <i>fentanyl citrate tablet 100 mcg buccal</i>                                | 1    | PA, PA may apply     |
| <i>fentanyl citrate tablet 200 mcg buccal</i>                                | 1    | PA, PA may apply     |
| <i>fentanyl citrate tablet 400 mcg buccal</i>                                | 1    | PA, PA may apply     |
| <i>fentanyl citrate tablet 600 mcg buccal</i>                                | 1    | PA, PA may apply     |
| <i>fentanyl citrate tablet 800 mcg buccal</i>                                | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>                         | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>                          | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>                          | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 37.5 mcg/hr transdermal</i>                        | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>                          | 1    | PA, PA may apply     |
| <i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>                          | 1    | PA, PA may apply     |
| FENTORA TABLET 100 MCG BUCCAL  | 3    | PA, PA may apply     |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i> | 1    | PA, ST, PA may apply |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|----------------------|
| <b>Opioid Agonists (continued)</b>   |      |                      |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>       | 1    | PA, ST, PA may apply |
| <i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>       | 1    | PA, ST, PA may apply |
| <i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>       | 1    | PA, ST, PA may apply |
| <i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>        | 1    | PA, ST, PA may apply |
| <i>hydromorphone hcl liquid 1 mg/ml oral</i>                                 | 1    | PA, PA may apply     |
| <i>hydromorphone hcl pf solution 10 mg/ml injection</i>                      | 1    | PA, PA may apply     |
| <i>hydromorphone hcl tablet 2 mg oral</i>                                    | 1    | PA, PA may apply     |
| <i>hydromorphone hcl tablet 4 mg oral</i>                                    | 1    | PA, PA may apply     |
| <i>hydromorphone hcl tablet 8 mg oral</i>                                    | 1    | PA, PA may apply     |
| LAZANDA SOLUTION 100 MCG/ACT NASAL   | 3    | PA, PA may apply     |
| LAZANDA SOLUTION 300 MCG/ACT NASAL   | 3    | PA, PA may apply     |
| LAZANDA SOLUTION 400 MCG/ACT NASAL   | 3    | PA, PA may apply     |
| <i>meperidine hcl solution 50 mg/5ml oral</i>                                | 1    | PA, PA may apply     |
| <i>meperidine hcl tablet 100 mg oral</i>                                     | 1    | PA, PA may apply     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Opioid Agonists (continued)</b>  |      |                     |
| <i>meperidine hcl tablet 50 mg oral</i>                                       | 1    | PA, PA may apply    |
| <i>methadone hcl concentrate 10 mg/ml oral</i>                                | 1    | PA, PA may apply    |
| <i>methadone hcl solution 10 mg/5ml oral</i>                                  | 1    | PA, PA may apply    |
| <i>methadone hcl solution 10 mg/ml injection</i>                              | 1    | PA, PA may apply    |
| <i>methadone hcl solution 5 mg/5ml oral</i>                                   | 1    | PA, PA may apply    |
| <i>methadone hcl tablet 10 mg oral</i>  | 1    | PA, PA may apply    |
| <i>methadone hcl tablet 5 mg oral</i>   | 1    | PA, PA may apply    |
| <i>morphine sulfate (concentrate) solution 20 mg/ml oral</i>                  | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i> | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>  | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>  | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>  | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>  | 1    | PA, PA may apply    |
| <i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>  | 1    | PA, PA may apply    |
| <i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>        | 1    | PA, PA may apply    |
| <i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>       | 1    | PA, PA may apply    |
| <i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>        | 1    | PA, PA may apply    |
| <i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>        | 1    | PA, PA may apply    |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|----------------------|
| <b>Opioid Agonists (continued)</b>                                     |      |                      |
| <i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i> | 1    | PA, PA may apply     |
| <i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i> | 1    | PA, PA may apply     |
| <i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i> | 1    | PA, PA may apply     |
| <i>morphine sulfate er tablet extended release 100 mg oral</i>         | 1    | PA, PA may apply     |
| <i>morphine sulfate er tablet extended release 15 mg oral</i>          | 1    | PA, PA may apply     |
| <i>morphine sulfate er tablet extended release 200 mg oral</i>         | 1    | PA, PA may apply     |
| <i>morphine sulfate er tablet extended release 30 mg oral</i>          | 1    | PA, PA may apply     |
| <i>morphine sulfate er tablet extended release 60 mg oral</i>          | 1    | PA, PA may apply     |
| <i>morphine sulfate solution 10 mg/5ml oral</i>                        | 1    | PA, PA may apply     |
| <i>morphine sulfate solution 20 mg/5ml oral</i>                        | 1    | PA, PA may apply     |
| <i>morphine sulfate tablet 15 mg oral</i>                              | 1    | PA, PA may apply     |
| <i>morphine sulfate tablet 30 mg oral</i>                              | 1    | PA, PA may apply     |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL                 | 3    | PA, ST, PA may apply |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL                 | 3    | PA, ST, PA may apply |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL                 | 3    | PA, ST, PA may apply |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL                 | 3    | PA, ST, PA may apply |
| NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50 MG ORAL                  | 3    | PA, ST, PA may apply |
| NUCYNTA TABLET 100 MG ORAL   | 3    | PA, ST, PA may apply |
| NUCYNTA TABLET 50 MG ORAL  | 3    | PA, ST, PA may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|----------------------|
| <b>Opioid Agonists (continued)</b>                                   |      |                      |
| NUCYNTA TABLET 75 MG ORAL  | 3    | PA, ST, PA may apply |
| <i>oxycodone hcl concentrate 100 mg/5ml oral</i>                     | 1    | PA, PA may apply     |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral</i> | 1    | PA, ST, PA may apply |
| <i>oxycodone hcl solution 5 mg/5ml oral</i>                          | 1    | PA, PA may apply     |
| <i>oxycodone hcl tablet 10 mg oral</i>                               | 1    | PA, PA may apply     |
| <i>oxycodone hcl tablet 15 mg oral</i>                               | 1    | PA, PA may apply     |
| <i>oxycodone hcl tablet 20 mg oral</i>                               | 1    | PA, PA may apply     |
| <i>oxycodone hcl tablet 30 mg oral</i>                               | 1    | PA, PA may apply     |
| <i>oxycodone hcl tablet 5 mg oral</i>                                | 1    | PA, PA may apply     |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL               | 3    | PA, ST, PA may apply |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL               | 3    | PA, ST, PA may apply |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL               | 3    | PA, ST, PA may apply |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL               | 3    | PA, ST, PA may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS  |
|---|------|----------------------|
| <b>Opioid Agonists (continued)</b>                                    |      |                      |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL                | 3    | PA, ST, PA may apply |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL                | 3    | PA, ST, PA may apply |
| OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL                | 3    | PA, ST, PA may apply |
| <i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>  | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>  | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>  | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>  | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>  | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>   | 1    | PA, PA may apply     |
| <i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i> | 1    | PA, PA may apply     |
| <i>oxymorphone hcl tablet 10 mg oral</i>                              | 1    | PA, PA may apply     |
| <i>oxymorphone hcl tablet 5 mg oral</i>                               | 1    | PA, PA may apply     |
| SUBSYS LIQUID 100 MCG SUBLINGUAL                                      | 3    | PA, PA may apply     |
| SUBSYS LIQUID 1200 (600 X 2) MCG SUBLINGUAL                           | 3    | PA, PA may apply     |
| SUBSYS LIQUID 1600 (800 X 2) MCG SUBLINGUAL                           | 3    | PA, PA may apply     |
| SUBSYS LIQUID 200 MCG SUBLINGUAL                                      | 3    | PA, PA may apply     |
| SUBSYS LIQUID 400 MCG SUBLINGUAL                                      | 3    | PA, PA may apply     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Opioid Agonists (continued)</b>                                 |      |                     |
| SUBSYS LIQUID 600 MCG SUBLINGUAL                                   | 3    | PA, PA may apply    |
| SUBSYS LIQUID 800 MCG SUBLINGUAL                                   | 3    | PA, PA may apply    |
| <i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i> | 1    | PA, PA may apply    |
| <i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i> | 1    | PA, PA may apply    |
| <i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i> | 1    | PA, PA may apply    |
| <i>tramadol hcl tablet 50 mg oral</i>                              | 1    | PA, PA may apply    |
| <b>Opioid Combinations</b>   |      |                     |
| ENDOCET TABLET 10-325 MG ORAL                                      | 1    | PA, PA may apply    |
| ENDOCET TABLET 5-325 MG ORAL                                       | 1    | PA, PA may apply    |
| ENDOCET TABLET 7.5-325 MG ORAL                                     | 1    | PA, PA may apply    |
| <i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i>          | 1    | PA, PA may apply    |
| <i>oxycodone-acetaminophen tablet 10-325 mg oral</i>               | 1    | PA, PA may apply    |
| <i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>              | 1    | PA, PA may apply    |
| <i>oxycodone-acetaminophen tablet 5-325 mg oral</i>                | 1    | PA, PA may apply    |
| <i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>              | 1    | PA, PA may apply    |
| <i>oxycodone-aspirin tablet 4.8355-325 mg oral</i>                 | 1    | PA, PA may apply    |
| <i>oxycodone-ibuprofen tablet 5-400 mg oral</i>                    | 1    | PA, PA may apply    |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS     |
|---|------|-------------------------|
| <b>Opioid Partial Agonists</b>  |      |                         |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 16 MG/0.32ML SUBCUTANEOUS | 4    | LA, QL 0.32/7 days, SP  |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 24 MG/0.48ML SUBCUTANEOUS | 4    | LA, QL 0.48/7 days, SP  |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 32 MG/0.64ML SUBCUTANEOUS | 4    | LA, QL 0.64/7 days, SP  |
| BRIXADI (WEEKLY) SOLUTION PREFILLED SYRINGE 8 MG/0.16ML SUBCUTANEOUS  | 4    | LA, QL 0.16/7 days, SP  |
| BRIXADI SOLUTION PREFILLED SYRINGE 128 MG/0.36ML SUBCUTANEOUS         | 4    | LA, QL 0.36/28 days, SP |
| BRIXADI SOLUTION PREFILLED SYRINGE 64 MG/0.18ML SUBCUTANEOUS          | 4    | LA, QL 0.18/28 days, SP |
| BRIXADI SOLUTION PREFILLED SYRINGE 96 MG/0.27ML SUBCUTANEOUS          | 4    | LA, QL 0.27/28 days, SP |
| <i>buprenorphine hcl solution 0.3 mg/ml injection</i>                 | 1    |                         |
| <i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>            | 1    | QL 480/30 days          |
| <i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>            | 1    | QL 120/30 days          |
| <i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i>         | 1    | QL 90/30 days           |
| <i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i>        | 1    | QL 480/30 days          |
| <i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>          | 1    | QL 240/30 days          |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS            |
|---|------|--------------------------------|
| <b>Opioid Partial Agonists (continued)</b>                                  |      |                                |
| <i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i>                | 1    | QL 120/30 days                 |
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i> | 1    | QL 480/30 days                 |
| <i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i>   | 1    | QL 120/30 days                 |
| <i>buprenorphine patch weekly 10 mcg/hr transdermal</i>                     | 1    | PA, QL 4/28 days, PA may apply |
| <i>buprenorphine patch weekly 15 mcg/hr transdermal</i>                     | 1    | PA, QL 4/28 days, PA may apply |
| <i>buprenorphine patch weekly 20 mcg/hr transdermal</i>                     | 1    | PA, QL 4/28 days, PA may apply |
| <i>buprenorphine patch weekly 5 mcg/hr transdermal</i>                      | 1    | PA, QL 4/28 days, PA may apply |
| <i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>                    | 1    | PA, QL 4/28 days, PA may apply |
| <i>butorphanol tartrate solution 10 mg/ml nasal</i>                         | 1    | QL 7.50/30 days                |
| <i>nalbuphine hcl solution 10 mg/ml injection</i>                           | 1    | QL 120/30 days                 |
| <i>nalbuphine hcl solution 20 mg/ml injection</i>                           | 1    | QL 120/30 days                 |
| <i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i>                       | 1    | QL 90/30 days                  |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 100 MG/0.5ML SUBCUTANEOUS              | 4    | LA, QL 0.50/28 days, SP        |
| SUBLOCADE SOLUTION PREFILLED SYRINGE 300 MG/1.5ML SUBCUTANEOUS              | 4    | LA, QL 21/365 days, SP         |
| ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL                            | 3    | QL 750/30 days                 |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Opioid Partial Agonists (continued)</b>            |      |  |
| ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL      | 3    | QL 390/30 days                             |
| ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL      | 3    | QL 60/30 days                              |
| ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL      | 3    | QL 180/30 days                             |
| ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL       | 3    | QL 90/30 days                              |
| ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL       | 3    | QL 60/30 days                              |
| <b>Tramadol Combinations</b>                          |      |  |
| <i>tramadol-acetaminophen tablet 37.5-325 mg oral</i> | 1    | PA, PA may apply                           |
| <b>ANDROGENS-ANABOLIC</b>                             |      |  |
| <b>Anabolic Steroids</b>                              |      |  |
| ANADROL-50 TABLET 50 MG ORAL                          | 3    |  |
| <i>oxandrolone tablet 10 mg oral</i>                  | 1    |  |
| <i>oxandrolone tablet 2.5 mg oral</i>                 | 1    |  |
| <b>Androgens</b>                                      |      |  |
| ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL         | 2    | PA, PA applies to age 17 years and younger |
| ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL         | 2    | PA, PA applies to age 17 years and younger |
| <i>danazol capsule 100 mg oral</i>                    | 1    |  |
| <i>danazol capsule 200 mg oral</i>                    | 1    |  |
| <i>danazol capsule 50 mg oral</i>                     | 1    |  |
| JATENZO CAPSULE 158 MG ORAL                           | 3    | PA, QL 60/30 days                          |
| JATENZO CAPSULE 198 MG ORAL                           | 3    | PA, QL 60/30 days                          |
| JATENZO CAPSULE 237 MG ORAL                           | 3    | PA, QL 60/30 days                          |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|--|
| <b>Androgens (continued)</b>                                   |      |  |
| <i>methyltestosterone capsule 10 mg oral</i>                   | 1    |  |
| <i>testosterone cypionate solution 100 mg/ml intramuscular</i> | 1    |  |
| <i>testosterone cypionate solution 200 mg/ml intramuscular</i> | 1    |  |
| <i>testosterone enanthate solution 200 mg/ml intramuscular</i> | 1    |  |
| <i>testosterone gel 1.62 % transdermal</i>                     | 1    | QL 150/30 days   |
| <i>testosterone gel 10 mg/act (2%) transdermal</i>             | 1    | PA, QL 120/30 days, PA applies to age 17 years and younger |
| <i>testosterone gel 12.5 mg/act (1%) transdermal</i>           | 1    | QL 300/30 days   |
| <i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>    | 1    | QL 150/30 days   |
| <i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>           | 1    | QL 300/30 days   |
| <i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>      | 1    | QL 150/30 days   |
| <i>testosterone gel 50 mg/5gm (1%) transdermal</i>             | 1    | QL 300/30 days   |
| <i>testosterone solution 30 mg/act transdermal</i>             | 1    |  |
| TLANDO CAPSULE 112.5 MG ORAL                                   | 3    | PA, QL 120/30 days   |
| <b>ANORECTAL AND RELATED PRODUCTS</b>                          |      |  |
| <b>Intrarectal Steroids</b>                                    |      |  |
| <i>budesonide foam 2 mg rectal</i>                             | 1    |  |
| COLOCORT ENEMA 100 MG/60ML RECTAL                              | 1    |  |
| <i>hydrocortisone enema 100 mg/60ml rectal</i>                 | 1    |  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                   |
|---|------|---------------------------------------|
| <b>Nitrate Vasodilating Agents</b>                                |      |                                       |
| <i>nitroglycerin ointment 0.4 % rectal</i>                        | 1    |                                       |
| <b>Rectal Steroids</b>  |      |                                       |
| ANUSOL-HC CREAM 2.5 % RECTAL                                      | 3    |                                       |
| <i>hydrocortisone cream 2.5 % rectal</i>                          | 1    |                                       |
| PROCTOCARE-HC CREAM 2.5 % RECTAL                                  | 1    |                                       |
| PROCTO-MED HC CREAM 2.5 % RECTAL                                  | 1    |                                       |
| PROCTO-PAK CREAM 1 % RECTAL                                       | 1    |                                       |
| PROCTOSOL HC CREAM 2.5 % RECTAL                                   | 1    |                                       |
| PROCTOZONE-HC CREAM 2.5 % RECTAL                                  | 1    |                                       |
| <b>ANTHELMINTICS</b>  |      |                                       |
| <b>Anthelmintics</b>  |      |                                       |
| <i>albendazole tablet 200 mg oral</i>                             | 1    | QL 4/60 days                          |
| <i>benznidazole tablet 100 mg oral</i>                            | 2    | QL 120/365 days, Age 12 years or less |
| <i>benznidazole tablet 12.5 mg oral</i>                           | 2    | QL 120/365 days, Age 12 years or less |
| EMVERM TABLET CHEWABLE 100 MG ORAL                                | 3    | QL 6/28 days                          |
| <i>ivermectin tablet 3 mg oral</i>                                | 1    |                                       |
| <i>praziquantel tablet 600 mg oral</i>                            | 1    |                                       |
| <b>ANTIANGINAL AGENTS</b>   |      |                                       |
| <b>Antianginals-Other</b>   |      |                                       |
| <i>ranolazine er tablet extended release 12 hour 1000 mg oral</i> | 1    | QL 60/30 days                         |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antianginals-Other (continued)</b>  |      |                     |
| <i>ranolazine er tablet extended release 12 hour 500 mg oral</i>             | 1    | QL 60/30 days       |
| <b>Nitrates</b>  |      |                     |
| DILATRATE-SR CAPSULE EXTENDED RELEASE 40 MG ORAL                             | 3    |                     |
| <i>isosorbide dinitrate er tablet extended release 40 mg oral</i>            | 1    |                     |
| <i>isosorbide dinitrate tablet 10 mg oral</i>                                | 1    |                     |
| <i>isosorbide dinitrate tablet 20 mg oral</i>                                | 1    |                     |
| <i>isosorbide dinitrate tablet 30 mg oral</i>                                | 1    |                     |
| <i>isosorbide dinitrate tablet 5 mg oral</i>                                 | 1    |                     |
| <i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i> | 1    |                     |
| <i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>  | 1    |                     |
| <i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>  | 1    |                     |
| <i>isosorbide mononitrate tablet 10 mg oral</i>                              | 1    |                     |
| <i>isosorbide mononitrate tablet 20 mg oral</i>                              | 1    |                     |
| MINITRAN PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL                                 | 1    |                     |
| MINITRAN PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL                                 | 1    |                     |
| MINITRAN PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL                                 | 1    |                     |
| MINITRAN PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL                                 | 1    |                     |
| NITRO-BID OINTMENT 2 % TRANSDERMAL   | 3    |                     |
| <i>nitroglycerin aerosol solution 400 mcg/spray translingual</i>             | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Nitrates (continued)</b>                                     |      |                     |
| <i>nitroglycerin in d5w solution 100-5 mcg/ml-% intravenous</i> | 1    |                     |
| <i>nitroglycerin in d5w solution 200-5 mcg/ml-% intravenous</i> | 1    |                     |
| <i>nitroglycerin in d5w solution 400-5 mcg/ml-% intravenous</i> | 1    |                     |
| <i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>        | 1    |                     |
| <i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>        | 1    |                     |
| <i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>        | 1    |                     |
| <i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>        | 1    |                     |
| <i>nitroglycerin solution 0.4 mg/spray translingual</i>         | 1    |                     |
| <i>nitroglycerin solution 5 mg/ml intravenous</i>               | 3    |                     |
| <i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>        | 1    |                     |
| <i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>        | 1    |                     |
| <i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>        | 1    |                     |
| NITROMIST AEROSOL SOLUTION 400 MCG/SPRAY TRANSLINGUAL           | 3    |                     |
| <b>ANTIANKXIETY AGENTS</b>                                      |      |                     |
| <b>Antianxiety Agents - Misc.</b>                               |      |                     |
| <i>bupirone hcl tablet 10 mg oral</i>                           | 1    |                     |
| <i>bupirone hcl tablet 15 mg oral</i>                           | 1    |                     |
| <i>bupirone hcl tablet 30 mg oral</i>                           | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antianxiety Agents - Misc. (continued)</b>                    |      |                     |
| <i>bupirone hcl tablet 5 mg oral</i>                             | 1    |                     |
| <i>bupirone hcl tablet 7.5 mg oral</i>                           | 1    |                     |
| <i>hydroxyzine hcl syrup 10 mg/5ml oral</i>                      | 1    |                     |
| <i>hydroxyzine hcl tablet 10 mg oral</i>                         | 1    |                     |
| <i>hydroxyzine hcl tablet 25 mg oral</i>                         | 1    |                     |
| <i>hydroxyzine hcl tablet 50 mg oral</i>                         | 1    |                     |
| <i>hydroxyzine pamoate capsule 100 mg oral</i>                   | 1    |                     |
| <i>hydroxyzine pamoate capsule 25 mg oral</i>                    | 1    |                     |
| <i>hydroxyzine pamoate capsule 50 mg oral</i>                    | 1    |                     |
| <i>meprobamate tablet 200 mg oral</i>                            | 1    |                     |
| <i>meprobamate tablet 400 mg oral</i>                            | 1    |                     |
| <b>Benzodiazepines</b>   |      |                     |
| <i>alprazolam er tablet extended release 24 hour 0.5 mg oral</i> | 1    | QL 120/30 days      |
| <i>alprazolam er tablet extended release 24 hour 1 mg oral</i>   | 1    | QL 120/30 days      |
| <i>alprazolam er tablet extended release 24 hour 2 mg oral</i>   | 1    | QL 120/30 days      |
| <i>alprazolam er tablet extended release 24 hour 3 mg oral</i>   | 1    | QL 60/30 days       |
| <i>alprazolam tablet 0.25 mg oral</i>                            | 1    | QL 120/30 days      |
| <i>alprazolam tablet 0.5 mg oral</i>                             | 1    | QL 120/30 days      |
| <i>alprazolam tablet 1 mg oral</i>                               | 1    | QL 120/30 days      |
| <i>alprazolam tablet 2 mg oral</i>                               | 1    | QL 120/30 days      |
| <i>chlordiazepoxide hcl capsule 10 mg oral</i>                   | 1    | QL 120/30 days      |
| <i>chlordiazepoxide hcl capsule 25 mg oral</i>                   | 1    | QL 120/30 days      |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Benzodiazepines (continued)</b>                 |      |                     |
| <i>chlordiazepoxide hcl capsule 5 mg oral</i>      | 1    | QL 120/30 days      |
| <i>clorazepate dipotassium tablet 15 mg oral</i>   | 1    | QL 120/30 days      |
| <i>clorazepate dipotassium tablet 3.75 mg oral</i> | 1    | QL 120/30 days      |
| <i>clorazepate dipotassium tablet 7.5 mg oral</i>  | 1    | QL 120/30 days      |
| DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL         | 1    | QL 240/30 days      |
| <i>diazepam solution 1 mg/ml oral</i>              | 1    | QL 1200/30 days     |
| <i>diazepam solution 5 mg/5ml oral</i>             | 1    | QL 1200/30 days     |
| <i>diazepam tablet 10 mg oral</i>                  | 1    | QL 120/30 days      |
| <i>diazepam tablet 2 mg oral</i>                   | 1    | QL 120/30 days      |
| <i>diazepam tablet 5 mg oral</i>                   | 1    | QL 120/30 days      |
| <i>lorazepam concentrate 2 mg/ml oral</i>          | 1    | QL 150/30 days      |
| LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL        | 1    | QL 150/30 days      |
| <i>lorazepam tablet 0.5 mg oral</i>                | 1    | QL 120/30 days      |
| <i>lorazepam tablet 1 mg oral</i>                  | 1    | QL 120/30 days      |
| <i>lorazepam tablet 2 mg oral</i>                  | 1    | QL 120/30 days      |
| <i>oxazepam capsule 10 mg oral</i>                 | 1    | QL 120/30 days      |
| <i>oxazepam capsule 15 mg oral</i>                 | 1    | QL 120/30 days      |
| <i>oxazepam capsule 30 mg oral</i>                 | 1    | QL 120/30 days      |
| <b>ANTIARRHYTHMICS</b>                             |      |                     |
| <b>Antiarrhythmics Type I-A</b>                    |      |                     |
| <i>disopyramide phosphate capsule 100 mg oral</i>  | 1    |                     |
| <i>disopyramide phosphate capsule 150 mg oral</i>  | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antiarrhythmics Type I-A (continued)</b>                            |      |                     |
| NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL                | 2    |                     |
| NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL                | 2    |                     |
| <i>quinidine gluconate er tablet extended release 324 mg oral</i>      | 1    |                     |
| <i>quinidine sulfate tablet 200 mg oral</i>                            | 1    |                     |
| <i>quinidine sulfate tablet 300 mg oral</i>                            | 1    |                     |
| <b>Antiarrhythmics Type I-B</b>  |      |                     |
| <i>lidocaine hcl (cardiac) solution 10 mg/ml intravenous</i>           | 1    |                     |
| <i>lidocaine hcl (cardiac) solution 20 mg/ml intravenous</i>           | 1    |                     |
| <i>lidocaine in d5w solution 4-5 mg/ml-% intravenous</i>               | 1    |                     |
| <i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i>               | 1    |                     |
| <i>mexiletine hcl capsule 150 mg oral</i>                              | 1    |                     |
| <i>mexiletine hcl capsule 200 mg oral</i>                              | 1    |                     |
| <i>mexiletine hcl capsule 250 mg oral</i>                              | 1    |                     |
| <b>Antiarrhythmics Type I-C</b>  |      |                     |
| <i>flecainide acetate tablet 100 mg oral</i>                           | 1    |                     |
| <i>flecainide acetate tablet 150 mg oral</i>                           | 1    |                     |
| <i>flecainide acetate tablet 50 mg oral</i>                            | 1    |                     |
| <i>propafenone hcl er capsule extended release 12 hour 225 mg oral</i> | 1    |                     |
| <i>propafenone hcl er capsule extended release 12 hour 325 mg oral</i> | 1    |                     |
| <i>propafenone hcl er capsule extended release 12 hour 425 mg oral</i> | 1    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                           |
|--|------|---|
| <b>Antiarrhythmics Type I-C (continued)</b>                              |      |   |
| <i>propafenone hcl tablet 150 mg oral</i>                                | 1    |   |
| <i>propafenone hcl tablet 225 mg oral</i>                                | 1    |   |
| <i>propafenone hcl tablet 300 mg oral</i>                                | 1    |   |
| <b>Antiarrhythmics Type III</b>  |      |   |
| <i>amiodarone hcl tablet 100 mg oral</i>                                 | 1    |   |
| <i>amiodarone hcl tablet 200 mg oral</i>                                 | 1    |   |
| <i>amiodarone hcl tablet 400 mg oral</i>                                 | 1    |   |
| <i>dofetilide capsule 125 mcg oral</i>                                   | 4    | SP  |
| <i>dofetilide capsule 250 mcg oral</i>                                   | 4    | SP  |
| <i>dofetilide capsule 500 mcg oral</i>                                   | 4    | SP  |
| MULTAQ TABLET 400 MG ORAL  | 3    |   |
| PACERONE TABLET 100 MG ORAL  | 1    |   |
| PACERONE TABLET 200 MG ORAL  | 1    |   |
| PACERONE TABLET 400 MG ORAL  | 1    |   |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>                           |      |   |
| <b>5-Lipoxygenase Inhibitors</b>   |      |   |
| <i>zileuton er tablet extended release 12 hour 600 mg oral</i>           | 1    | PA, Medical Necessity<br>PA                   |
| <b>Adrenergic Combinations</b>   |      |   |
| ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION | 2    | QL 60/30 days                                 |
| BREYNA AEROSOL 160-4.5 MCG/ACT INHALATION                                | 1    | QL 10.30/30 days                              |
| BREYNA AEROSOL 80-4.5 MCG/ACT INHALATION                                 | 1    | QL 10.30/30 days                              |
| BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION                  | 3    | PA, QL 10.70/30 days,<br>Medical Necessity PA |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Adrenergic Combinations (continued)</b>  |      |                     |
| <i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>                        | 1    | QL 10.20/30 days    |
| <i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>                         | 1    | QL 10.20/30 days    |
| COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION                                   | 2    | QL 8/30 days        |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 100-25 mcg/act inhalation</i> | 1    | QL 60/30 days       |
| <i>fluticasone furoate-vilanterol aerosol powder breath activated 200-25 mcg/act inhalation</i> | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol 115-21 mcg/act inhalation</i>                                 | 1    | QL 12/30 days       |
| <i>fluticasone-salmeterol aerosol 230-21 mcg/act inhalation</i>                                 | 1    | QL 12/30 days       |
| <i>fluticasone-salmeterol aerosol 45-21 mcg/act inhalation</i>                                  | 1    | QL 12/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>         | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/dose inhalation</i>        | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>         | 1    | QL 1/30 days        |
| <i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>         | 1    | QL 1/30 days        |
| <i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>         | 1    | QL 60/30 days       |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Adrenergic Combinations (continued)</b>   |      |                     |
| <i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/dose inhalation</i> | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>  | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/dose inhalation</i> | 1    | QL 60/30 days       |
| <i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>   | 1    | QL 1/30 days        |
| <i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>                      | 1    | QL 720/30 days      |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION                             | 2    | QL 4/30 days        |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION           | 2    | QL 60/30 days       |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION           | 2    | QL 60/30 days       |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION                   | 1    | QL 60/30 days       |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE INHALATION                  | 1    | QL 60/30 days       |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION                   | 1    | QL 60/30 days       |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE INHALATION                  | 1    | QL 60/30 days       |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Adrenergic Combinations (continued)</b>                              |      |                               |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION  | 1    | QL 60/30 days                 |
| WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/DOSE INHALATION | 1    | QL 60/30 days                 |
| <b>Anti-IgE Monoclonal Antibodies</b>                                   |      |                               |
| XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS                    | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS                   | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS                  | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS                | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS               | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS              | 4    | PA, QL 4/28 days, SP, Prudent |
| XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS                       | 4    | PA, QL 4/28 days, SP, Prudent |
| <b>Anti-Inflammatory Agents</b>   |      |                               |
| <i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i>       | 1    | QL 240/30 days                |
| <b>Beta Adrenergics</b>   |      |                               |
| <i>albuterol sulfate er tablet extended release 12 hour 4 mg oral</i>   | 1    |                               |
| <i>albuterol sulfate er tablet extended release 12 hour 8 mg oral</i>   | 1    |                               |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS       |
|--|------|---------------------------|
| <b>Beta Adrenergics (continued)</b>  |      |                           |
| <i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i> | 1    | QL 2 inhalers/30 days     |
| <i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>  | 1    | QL 720/30 days, Incentive |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>       | 1    |                           |
| <i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>          | 1    | QL 720/30 days, Incentive |
| <i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>          | 1    | QL 720/30 days, Incentive |
| <i>albuterol sulfate syrup 2 mg/5ml oral</i>                                   | 1    |                           |
| <i>albuterol sulfate tablet 2 mg oral</i>                                      | 1    |                           |
| <i>albuterol sulfate tablet 4 mg oral</i>                                      | 1    |                           |
| ARCAPTA NEOHALER CAPSULE 75 MCG INHALATION                                     | 3    | QL 30/25 days             |
| <i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i>       | 1    | QL 120/30 days            |
| <i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>         | 1    | QL 120/30 days            |
| <i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>           | 1    | QL 90/30 days             |
| <i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>           | 1    | QL 225/30 days            |
| <i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>         | 1    | QL 30/30 days             |
| <i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>           | 1    | QL 225/30 days            |
| <i>levalbuterol tartrate aerosol 45 mcg/act inhalation</i>                     | 1    | QL 30/30 days             |
| <i>metaproterenol sulfate syrup 10 mg/5ml oral</i>                             | 1    |                           |
| <i>metaproterenol sulfate tablet 10 mg oral</i>                                | 1    |                           |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Beta Adrenergics (continued)</b>                                   |      |                                  |
| <i>metaproterenol sulfate tablet 20 mg oral</i>                       | 1    |                                  |
| SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION | 3    | QL 60/30 days                    |
| STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION            | 2    | QL 4/30 days                     |
| <i>terbutaline sulfate solution 1 mg/ml injection</i>                 | 1    |                                  |
| <i>terbutaline sulfate tablet 2.5 mg oral</i>                         | 1    |                                  |
| <i>terbutaline sulfate tablet 5 mg oral</i>                           | 1    |                                  |
| <b>Bronchodilators - Anticholinergics</b>                             |      |                                  |
| ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION                   | 2    | QL 26/30 days                    |
| <i>ipratropium bromide solution 0.02 % inhalation</i>                 | 1    |                                  |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION             | 2    | QL 4/30 days                     |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION              | 2    | QL 4/30 days                     |
| <i>tiotropium bromide capsule 18 mcg inhalation</i>                   | 1    | QL 30/30 days                    |
| <i>tiotropium bromide monohydrate capsule 18 mcg inhalation</i>       | 1    | QL 30/30 days                    |
| <b>Interleukin-5 Antagonists (IgG1 kappa)</b>                         |      |                                  |
| FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS              | 4    | PA, QL 1/56 days, SP, Prudent    |
| FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS           | 4    | PA, QL 0.50/56 days, SP, Prudent |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                       |
|--|------|---|
| <b>Interleukin-5 Antagonists (IgG1 kappa) (continued)</b>  |      |   |
| FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS   | 4    | PA, QL 1/56 days, SP, Prudent             |
| NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS       | 4    | PA, QL 3/28 days, SP, Prudent             |
| NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS   | 4    | PA, QL 3/28 days, SP, Prudent             |
| NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | 4    | PA, QL 0.40/28 days, SP, Prudent          |
| NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS          | 4    | PA, QL 3/28 days, SP, Prudent             |
| <b>Leukotriene Receptor Antagonists</b>                    |      |   |
| <i>montelukast sodium packet 4 mg oral</i>                 | 1    |   |
| <i>montelukast sodium tablet 10 mg oral</i>                | 1    |   |
| <i>montelukast sodium tablet chewable 4 mg oral</i>        | 1    |   |
| <i>montelukast sodium tablet chewable 5 mg oral</i>        | 1    |   |
| <i>zafirlukast tablet 10 mg oral</i>                       | 1    |   |
| <i>zafirlukast tablet 20 mg oral</i>                       | 1    |   |
| <b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>     |      |   |
| <i>roflumilast tablet 250 mcg oral</i>                     | 1    | QL 30/30 days                             |
| <i>roflumilast tablet 500 mcg oral</i>                     | 1    | QL 30/30 days                             |
| <b>Steroid Inhalants</b>                                   |      |   |
| ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION            | 3    | PA, QL 6.10/30 days, Medical Necessity PA |
| ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION             | 3    | PA, QL 6.10/30 days, Medical Necessity PA |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Steroid Inhalants (continued)</b>  |      |                               |
| ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION                     | 2    | QL 30/30 days, VBP Drug List  |
| ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION                     | 2    | QL 30/30 days, VBP Drug List  |
| ARNUIITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION                      | 2    | QL 30/30 days, VBP Drug List  |
| <i>budesonide suspension 0.25 mg/2ml inhalation</i>   | 1    | QL 180/30 days                |
| <i>budesonide suspension 0.5 mg/2ml inhalation</i>  | 1    | QL 120/30 days                |
| <i>budesonide suspension 1 mg/2ml inhalation</i>  | 1    | QL 120/30 days                |
| <i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i> | 1    | QL 60/30 days, VBP Drug List  |
| <i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i> | 1    | QL 240/30 days, VBP Drug List |
| <i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>  | 1    | QL 60/30 days, VBP Drug List  |
| <i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>                            | 1    | QL 24/30 days, VBP Drug List  |
| <i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>                            | 1    | QL 24/30 days, VBP Drug List  |
| <i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>                             | 1    | QL 22/30 days, VBP Drug List  |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION                  | 2    | QL 2/30 days, VBP Drug List   |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Steroid Inhalants (continued)</b>                                      |      |                                  |
| PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION | 2    | QL 2/30 days, VBP Drug List      |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION             | 2    | QL 21.20/30 days, VBP Drug List  |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION             | 2    | QL 21.20/30 days, VBP Drug List  |
| <b>Thymic Stromal Lymphopoietin (TSLP) Antagonists</b>                    |      |                                  |
| TEZSPIRE SOLUTION AUTO-INJECTOR 210 MG/1.91ML SUBCUTANEOUS                | 4    | PA, QL 1.91/28 days, SP, Prudent |
| TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS            | 4    | PA, QL 1.91/28 days, SP, Prudent |
| <b>Xanthines</b>  |      |                                  |
| <i>aminophylline solution 25 mg/ml intravenous</i>                        | 1    |                                  |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL                      | 3    | QL 60/30 days                    |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL                      | 3    | QL 60/30 days                    |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL                      | 3    | QL 60/30 days                    |
| THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL                      | 3    | QL 60/30 days                    |
| THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL                     | 1    |                                  |
| THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL                     | 1    |                                  |
| THEOCHRON TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL                     | 1    |                                  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Xanthines (continued)</b>                                       |      |                     |
| <i>theophylline elixir 80 mg/15ml oral</i>                         | 1    |                     |
| <i>theophylline er tablet extended release 12 hour 100 mg oral</i> | 1    |                     |
| <i>theophylline er tablet extended release 12 hour 200 mg oral</i> | 1    |                     |
| <i>theophylline er tablet extended release 12 hour 300 mg oral</i> | 1    |                     |
| <i>theophylline er tablet extended release 12 hour 450 mg oral</i> | 1    |                     |
| <i>theophylline er tablet extended release 24 hour 400 mg oral</i> | 1    |                     |
| <i>theophylline er tablet extended release 24 hour 600 mg oral</i> | 1    |                     |
| <i>theophylline solution 80 mg/15ml oral</i>                       | 1    |                     |
| <b>ANTICOAGULANTS</b>  |      |                     |
| <b>Coumarin Anticoagulants</b>                                     |      |                     |
| JANTOVEN TABLET 1 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 10 MG ORAL   | 1    |                     |
| JANTOVEN TABLET 2 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 2.5 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 3 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 4 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 5 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 6 MG ORAL  | 1    |                     |
| JANTOVEN TABLET 7.5 MG ORAL  | 1    |                     |
| <i>warfarin sodium tablet 1 mg oral</i>                            | 1    |                     |
| <i>warfarin sodium tablet 10 mg oral</i>                           | 1    |                     |
| <i>warfarin sodium tablet 2 mg oral</i>                            | 1    |                     |
| <i>warfarin sodium tablet 2.5 mg oral</i>                          | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Coumarin Anticoagulants (continued)</b>                            |      |                     |
| <i>warfarin sodium tablet 3 mg oral</i>                               | 1    |                     |
| <i>warfarin sodium tablet 4 mg oral</i>                               | 1    |                     |
| <i>warfarin sodium tablet 5 mg oral</i>                               | 1    |                     |
| <i>warfarin sodium tablet 6 mg oral</i>                               | 1    |                     |
| <i>warfarin sodium tablet 7.5 mg oral</i>                             | 1    |                     |
| <b>Direct Factor Xa Inhibitors</b>                                    |      |                     |
| ELIQUIS DVT/PE STARTER PACK TABLET 5 MG ORAL                          | 2    |                     |
| ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL             | 2    |                     |
| ELIQUIS TABLET 2.5 MG ORAL  | 2    | QL 60/30 days       |
| ELIQUIS TABLET 5 MG ORAL  | 2    | QL 74/30 days       |
| <i>rivaroxaban suspension reconstituted 1 mg/ml oral</i>              | 1    | QL 310/30 days      |
| <i>rivaroxaban tablet 2.5 mg oral</i>                                 | 1    | QL 60/30 days       |
| XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL              | 2    |                     |
| XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL                         | 2    | QL 310/30 days      |
| XARELTO TABLET 10 MG ORAL   | 2    | QL 30/30 days       |
| XARELTO TABLET 15 MG ORAL   | 2    | QL 60/30 days       |
| XARELTO TABLET 2.5 MG ORAL  | 2    | QL 60/30 days       |
| XARELTO TABLET 20 MG ORAL   | 2    | QL 30/30 days       |
| <b>Heparins And Heparinoid-Like Agents</b>                            |      |                     |
| <i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>    | 1    |                     |
| <i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i> | 1    |                     |
| <i>heparin sodium (porcine) solution 1000 unit/ml injection</i>       | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Heparins And Heparinoid-Like Agents (continued)</b>                     |      |                     |
| <i>heparin sodium (porcine) solution 10000 unit/ml injection</i>           | 1    |                     |
| <i>heparin sodium (porcine) solution 20000 unit/ml injection</i>           | 1    |                     |
| <i>heparin sodium (porcine) solution 5000 unit/ml injection</i>            | 1    |                     |
| <b>Low Molecular Weight Heparins</b>                                       |      |                     |
| <i>enoxaparin sodium solution 100 mg/ml subcutaneous</i>                   | 1    |                     |
| <i>enoxaparin sodium solution 120 mg/0.8ml subcutaneous</i>                | 1    |                     |
| <i>enoxaparin sodium solution 150 mg/ml subcutaneous</i>                   | 1    |                     |
| <i>enoxaparin sodium solution 30 mg/0.3ml subcutaneous</i>                 | 1    |                     |
| <i>enoxaparin sodium solution 300 mg/3ml injection</i>                     | 1    | QL 180/180 days     |
| <i>enoxaparin sodium solution 40 mg/0.4ml subcutaneous</i>                 | 1    |                     |
| <i>enoxaparin sodium solution 60 mg/0.6ml subcutaneous</i>                 | 1    |                     |
| <i>enoxaparin sodium solution 80 mg/0.8ml subcutaneous</i>                 | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>    | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i> | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>    | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>  | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Low Molecular Weight Heparins (continued)</b>                          |      |                     |
| <i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i> | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i> | 1    |                     |
| <i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i> | 1    |                     |
| FRAGMIN SOLUTION 10000 UNIT/ML SUBCUTANEOUS                               | 3    |                     |
| FRAGMIN SOLUTION 12500 UNIT/0.5ML SUBCUTANEOUS                            | 3    |                     |
| FRAGMIN SOLUTION 15000 UNIT/0.6ML SUBCUTANEOUS                            | 3    |                     |
| FRAGMIN SOLUTION 18000 UNT/0.72ML SUBCUTANEOUS                            | 3    |                     |
| FRAGMIN SOLUTION 2500 UNIT/0.2ML SUBCUTANEOUS                             | 3    |                     |
| FRAGMIN SOLUTION 5000 UNIT/0.2ML SUBCUTANEOUS                             | 3    |                     |
| FRAGMIN SOLUTION 7500 UNIT/0.3ML SUBCUTANEOUS                             | 3    |                     |
| FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS                            | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS             | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS          | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS          | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS          | 3    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Low Molecular Weight Heparins (continued)</b>                |      |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS | 3    |                     |
| FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS | 3    |                     |
| <b>Synthetic Heparinoid-Like Agents</b>                         |      |                     |
| <i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>    | 1    |                     |
| <i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>   | 1    |                     |
| <i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>     | 1    |                     |
| <i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>   | 1    |                     |
| <b>Thrombin Inhibitors - Selective Direct &amp; Reversible</b>  |      |                     |
| <i>dabigatran etexilate mesylate capsule 150 mg oral</i>        | 1    | QL 60/30 days       |
| <i>dabigatran etexilate mesylate capsule 75 mg oral</i>         | 1    | QL 60/30 days       |
| <b>ANTICONVULSANTS</b>  |      |                     |
| <b>AMPA Glutamate Receptor Antagonists</b>                      |      |                     |
| <i>perampanel tablet 10 mg oral</i>                             | 1    |                     |
| <i>perampanel tablet 12 mg oral</i>                             | 1    |                     |
| <i>perampanel tablet 2 mg oral</i>                              | 1    |                     |
| <i>perampanel tablet 4 mg oral</i>                              | 1    |                     |
| <i>perampanel tablet 6 mg oral</i>                              | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>AMPA Glutamate Receptor Antagonists (continued)</b>        |      |                     |
| <i>perampanel tablet 8 mg oral</i>                            | 1    |                     |
| <b>Anticonvulsants - Benzodiazepines</b>                      |      |                     |
| <i>clobazam suspension 2.5 mg/ml oral</i>                     | 1    | QL 480/30 days      |
| <i>clobazam tablet 10 mg oral</i>                             | 1    | QL 120/30 days      |
| <i>clobazam tablet 20 mg oral</i>                             | 1    | QL 60/30 days       |
| <i>clonazepam tablet 0.5 mg oral</i>                          | 1    | QL 120/30 days      |
| <i>clonazepam tablet 1 mg oral</i>                            | 1    | QL 120/30 days      |
| <i>clonazepam tablet 2 mg oral</i>                            | 1    | QL 300/30 days      |
| <i>clonazepam tablet dispersible 0.125 mg oral</i>            | 1    | QL 120/30 days      |
| <i>clonazepam tablet dispersible 0.25 mg oral</i>             | 1    | QL 120/30 days      |
| <i>clonazepam tablet dispersible 0.5 mg oral</i>              | 1    | QL 120/30 days      |
| <i>clonazepam tablet dispersible 1 mg oral</i>                | 1    | QL 120/30 days      |
| <i>clonazepam tablet dispersible 2 mg oral</i>                | 1    | QL 300/30 days      |
| <i>diazepam gel 10 mg rectal</i>                              | 1    | QL 5/30 days        |
| <i>diazepam gel 2.5 mg rectal</i>                             | 1    | QL 5/30 days        |
| <i>diazepam gel 20 mg rectal</i>                              | 1    | QL 5/30 days        |
| VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL                   | 3    | QL 5/30 days        |
| VALTOCO 15 MG DOSE LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML NASAL | 3    | QL 5/30 days        |
| VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL     | 3    | QL 5/30 days        |
| VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL      | 3    | QL 5/30 days        |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Anticonvulsants - Benzodiazepines (continued)</b>                 |      |                             |
| VALTOCO 20 MG DOSE LIQUID THERAPY PACK 2 X 10 MG/0.1ML NASAL         | 3    | QL 5/30 days                |
| VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL                            | 3    | QL 5/30 days                |
| <b>Anticonvulsants - Misc.</b>                                       |      |                             |
| BRIVIACT SOLUTION 10 MG/ML ORAL                                      | 3    | PA, Medical Necessity<br>PA |
| BRIVIACT TABLET 10 MG ORAL   | 3    | PA, Medical Necessity<br>PA |
| BRIVIACT TABLET 100 MG ORAL  | 3    | PA, Medical Necessity<br>PA |
| BRIVIACT TABLET 25 MG ORAL   | 3    | PA, Medical Necessity<br>PA |
| BRIVIACT TABLET 50 MG ORAL   | 3    | PA, Medical Necessity<br>PA |
| BRIVIACT TABLET 75 MG ORAL   | 3    | PA, Medical Necessity<br>PA |
| <i>carbamazepine er capsule extended release 12 hour 100 mg oral</i> | 1    |                             |
| <i>carbamazepine er capsule extended release 12 hour 200 mg oral</i> | 1    |                             |
| <i>carbamazepine er capsule extended release 12 hour 300 mg oral</i> | 1    |                             |
| <i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>  | 1    |                             |
| <i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>  | 1    |                             |
| <i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>  | 1    |                             |
| <i>carbamazepine suspension 100 mg/5ml oral</i>                      | 1    |                             |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                          |
|--|------|--|
| <b>Anticonvulsants - Misc. (continued)</b>         |      |  |
| <i>carbamazepine tablet 200 mg oral</i>            | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>carbamazepine tablet chewable 100 mg oral</i>   | 1    |  |
| DIACOMIT CAPSULE 250 MG ORAL                       | 4    | LA, PA, QL 120/30 days,<br>SP, Prudent       |
| DIACOMIT CAPSULE 500 MG ORAL                       | 4    | LA, PA, QL 180/30 days,<br>SP, Prudent       |
| DIACOMIT PACKET 250 MG ORAL                        | 4    | LA, PA, QL 120/30 days,<br>SP, Prudent       |
| DIACOMIT PACKET 500 MG ORAL                        | 4    | LA, PA, QL 180/30 days,<br>SP, Prudent       |
| EPIDIOLEX SOLUTION 100 MG/ML ORAL                  | 4    | PA, SP, Prudent                              |
| EPITOL TABLET 200 MG ORAL                          | 1    | PS Expanded NCDL,<br>Incentive               |
| FINTEPLA SOLUTION 2.2 MG/ML ORAL                   | 4    | LA, PA, QL 360/30 days,<br>SP, Prudent       |
| <i>gabapentin capsule 100 mg oral</i>              | 1    |  |
| <i>gabapentin capsule 300 mg oral</i>              | 1    |  |
| <i>gabapentin capsule 400 mg oral</i>              | 1    |  |
| <i>gabapentin solution 250 mg/5ml oral</i>         | 1    |  |
| <i>gabapentin tablet 600 mg oral</i>               | 1    |  |
| <i>gabapentin tablet 800 mg oral</i>               | 1    |  |
| <i>lacosamide solution 10 mg/ml oral</i>           | 1    |  |
| <i>lacosamide solution 200 mg/20ml intravenous</i> | 1    |  |
| <i>lacosamide tablet 100 mg oral</i>               | 1    |  |
| <i>lacosamide tablet 150 mg oral</i>               | 1    |  |
| <i>lacosamide tablet 200 mg oral</i>               | 1    |  |
| <i>lacosamide tablet 50 mg oral</i>                | 1    |  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Anticonvulsants - Misc. (continued)</b>                          |      |                     |
| <i>lamotrigine er tablet extended release 24 hour 100 mg oral</i>   | 1    |                     |
| <i>lamotrigine er tablet extended release 24 hour 200 mg oral</i>   | 1    |                     |
| <i>lamotrigine er tablet extended release 24 hour 25 mg oral</i>    | 1    |                     |
| <i>lamotrigine er tablet extended release 24 hour 250 mg oral</i>   | 1    |                     |
| <i>lamotrigine er tablet extended release 24 hour 300 mg oral</i>   | 1    |                     |
| <i>lamotrigine er tablet extended release 24 hour 50 mg oral</i>    | 1    |                     |
| <i>lamotrigine tablet 100 mg oral</i>                               | 1    |                     |
| <i>lamotrigine tablet 150 mg oral</i>                               | 1    |                     |
| <i>lamotrigine tablet 200 mg oral</i>                               | 1    |                     |
| <i>lamotrigine tablet 25 mg oral</i>                                | 1    |                     |
| <i>lamotrigine tablet chewable 25 mg oral</i>                       | 1    |                     |
| <i>lamotrigine tablet chewable 5 mg oral</i>                        | 1    |                     |
| <i>lamotrigine tablet dispersible 100 mg oral</i>                   | 1    |                     |
| <i>lamotrigine tablet dispersible 200 mg oral</i>                   | 1    |                     |
| <i>lamotrigine tablet dispersible 25 mg oral</i>                    | 1    |                     |
| <i>lamotrigine tablet dispersible 50 mg oral</i>                    | 1    |                     |
| <i>levetiracetam er tablet extended release 24 hour 500 mg oral</i> | 1    |                     |
| <i>levetiracetam er tablet extended release 24 hour 750 mg oral</i> | 1    |                     |
| <i>levetiracetam solution 100 mg/ml oral</i>                        | 1    |                     |
| <i>levetiracetam solution 500 mg/5ml oral</i>                       | 1    |                     |
| <i>levetiracetam tablet 1000 mg oral</i>                            | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Anticonvulsants - Misc. (continued)</b>              |      |                     |
| <i>levetiracetam tablet 250 mg oral</i>                 | 1    |                     |
| <i>levetiracetam tablet 500 mg oral</i>                 | 1    |                     |
| <i>levetiracetam tablet 750 mg oral</i>                 | 1    |                     |
| <i>oxcarbazepine suspension 300 mg/5ml oral</i>         | 1    |                     |
| <i>oxcarbazepine tablet 150 mg oral</i>                 | 1    |                     |
| <i>oxcarbazepine tablet 300 mg oral</i>                 | 1    |                     |
| <i>oxcarbazepine tablet 600 mg oral</i>                 | 1    |                     |
| <i>pregabalin capsule 100 mg oral</i>                   | 1    | QL 150/30 days      |
| <i>pregabalin capsule 150 mg oral</i>                   | 1    | QL 150/30 days      |
| <i>pregabalin capsule 200 mg oral</i>                   | 1    | QL 90/30 days       |
| <i>pregabalin capsule 225 mg oral</i>                   | 1    | QL 60/30 days       |
| <i>pregabalin capsule 25 mg oral</i>                    | 1    | QL 150/30 days      |
| <i>pregabalin capsule 300 mg oral</i>                   | 1    | QL 60/30 days       |
| <i>pregabalin capsule 50 mg oral</i>                    | 1    | QL 150/30 days      |
| <i>pregabalin capsule 75 mg oral</i>                    | 1    | QL 150/30 days      |
| <i>pregabalin solution 20 mg/ml oral</i>                | 1    | QL 946/30 days      |
| <i>primidone tablet 250 mg oral</i>                     | 1    |                     |
| <i>primidone tablet 50 mg oral</i>                      | 1    |                     |
| ROWEEPRA TABLET 1000 MG ORAL                            | 1    |                     |
| ROWEEPRA TABLET 500 MG ORAL                             | 1    |                     |
| ROWEEPRA TABLET 750 MG ORAL                             | 1    |                     |
| ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL | 1    |                     |
| ROWEEPRA XR TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL | 1    |                     |
| <i>rufinamide suspension 40 mg/ml oral</i>              | 1    | PA                  |
| <i>rufinamide tablet 200 mg oral</i>                    | 1    | PA                  |

| DRUG NAME                                     | TIER | REQUIREMENTS/LIMITS     |
|---|------|-------------------------|
| <b>Anticonvulsants - Misc. (continued)</b>    |      |                         |
| <i>rufinamide tablet 400 mg oral</i>          | 1    | PA                      |
| <i>topiramate capsule sprinkle 15 mg oral</i> | 1    |                         |
| <i>topiramate capsule sprinkle 25 mg oral</i> | 1    |                         |
| <i>topiramate tablet 100 mg oral</i>          | 1    |                         |
| <i>topiramate tablet 200 mg oral</i>          | 1    |                         |
| <i>topiramate tablet 25 mg oral</i>           | 1    |                         |
| <i>topiramate tablet 50 mg oral</i>           | 1    |                         |
| <i>zonisamide capsule 100 mg oral</i>         | 1    |                         |
| <i>zonisamide capsule 25 mg oral</i>          | 1    |                         |
| <i>zonisamide capsule 50 mg oral</i>          | 1    |                         |
| ZTALMY SUSPENSION 50 MG/ML ORAL               | 4    | PA, QL 1100/30 days, SP |
| <b>Carbamates</b>                             |      |                         |
| <i>felbamate suspension 600 mg/5ml oral</i>   | 1    |                         |
| <i>felbamate tablet 400 mg oral</i>           | 1    |                         |
| <i>felbamate tablet 600 mg oral</i>           | 1    |                         |
| <b>GABA Modulators</b>                        |      |                         |
| <i>tiagabine hcl tablet 12 mg oral</i>        | 1    |                         |
| <i>tiagabine hcl tablet 16 mg oral</i>        | 1    |                         |
| <i>tiagabine hcl tablet 2 mg oral</i>         | 1    | QL 2/1 days             |
| <i>tiagabine hcl tablet 4 mg oral</i>         | 1    | QL 3/1 days             |
| <i>vigabatrin packet 500 mg oral</i>          | 4    | PA, SP, Prudent         |
| <i>vigabatrin tablet 500 mg oral</i>          | 4    | PA, SP, Prudent         |
| VIGADRONE PACKET 500 MG ORAL                  | 4    | LA, PA, SP              |
| <b>Hydantoins</b>                             |      |                         |
| DILANTIN CAPSULE 30 MG ORAL                   | 2    |                         |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Hydantoins (continued)</b>   |      |                     |
| <i>fosphe</i> ntoin sodium solution 100 mg pe/2ml injection             | 1    |                     |
| <i>fosphe</i> ntoin sodium solution 500 mg pe/10ml injection            | 1    |                     |
| <i>phenytoin</i> sodium extended capsule 100 mg oral                    | 1    |                     |
| <i>phenytoin</i> sodium extended capsule 200 mg oral                    | 1    |                     |
| <i>phenytoin</i> sodium extended capsule 300 mg oral                    | 1    |                     |
| <i>phenytoin</i> sodium solution 50 mg/ml injection                     | 1    |                     |
| <i>phenytoin</i> suspension 100 mg/4ml oral                             | 1    |                     |
| <i>phenytoin</i> suspension 125 mg/5ml oral                             | 1    |                     |
| <i>phenytoin</i> tablet chewable 50 mg oral                             | 1    |                     |
| <b>Succinimides</b>   |      |                     |
| <i>ethosuximide</i> capsule 250 mg oral                                 | 1    |                     |
| <i>ethosuximide</i> solution 250 mg/5ml oral                            | 1    |                     |
| <i>methsuximide</i> capsule 300 mg oral                                 | 1    |                     |
| <b>Valproic Acid</b>  |      |                     |
| <i>divalproex</i> sodium capsule delayed release sprinkle 125 mg oral   | 1    |                     |
| <i>divalproex</i> sodium er tablet extended release 24 hour 250 mg oral | 1    |                     |
| <i>divalproex</i> sodium er tablet extended release 24 hour 500 mg oral | 1    |                     |
| <i>divalproex</i> sodium tablet delayed release 125 mg oral             | 1    |                     |
| <i>divalproex</i> sodium tablet delayed release 250 mg oral             | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Valproic Acid (continued)</b>   |      |                                |
| <i>divalproex</i> sodium tablet delayed release 500 mg oral              | 1    |                                |
| <i>valproate</i> sodium solution 100 mg/ml intravenous                   | 1    |                                |
| <i>valproic acid</i> capsule 250 mg oral                                 | 1    |                                |
| <b>ANTIDEPRESSANTS</b>   |      |                                |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>                       |      |                                |
| <i>mirtazapine</i> tablet 15 mg oral                                     | 1    |                                |
| <i>mirtazapine</i> tablet 30 mg oral                                     | 1    |                                |
| <i>mirtazapine</i> tablet 45 mg oral                                     | 1    |                                |
| <i>mirtazapine</i> tablet 7.5 mg oral                                    | 1    |                                |
| <i>mirtazapine</i> tablet dispersible 15 mg oral                         | 1    |                                |
| <i>mirtazapine</i> tablet dispersible 30 mg oral                         | 1    |                                |
| <i>mirtazapine</i> tablet dispersible 45 mg oral                         | 1    |                                |
| <b>Antidepressants - Misc.</b>   |      |                                |
| <i>bupropion</i> hcl er (sr) tablet extended release 12 hour 100 mg oral | 1    | Incentive                      |
| <i>bupropion</i> hcl er (sr) tablet extended release 12 hour 150 mg oral | 1    | Incentive                      |
| <i>bupropion</i> hcl er (sr) tablet extended release 12 hour 200 mg oral | 1    | Incentive                      |
| <i>bupropion</i> hcl er (xl) tablet extended release 24 hour 150 mg oral | 1    | Incentive                      |
| <i>bupropion</i> hcl er (xl) tablet extended release 24 hour 300 mg oral | 1    | Incentive                      |
| <i>bupropion</i> hcl tablet 100 mg oral                                  | 1    | PS Expanded NCDL,VBP Drug List |
| <i>bupropion</i> hcl tablet 75 mg oral                                   | 1    | PS Expanded NCDL,VBP Drug List |
| <i>maprotiline</i> hcl tablet 25 mg oral                                 | 1    |                                |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Antidepressants - Misc. (continued)</b>                     |      |                                 |
| <i>maprotiline hcl tablet 50 mg oral</i>                       | 1    |                                 |
| <i>maprotiline hcl tablet 75 mg oral</i>                       | 1    |                                 |
| <b>GABA Receptor Modulator - Neuroactive Steroid</b>           |      |                                 |
| ZURZUVAE CAPSULE 20 MG ORAL                                    | 4    | PA, QL 28/365 days, SP, Prudent |
| ZURZUVAE CAPSULE 25 MG ORAL                                    | 4    | PA, QL 28/365 days, SP, Prudent |
| ZURZUVAE CAPSULE 30 MG ORAL                                    | 4    | PA, QL 14/365 days, SP          |
| <b>Monoamine Oxidase Inhibitors (MAOIs)</b>                    |      |                                 |
| EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL                     | 4    | PA                              |
| EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL                      | 4    | PA                              |
| EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL                      | 4    | PA                              |
| MARPLAN TABLET 10 MG ORAL                                      | 3    |                                 |
| <i>phenelzine sulfate tablet 15 mg oral</i>                    | 1    |                                 |
| <i>tranylcypromine sulfate tablet 10 mg oral</i>               | 1    |                                 |
| <b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>    |      |                                 |
| SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL | 4    | LA, PA, QL 8/28 days, SP        |
| SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL | 4    | LA, PA, QL 12/28 days, SP       |
| <b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>         |      |                                 |
| <i>citalopram hydrobromide solution 10 mg/5ml oral</i>         | 1    |                                 |
| <i>citalopram hydrobromide solution 20 mg/10ml oral</i>        | 1    |                                 |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)</b>         |      |  |
| <i>citalopram hydrobromide tablet 10 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>citalopram hydrobromide tablet 20 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>citalopram hydrobromide tablet 40 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>escitalopram oxalate solution 5 mg/5ml oral</i>                         | 1    |  |
| <i>escitalopram oxalate tablet 10 mg oral</i>                              | 1    | VBP Drug List                              |
| <i>escitalopram oxalate tablet 20 mg oral</i>                              | 1    | VBP Drug List                              |
| <i>escitalopram oxalate tablet 5 mg oral</i>                               | 1    | VBP Drug List                              |
| <i>fluoxetine hcl capsule 10 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fluoxetine hcl capsule 20 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fluoxetine hcl capsule 40 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fluoxetine hcl capsule delayed release 90 mg oral</i>                   | 1    |  |
| <i>fluoxetine hcl solution 20 mg/5ml oral</i>                              | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>fluoxetine hcl tablet 10 mg oral</i>                                    | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>fluoxetine hcl tablet 20 mg oral</i>                                    | 1    | VBP Drug List                              |
| <i>fluoxetine hcl tablet 60 mg oral</i>                                    | 1    |  |
| <i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i> | 1    |  |
| <i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i> | 1    |  |
| <i>fluvoxamine maleate tablet 100 mg oral</i>                              | 1    |  |
| <i>fluvoxamine maleate tablet 25 mg oral</i>                               | 1    |  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Selective Serotonin Reuptake Inhibitors (SSRIs) (continued)</b>    |      |  |
| <i>fluvoxamine maleate tablet 50 mg oral</i>                          | 1    |  |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i> | 1    |  |
| <i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>   | 1    |  |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i> | 1    |  |
| <i>paroxetine hcl suspension 10 mg/5ml oral</i>                       | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>paroxetine hcl tablet 10 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>paroxetine hcl tablet 20 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>paroxetine hcl tablet 30 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>paroxetine hcl tablet 40 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| PEXEVA TABLET 10 MG ORAL  | 3    | QL 30/30 days, ST                          |
| PEXEVA TABLET 20 MG ORAL  | 3    | QL 30/30 days, ST                          |
| PEXEVA TABLET 30 MG ORAL  | 3    | ST   |
| PEXEVA TABLET 40 MG ORAL  | 3    | ST   |
| <i>sertraline hcl concentrate 20 mg/ml oral</i>                       | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>sertraline hcl tablet 100 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>sertraline hcl tablet 25 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>sertraline hcl tablet 50 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Serotonin Modulators</b>   |      |  |
| <i>nefazodone hcl tablet 100 mg oral</i>                              | 1    |  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Serotonin Modulators (continued)</b>  |      |                     |
| <i>nefazodone hcl tablet 150 mg oral</i>                                       | 1    |                     |
| <i>nefazodone hcl tablet 200 mg oral</i>                                       | 1    |                     |
| <i>nefazodone hcl tablet 250 mg oral</i>                                       | 1    |                     |
| <i>nefazodone hcl tablet 50 mg oral</i>  | 1    |                     |
| <i>trazodone hcl tablet 100 mg oral</i>  | 1    | Incentive           |
| <i>trazodone hcl tablet 150 mg oral</i>  | 1    | Incentive           |
| <i>trazodone hcl tablet 300 mg oral</i>  | 1    | Incentive           |
| <i>trazodone hcl tablet 50 mg oral</i>   | 1    | Incentive           |
| TRINTELLIX TABLET 10 MG ORAL   | 3    | QL 30/30 days, ST   |
| TRINTELLIX TABLET 20 MG ORAL   | 3    | QL 30/30 days, ST   |
| TRINTELLIX TABLET 5 MG ORAL  | 3    | QL 30/30 days, ST   |
| <i>vilazodone hcl tablet 10 mg oral</i>  | 1    | QL 30/30 days       |
| <i>vilazodone hcl tablet 20 mg oral</i>  | 1    | QL 30/30 days       |
| <i>vilazodone hcl tablet 40 mg oral</i>  | 1    | QL 30/30 days       |
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</b>                    |      |                     |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i> | 1    |                     |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>  | 1    |                     |
| <i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i>  | 1    |                     |
| <i>duloxetine hcl capsule delayed release particles 20 mg oral</i>             | 1    |                     |
| <i>duloxetine hcl capsule delayed release particles 30 mg oral</i>             | 1    |                     |
| <i>duloxetine hcl capsule delayed release particles 40 mg oral</i>             | 1    |                     |
| <i>duloxetine hcl capsule delayed release particles 60 mg oral</i>             | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (continued)</b> |      |  |
| <i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>  | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i> | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>   | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>   | 1    |  |
| <i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>   | 1    |  |
| <i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>  | 1    |  |
| <i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>    | 1    |  |
| <i>venlafaxine hcl tablet 100 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>venlafaxine hcl tablet 25 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>venlafaxine hcl tablet 37.5 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>venlafaxine hcl tablet 50 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>venlafaxine hcl tablet 75 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Tricyclic Agents</b>   |      |  |
| <i>amitriptyline hcl tablet 10 mg oral</i>                              | 1    |  |
| <i>amitriptyline hcl tablet 100 mg oral</i>                             | 1    |  |
| <i>amitriptyline hcl tablet 150 mg oral</i>                             | 1    |  |
| <i>amitriptyline hcl tablet 25 mg oral</i>                              | 1    |  |
| <i>amitriptyline hcl tablet 50 mg oral</i>                              | 1    |  |
| <i>amitriptyline hcl tablet 75 mg oral</i>                              | 1    |  |

| DRUG NAME                                     | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Tricyclic Agents (continued)</b>           |      |  |
| <i>amoxapine tablet 100 mg oral</i>           | 1    |  |
| <i>amoxapine tablet 150 mg oral</i>           | 1    |  |
| <i>amoxapine tablet 25 mg oral</i>            | 1    |  |
| <i>amoxapine tablet 50 mg oral</i>            | 1    |  |
| <i>clomipramine hcl capsule 25 mg oral</i>    | 1    |  |
| <i>clomipramine hcl capsule 50 mg oral</i>    | 1    |  |
| <i>clomipramine hcl capsule 75 mg oral</i>    | 1    |  |
| <i>desipramine hcl tablet 10 mg oral</i>      | 1    |  |
| <i>desipramine hcl tablet 100 mg oral</i>     | 1    |  |
| <i>desipramine hcl tablet 150 mg oral</i>     | 1    |  |
| <i>desipramine hcl tablet 25 mg oral</i>      | 1    |  |
| <i>desipramine hcl tablet 50 mg oral</i>      | 1    |  |
| <i>desipramine hcl tablet 75 mg oral</i>      | 1    |  |
| <i>doxepin hcl capsule 10 mg oral</i>         | 1    |  |
| <i>doxepin hcl capsule 100 mg oral</i>        | 1    |  |
| <i>doxepin hcl capsule 150 mg oral</i>        | 1    |  |
| <i>doxepin hcl capsule 25 mg oral</i>         | 1    |  |
| <i>doxepin hcl capsule 50 mg oral</i>         | 1    |  |
| <i>doxepin hcl capsule 75 mg oral</i>         | 1    |  |
| <i>doxepin hcl concentrate 10 mg/ml oral</i>  | 1    |  |
| <i>imipramine hcl tablet 10 mg oral</i>       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>imipramine hcl tablet 25 mg oral</i>       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>imipramine hcl tablet 50 mg oral</i>       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>imipramine pamoate capsule 100 mg oral</i> | 1    |  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Tricyclic Agents (continued)</b>              |      |  |
| <i>imipramine pamoate capsule 125 mg oral</i>    | 1    |  |
| <i>imipramine pamoate capsule 150 mg oral</i>    | 1    |  |
| <i>imipramine pamoate capsule 75 mg oral</i>     | 1    |  |
| <i>nortriptyline hcl capsule 10 mg oral</i>      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nortriptyline hcl capsule 25 mg oral</i>      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nortriptyline hcl capsule 50 mg oral</i>      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nortriptyline hcl capsule 75 mg oral</i>      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nortriptyline hcl solution 10 mg/5ml oral</i> | 1    |  |
| <i>protriptyline hcl tablet 10 mg oral</i>       | 1    |  |
| <i>protriptyline hcl tablet 5 mg oral</i>        | 1    |  |
| SURMONTIL CAPSULE 100 MG ORAL                    | 3    |  |
| SURMONTIL CAPSULE 25 MG ORAL                     | 3    |  |
| SURMONTIL CAPSULE 50 MG ORAL                     | 3    |  |
| <i>trimipramine maleate capsule 100 mg oral</i>  | 1    |  |
| <i>trimipramine maleate capsule 25 mg oral</i>   | 1    |  |
| <i>trimipramine maleate capsule 50 mg oral</i>   | 1    |  |
| <b>ANTIDIABETICS</b>                             |      |  |
| <b>Alpha-Glucosidase Inhibitors</b>              |      |  |
| <i>acarbose tablet 100 mg oral</i>               | 1    | VBP Drug List                              |
| <i>acarbose tablet 25 mg oral</i>                | 1    | VBP Drug List                              |
| <i>acarbose tablet 50 mg oral</i>                | 1    | VBP Drug List                              |
| GLYSET TABLET 100 MG ORAL                        | 3    |  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|---|
| <b>Alpha-Glucosidase Inhibitors (continued)</b>                            |      |   |
| GLYSET TABLET 25 MG ORAL   | 3    |   |
| GLYSET TABLET 50 MG ORAL   | 3    |   |
| <i>miglitol tablet 100 mg oral</i>   | 1    | VBP Drug List   |
| <i>miglitol tablet 25 mg oral</i>  | 1    | VBP Drug List   |
| <i>miglitol tablet 50 mg oral</i>  | 1    | VBP Drug List   |
| <b>Antidiabetic - Amylin Analogs</b>                                       |      |   |
| SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS            | 3    | QL 10.80/30 days  |
| SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS             | 3    | QL 6/30 days  |
| <b>Biguanides</b>  |      |   |
| <i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i> | 1    | QL 60/30 days, VBP Drug List  |
| <i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i>  | 1    | QL 120/30 days, VBP Drug List   |
| <i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List                                  |
| <i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List                                  |
| <i>metformin hcl tablet 1000 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List                                  |
| <i>metformin hcl tablet 500 mg oral</i>                                    | 1    | PS Expanded NCDL, Incentive, VBP Drug List                                  |
| <i>metformin hcl tablet 850 mg oral</i>                                    | 1    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Diabetic Other</b>  |      |                                |
| BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL                              | 2    | QL 2/30 days, VBP Drug List    |
| BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL                              | 2    | QL 2/30 days                   |
| <i>diazoxide suspension 50 mg/ml oral</i>                            | 1    |                                |
| GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION               | 2    | QL 2/30 days, VBP Drug List    |
| <i>glucagon emergency kit 1 mg injection</i>                         | 2    | QL 2/30 days, VBP Drug List    |
| <i>glucagon emergency solution reconstituted 1 mg injection</i>      | 2    | QL 2/30 days, VBP Drug List    |
| <i>glucagon emergency solution reconstituted 1 mg/ml injection</i>   | 2    | QL 2/30 days                   |
| GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | 2    | QL 0.20/30 days, VBP Drug List |
| GVOKE HYOPEN 1-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS   | 2    | QL 0.40/30 days, VBP Drug List |
| GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML SUBCUTANEOUS | 2    | QL 0.20/30 days, VBP Drug List |
| GVOKE HYOPEN 2-PACK SOLUTION AUTO-INJECTOR 1 MG/0.2ML SUBCUTANEOUS   | 2    | QL 0.40/30 days, VBP Drug List |
| GVOKE PFS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML SUBCUTANEOUS       | 2    | QL 0.20/30 days, VBP Drug List |
| GVOKE PFS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML SUBCUTANEOUS         | 2    | QL 0.40/30 days, VBP Drug List |
| ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS           | 3    | QL 2/30 days                   |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS          |
|--|------|------------------------------|
| <b>Diabetic Other (continued)</b>                              |      |                              |
| ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS | 3    | QL 2/30 days                 |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>               |      |                              |
| <i>alogliptin benzoate tablet 12.5 mg oral</i>                 | 1    | QL 45/30 days, VBP Drug List |
| <i>alogliptin benzoate tablet 25 mg oral</i>                   | 1    | VBP Drug List                |
| <i>alogliptin benzoate tablet 6.25 mg oral</i>                 | 1    | QL 45/30 days, VBP Drug List |
| JANUVIA TABLET 100 MG ORAL                                     | 2    | QL 30/30 days, VBP Drug List |
| JANUVIA TABLET 25 MG ORAL                                      | 2    | QL 30/30 days, VBP Drug List |
| JANUVIA TABLET 50 MG ORAL                                      | 2    | QL 30/30 days, VBP Drug List |
| <i>saxagliptin hcl tablet 2.5 mg oral</i>                      | 1    | QL 30/30 days, VBP Drug List |
| <i>saxagliptin hcl tablet 5 mg oral</i>                        | 1    | QL 30/30 days, VBP Drug List |
| <b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations</b> |      |                              |
| <i>alogliptin-metformin hcl tablet 12.5-1000 mg oral</i>       | 1    | VBP Drug List                |
| <i>alogliptin-metformin hcl tablet 12.5-500 mg oral</i>        | 1    | VBP Drug List                |
| JANUMET TABLET 50-1000 MG ORAL                                 | 2    | QL 60/30 days, VBP Drug List |
| JANUMET TABLET 50-500 MG ORAL                                  | 2    | QL 60/30 days, VBP Drug List |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL    | 2    | QL 30/30 days, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                       |
|--|------|---|
| <b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations (continued)</b> |      |   |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL                 | 2    | QL 60/30 days, VBP Drug List              |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL                  | 2    | QL 60/30 days, VBP Drug List              |
| <b>Dopamine Receptor Agonists - Ergot Derivatives</b>                      |      |   |
| CYCLOSET TABLET 0.8 MG ORAL  | 3    |   |
| <b>DPP-4 Inhibitor-Thiazolidinedione Combinations</b>                      |      |   |
| <i>alogliptin-pioglitazone tablet 12.5-15 mg oral</i>                      | 1    | QL 45/30 days, VBP Drug List              |
| <i>alogliptin-pioglitazone tablet 12.5-30 mg oral</i>                      | 1    | VBP Drug List                             |
| <i>alogliptin-pioglitazone tablet 12.5-45 mg oral</i>                      | 1    | VBP Drug List                             |
| <i>alogliptin-pioglitazone tablet 25-15 mg oral</i>                        | 1    | VBP Drug List                             |
| <i>alogliptin-pioglitazone tablet 25-30 mg oral</i>                        | 1    | VBP Drug List                             |
| <i>alogliptin-pioglitazone tablet 25-45 mg oral</i>                        | 1    | VBP Drug List                             |
| <b>Human Insulin</b>   |      |   |
| APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS             | 3    | PA, Medical Necessity<br>PA,VBP Drug List |
| APIDRA SOLUTION 100 UNIT/ML INJECTION                                      | 3    | PA, Medical Necessity<br>PA,VBP Drug List |
| BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS            | 3    | PA, Medical Necessity<br>PA               |
| FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS             | 2    | VBP Drug List                             |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Human Insulin (continued)</b>   |      |                             |
| FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS                          | 2    | VBP Drug List               |
| FIASP PUMPCART SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS                         | 2    | VBP Drug List               |
| FIASP SOLUTION 100 UNIT/ML INJECTION   | 2    | VBP Drug List               |
| FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS  | 2    | VBP Drug List               |
| HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS | 3    | PA, Medical Necessity<br>PA |
| HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS                      | 3    | PA, Medical Necessity<br>PA |
| HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS                   | 2    | VBP Drug List               |
| HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS             | 2    | VBP Drug List               |
| <i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i>   | 3    | PA, Medical Necessity<br>PA |
| <i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i>   | 3    | PA, Medical Necessity<br>PA |
| <i>insulin degludec solution 100 unit/ml subcutaneous</i>                          | 3    | PA, Medical Necessity<br>PA |
| <i>insulin glargine solostar solution pen-injector 100 unit/ml subcutaneous</i>    | 3    | PA, Medical Necessity<br>PA |
| <i>insulin glargine solution 100 unit/ml subcutaneous</i>                          | 3    | PA, Medical Necessity<br>PA |
| <i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>                     | 3    | PA, Medical Necessity<br>PA |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS         |
|---|------|-----------------------------|
| <b>Human Insulin (continued)</b>  |      |                             |
| <i>insulin glargine-yfqn solution pen-injector 100 unit/ml subcutaneous</i>           | 3    | PA, Medical Necessity<br>PA |
| LANTUS SOLOSTAR SOLUTION 100 UNIT/ML SUBCUTANEOUS                                     | 2    | VBP Drug List               |
| LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                        | 2    | VBP Drug List               |
| LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS  | 2    | VBP Drug List               |
| LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                      | 2    | VBP Drug List               |
| LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS   | 2    | VBP Drug List               |
| NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 3    | PA, Medical Necessity<br>PA |
| NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS        | 2    | VBP Drug List               |
| NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS                      | 3    | PA, Medical Necessity<br>PA |
| NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS                             | 2    | VBP Drug List               |
| NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                    | 2    | VBP Drug List               |
| NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS   | 2    | VBP Drug List               |
| NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION                         | 2    | VBP Drug List               |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Human Insulin (continued)</b>   |      |                             |
| NOVOLIN R INNOLET SOLUTION 100 UNIT/ML INJECTION                                   | 2    | VBP Drug List               |
| NOVOLIN R SOLUTION 100 UNIT/ML INJECTION   | 2    | VBP Drug List               |
| NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                     | 2    | VBP Drug List               |
| NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS | 2    | VBP Drug List               |
| NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS                      | 2    | VBP Drug List               |
| NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS                        | 2    | VBP Drug List               |
| NOVOLOG SOLUTION 100 UNIT/ML INJECTION   | 2    | VBP Drug List               |
| SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS                                   | 3    | PA, Medical Necessity<br>PA |
| SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                      | 3    | PA, Medical Necessity<br>PA |
| SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS  | 3    | PA, Medical Necessity<br>PA |
| SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS                             | 3    | PA, Medical Necessity<br>PA |
| TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS                 | 2    | VBP Drug List               |
| TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS                     | 2    | VBP Drug List               |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                |
|---|------|------------------------------------|
| <b>Human Insulin (continued)</b>  |      |                                    |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS            | 2    | VBP Drug List                      |
| TRESIBA FLEXTOUCH SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS            | 2    | VBP Drug List                      |
| TRESIBA SOLUTION 100 UNIT/ML SUBCUTANEOUS                                   | 2    | VBP Drug List                      |
| <b>Incretin Mimetic Agents (GIP &amp; GLP-1 Receptor Agonists)</b>          |      |                                    |
| MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS                    | 2    | PA, QL 2/28 days, VBP Drug List    |
| MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS                  | 2    | PA, QL 2/28 days, VBP Drug List    |
| MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS                    | 2    | PA, QL 2/28 days, VBP Drug List    |
| MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS                   | 2    | PA, QL 2/28 days, VBP Drug List    |
| MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS                     | 2    | PA, QL 2/28 days, VBP Drug List    |
| MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS                   | 2    | PA, QL 2/28 days, VBP Drug List    |
| <b>Incretin Mimetic Agents (GLP-1 Receptor Agonists)</b>                    |      |                                    |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>             | 1    | PA, QL 9/30 days                   |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS | 2    | PA, QL 1.50/28 days, VBP Drug List |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)</b>      |      |                                  |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS | 2    | PA, QL 3/28 days, VBP Drug List  |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS         | 2    | PA, QL 3/28 days, VBP Drug List  |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS           | 2    | PA, QL 3/28 days, VBP Drug List  |
| OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS           | 2    | PA, QL 3/28 days, VBP Drug List  |
| RYBELSUS (FORMULATION R2) TABLET 1.5 MG ORAL                              | 2    | PA, QL 30/30 days, VBP Drug List |
| RYBELSUS (FORMULATION R2) TABLET 4 MG ORAL                                | 2    | PA, QL 30/30 days, VBP Drug List |
| RYBELSUS (FORMULATION R2) TABLET 9 MG ORAL                                | 2    | PA, QL 30/30 days, VBP Drug List |
| RYBELSUS TABLET 14 MG ORAL  | 2    | PA, QL 30/30 days, VBP Drug List |
| RYBELSUS TABLET 3 MG ORAL   | 2    | PA, QL 30/30 days, VBP Drug List |
| RYBELSUS TABLET 7 MG ORAL   | 2    | PA, QL 30/30 days, VBP Drug List |
| TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS               | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS                | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS                  | 2    | PA, QL 2/28 days, VBP Drug List  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS              |
|--|------|----------------------------------|
| <b>Incretin Mimetic Agents (GLP-1 Receptor Agonists) (continued)</b> |      |                                  |
| TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS           | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS           | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS            | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS              | 2    | PA, QL 2/28 days, VBP Drug List  |
| TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS            | 2    | PA, QL 2/28 days, VBP Drug List  |
| <b>Insulin-Incretin Mimetic Combinations</b>                         |      |                                  |
| XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS       | 3    | PA, Medical Necessity PA         |
| <b>Meglitinide Analogues</b>   |      |                                  |
| <i>nateglinide tablet 120 mg oral</i>                                | 1    | VBP Drug List                    |
| <i>nateglinide tablet 60 mg oral</i>                                 | 1    | VBP Drug List                    |
| <i>repaglinide tablet 0.5 mg oral</i>                                | 1    | VBP Drug List                    |
| <i>repaglinide tablet 1 mg oral</i>                                  | 1    | VBP Drug List                    |
| <i>repaglinide tablet 2 mg oral</i>                                  | 1    | VBP Drug List                    |
| <b>SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb</b>            |      |                                  |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL        | 2    | QL 30/30 days, ST, VBP Drug List |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL    | 2    | QL 60/30 days, VBP Drug List     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                     |
|---|------|---|
| <b>SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb (continued)</b>                 |      |   |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL                         | 2    | QL 30/30 days, VBP Drug List            |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL                        | 2    | QL 60/30 days, VBP Drug List            |
| <b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations</b>                                 |      |   |
| GLYXAMBI TABLET 10-5 MG ORAL  | 2    | VBP Drug List                           |
| GLYXAMBI TABLET 25-5 MG ORAL  | 2    | VBP Drug List                           |
| <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>                             |      |   |
| <i>dapagliflozin propanediol tablet 10 mg oral</i>                                    | 1    | PA, QL 30/30 days, Medical Necessity PA |
| <i>dapagliflozin propanediol tablet 5 mg oral</i>                                     | 1    | PA, QL 30/30 days, Medical Necessity PA |
| FARXIGA TABLET 10 MG ORAL   | 2    | QL 30/30 days, VBP Drug List            |
| FARXIGA TABLET 5 MG ORAL  | 2    | QL 30/30 days, VBP Drug List            |
| JARDIANCE TABLET 10 MG ORAL   | 2    | QL 30/30 days, VBP Drug List            |
| JARDIANCE TABLET 25 MG ORAL   | 2    | QL 30/30 days, VBP Drug List            |
| <b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb</b>                       |      |   |
| <i>dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral</i> | 1    | PA, QL 30/30 days, Medical Necessity PA |
| <i>dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral</i>  | 1    | PA, QL 60/30 days, Medical Necessity PA |
| SYNJARDY TABLET 12.5-1000 MG ORAL   | 2    | QL 60/30 days, VBP Drug List            |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb (continued)</b> |      |  |
| SYNJARDY TABLET 12.5-500 MG ORAL  | 2    | QL 60/30 days, VBP Drug List               |
| SYNJARDY TABLET 5-1000 MG ORAL  | 2    | QL 60/30 days, VBP Drug List               |
| SYNJARDY TABLET 5-500 MG ORAL   | 2    | QL 60/30 days, VBP Drug List               |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL                 | 2    | QL 60/30 days, VBP Drug List               |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL               | 2    | QL 60/30 days, VBP Drug List               |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL                 | 2    | QL 30/30 days, VBP Drug List               |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL                  | 2    | QL 60/30 days, VBP Drug List               |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL                   | 2    | QL 30/30 days, VBP Drug List               |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL                    | 2    | QL 30/30 days, VBP Drug List               |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL                  | 2    | QL 60/30 days, VBP Drug List               |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL                    | 2    | QL 60/30 days, VBP Drug List               |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL                     | 2    | QL 30/30 days, VBP Drug List               |
| <b>Sulfonylurea-Biguanide Combinations</b>                                  |      |  |
| <i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide-metformin hcl tablet 5-500 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Sulfonylurea-Biguanide Combinations (continued)</b>          |      |  |
| <i>glyburide-metformin tablet 1.25-250 mg oral</i>              | 1    | VBP Drug List                              |
| <i>glyburide-metformin tablet 2.5-500 mg oral</i>               | 1    | VBP Drug List                              |
| <i>glyburide-metformin tablet 5-500 mg oral</i>                 | 1    | VBP Drug List                              |
| <b>Sulfonylureas</b>  |      |  |
| <i>glimepiride tablet 1 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glimepiride tablet 2 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glimepiride tablet 4 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide er tablet extended release 24 hour 10 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide er tablet extended release 24 hour 2.5 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide er tablet extended release 24 hour 5 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide tablet 10 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glipizide tablet 5 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glyburide micronized tablet 1.5 mg oral</i>                  | 1    | Incentive, VBP Drug List                   |
| <i>glyburide micronized tablet 3 mg oral</i>                    | 1    | Incentive, VBP Drug List                   |
| <i>glyburide micronized tablet 6 mg oral</i>                    | 1    | Incentive, VBP Drug List                   |
| <i>glyburide tablet 1.25 mg oral</i>                            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glyburide tablet 2.5 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>glyburide tablet 5 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Thiazolidinedione-Biguanide Combinations</b>             |      |                               |
| <i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i> | 1    | VBP Drug List                 |
| <i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i> | 1    | VBP Drug List                 |
| <b>Thiazolidinediones</b>                                   |      |                               |
| AVANDIA TABLET 2 MG ORAL                                    | 3    | VBP Drug List                 |
| AVANDIA TABLET 4 MG ORAL                                    | 3    | VBP Drug List                 |
| <i>pioglitazone hcl tablet 15 mg oral</i>                   | 1    | VBP Drug List                 |
| <i>pioglitazone hcl tablet 30 mg oral</i>                   | 1    | VBP Drug List                 |
| <i>pioglitazone hcl tablet 45 mg oral</i>                   | 1    | VBP Drug List                 |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>                       |      |                               |
| <b>Antiperistaltic Agents</b>                               |      |                               |
| <i>diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral</i>  | 1    |                               |
| <i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i>      | 1    |                               |
| <i>loperamide hcl capsule 2 mg oral</i>                     | 1    |                               |
| MOTOFEN TABLET 1-0.025 MG ORAL                              | 3    |                               |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>                   |      |                               |
| <b>Antidotes - Chelating Agents</b>                         |      |                               |
| CHEMET CAPSULE 100 MG ORAL                                  | 3    |                               |
| <i>deferasirox tablet 180 mg oral</i>                       | 4    | PA, SP, Partial Fill, Prudent |
| <i>deferasirox tablet 360 mg oral</i>                       | 4    | PA, SP, Partial Fill, Prudent |
| <i>deferasirox tablet 90 mg oral</i>                        | 4    | PA, SP, Partial Fill, Prudent |
| <i>deferasirox tablet soluble 125 mg oral</i>               | 4    | PA, SP, Partial Fill, Prudent |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Antidotes - Chelating Agents (continued)</b>                   |      |                               |
| <i>deferasirox tablet soluble 250 mg oral</i>                     | 4    | PA, SP, Partial Fill, Prudent |
| <i>deferasirox tablet soluble 500 mg oral</i>                     | 4    | PA, SP, Partial Fill, Prudent |
| <i>deferiprone tablet 1000 mg oral</i>                            | 4    | LA, PA, SP, Prudent           |
| <i>deferiprone tablet 500 mg oral</i>                             | 4    | LA, PA, SP, Prudent           |
| FERRIPROX SOLUTION 100 MG/ML ORAL                                 | 4    | LA, PA, SP                    |
| FERRIPROX TWICE-A-DAY TABLET 1000 MG ORAL                         | 4    | LA, PA, SP                    |
| <b>Antidotes and Specific Antagonists</b>                         |      |                               |
| CETYLEV TABLET EFFERVESCENT 2.5 GM ORAL                           | 2    |                               |
| CETYLEV TABLET EFFERVESCENT 500 MG ORAL                           | 2    |                               |
| VISTOGARD PACKET 10 GM ORAL                                       | 3    | PA, QL 20/5 days              |
| <b>Opioid Antagonists</b>   |      |                               |
| KLOXXADO LIQUID 8 MG/0.1ML NASAL                                  | 2    | QL 4/90 days                  |
| <i>naloxone hcl liquid 4 mg/0.1ml nasal</i>                       | 1    | QL 4/90 days                  |
| <i>naloxone hcl solution 0.4 mg/ml injection</i>                  | 1    |                               |
| <i>naloxone hcl solution auto-injector 2 mg/0.4ml injection</i>   | 1    |                               |
| <i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>        | 1    |                               |
| <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i> | 1    |                               |
| <i>naltrexone hcl tablet 50 mg oral</i>                           | 1    |                               |
| NARCAN LIQUID 4 MG/0.1ML NASAL                                    | 2    | QL 4/90 days                  |
| OPVEE SOLUTION 2.7 MG/0.1ML NASAL                                 | 2    | QL 4/180 days                 |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Opioid Antagonists (continued)</b>                                |      |                     |
| REXTOVY LIQUID 4 MG/0.25ML NASAL                                     | 2    | QL 4/90 days        |
| VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR               | 3    | QL 1/28 days        |
| ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION                | 2    | QL 2/180 days       |
| ZURNAI SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML INJECTION                 | 2    | QL 4/90 days        |
| <b>ANTIEMETICS</b>   |      |                     |
| <b>5-HT3 Receptor Antagonists</b>                                    |      |                     |
| ANZEMET TABLET 100 MG ORAL   | 3    | QL 4/28 days        |
| ANZEMET TABLET 50 MG ORAL  | 3    | QL 4/28 days        |
| <i>granisetron hcl solution 1 mg/ml intravenous</i>                  | 1    | QL 1/15 days        |
| <i>granisetron hcl solution 4 mg/4ml intravenous</i>                 | 1    | QL 1/15 days        |
| <i>granisetron hcl tablet 1 mg oral</i>                              | 1    |                     |
| <i>ondansetron hcl solution 4 mg/2ml injection</i>                   | 1    |                     |
| <i>ondansetron hcl solution 4 mg/5ml oral</i>                        | 1    | QL 100/15 days      |
| <i>ondansetron hcl solution 40 mg/20ml injection</i>                 | 1    |                     |
| <i>ondansetron hcl solution prefilled syringe 4 mg/2ml injection</i> | 1    |                     |
| <i>ondansetron hcl tablet 4 mg oral</i>                              | 1    |                     |
| <i>ondansetron hcl tablet 8 mg oral</i>                              | 1    |                     |
| <i>ondansetron tablet dispersible 4 mg oral</i>                      | 1    |                     |
| <i>ondansetron tablet dispersible 8 mg oral</i>                      | 1    |                     |
| <i>palonosetron hcl solution 0.25 mg/2ml intravenous</i>             | 3    | QL 1/25 days        |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>5-HT3 Receptor Antagonists (continued)</b>                              |      |                     |
| <i>palonosetron hcl solution 0.25 mg/5ml intravenous</i>                   | 1    | QL 1/25 days        |
| <i>palonosetron hcl solution prefilled syringe 0.25 mg/5ml intravenous</i> | 1    |                     |
| SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL                                      | 3    | QL 4/28 days        |
| ZUPLENZ FILM 4 MG ORAL   | 3    | QL 24/30 days       |
| ZUPLENZ FILM 8 MG ORAL   | 3    | QL 24/30 days       |
| <b>Antiemetic Combinations</b>   |      |                     |
| AKYNZEO CAPSULE 300-0.5 MG ORAL  | 3    | PA, QL 4/28 days    |
| <i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>          | 1    |                     |
| <b>Antiemetics - Anticholinergic</b>                                       |      |                     |
| <i>meclizine hcl tablet 12.5 mg oral</i>                                   | 1    |                     |
| <i>meclizine hcl tablet 25 mg oral</i>                                     | 1    |                     |
| <i>scopolamine patch 72 hour 1 mg/3days transdermal</i>                    | 1    |                     |
| TRANSDERM-SCOP (1.5 MG) PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL               | 3    |                     |
| <i>trimethobenzamide hcl capsule 300 mg oral</i>                           | 1    |                     |
| <b>Antiemetics - Miscellaneous</b>   |      |                     |
| CESAMET CAPSULE 1 MG ORAL  | 3    | QL 4/1 days         |
| <i>dronabinol capsule 10 mg oral</i>                                       | 1    | QL 60/30 days       |
| <i>dronabinol capsule 2.5 mg oral</i>                                      | 1    | QL 120/30 days      |
| <i>dronabinol capsule 5 mg oral</i>  | 1    | QL 120/30 days      |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|-----------------------|
| <b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>         |      |                       |
| <i>aprepitant capsule 125 mg oral</i>                              | 1    | QL 4/28 days          |
| <i>aprepitant capsule 40 mg oral</i>                               | 1    | QL 3/180 days         |
| <i>aprepitant capsule 80 &amp; 125 mg oral</i>                     | 1    | QL 4/28 days          |
| <i>aprepitant capsule 80 mg oral</i>                               | 1    | QL 4/28 days          |
| <b>ANTIFUNGALS</b>   |      |                       |
| <b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>    |      |                       |
| CANCIDAS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS                  | 3    |                       |
| ERAXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                   | 3    | Medical Benefit only. |
| ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS                    | 3    | Medical Benefit only. |
| <i>micafungin sodium solution reconstituted 100 mg intravenous</i> | 1    |                       |
| <i>micafungin sodium solution reconstituted 50 mg intravenous</i>  | 1    |                       |
| <b>Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)</b>    |      |                       |
| BREXAFEMME TABLET 150 MG ORAL                                      | 3    | PA, QL 4/30 days      |
| <b>Antifungals</b>   |      |                       |
| ABELCET SUSPENSION 5 MG/ML INTRAVENOUS                             | 3    |                       |
| AMBISOME SUSPENSION RECONSTITUTED 50 MG INTRAVENOUS                | 3    |                       |
| <i>amphotericin b solution reconstituted 50 mg injection</i>       | 1    |                       |
| <i>flucytosine capsule 250 mg oral</i>                             | 1    | PA                    |
| <i>flucytosine capsule 500 mg oral</i>                             | 1    | PA                    |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS        |
|---|------|----------------------------|
| <b>Antifungals (continued)</b>                            |      |                            |
| <i>griseofulvin microsize suspension 125 mg/5ml oral</i>  | 1    |                            |
| <i>griseofulvin microsize tablet 500 mg oral</i>          | 1    |                            |
| <i>griseofulvin ultramicrosize tablet 125 mg oral</i>     | 1    |                            |
| <i>griseofulvin ultramicrosize tablet 250 mg oral</i>     | 1    |                            |
| <i>nystatin tablet 500000 unit oral</i>                   | 1    |                            |
| <i>terbinafine hcl tablet 250 mg oral</i>                 | 1    |                            |
| <b>Imidazoles</b>   |      |                            |
| <i>ketoconazole tablet 200 mg oral</i>                    | 1    |                            |
| <b>Tetrazoles</b>   |      |                            |
| VIVJOA CAPSULE THERAPY PACK 150 MG ORAL                   | 4    | LA, PA, QL 18/365 days, SP |
| <b>Triazoles</b>  |      |                            |
| CRESEMBA CAPSULE 186 MG ORAL                              | 4    | PA, SP                     |
| CRESEMBA CAPSULE 74.5 MG ORAL                             | 4    | PA, QL 170/30 days, SP     |
| <i>fluconazole suspension reconstituted 10 mg/ml oral</i> | 1    |                            |
| <i>fluconazole suspension reconstituted 40 mg/ml oral</i> | 1    |                            |
| <i>fluconazole tablet 100 mg oral</i>                     | 1    |                            |
| <i>fluconazole tablet 150 mg oral</i>                     | 1    |                            |
| <i>fluconazole tablet 200 mg oral</i>                     | 1    |                            |
| <i>fluconazole tablet 50 mg oral</i>                      | 1    |                            |
| <i>itraconazole capsule 100 mg oral</i>                   | 1    |                            |
| <i>itraconazole solution 10 mg/ml oral</i>                | 1    |                            |
| <i>posaconazole suspension 40 mg/ml oral</i>              | 1    | PA                         |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                      |
|--|------|--|
| <b>Triazoles (continued)</b>                               |      |  |
| <i>posaconazole tablet delayed release 100 mg oral</i>     | 1    | PA                                       |
| <i>voriconazole suspension reconstituted 40 mg/ml oral</i> | 1    | PA, QL 150/30 days, Medical Necessity PA |
| <i>voriconazole tablet 200 mg oral</i>                     | 1    | QL 60/30 days                            |
| <i>voriconazole tablet 50 mg oral</i>                      | 1    | QL 120/30 days                           |
| <b>ANTIHISTAMINES</b>                                      |      |  |
| <b>Antihistamines - Alkylamines</b>                        |      |  |
| <i>brompheniramine tannate tablet chewable 12 mg oral</i>  | 1    |  |
| <b>Antihistamines - Ethanolamines</b>                      |      |  |
| <i>carbinoxamine maleate solution 4 mg/5ml oral</i>        | 1    |  |
| <i>carbinoxamine maleate tablet 4 mg oral</i>              | 1    |  |
| <i>clemastine fumarate tablet 2.68 mg oral</i>             | 1    |  |
| <i>diphenhydramine hcl capsule 25 mg oral</i>              | 1    |  |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml oral</i>         | 1    |  |
| <i>diphenhydramine hcl solution 50 mg/ml injection</i>     | 1    |  |
| <b>Antihistamines - Non-Sedating</b>                       |      |  |
| <i>cetirizine hcl solution 1 mg/ml oral</i>                | 1    |  |
| CLARINEX SYRUP 0.5 MG/ML ORAL                              | 3    |  |
| <i>desloratadine tablet 5 mg oral</i>                      | 1    |  |
| <i>desloratadine tablet dispersible 2.5 mg oral</i>        | 1    |  |
| <i>desloratadine tablet dispersible 5 mg oral</i>          | 1    |  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihistamines - Non-Sedating (continued)</b>               |      |                     |
| <i>levocetirizine dihydrochloride solution 2.5 mg/5ml oral</i> | 1    |                     |
| <i>levocetirizine dihydrochloride tablet 5 mg oral</i>         | 1    |                     |
| <b>Antihistamines - Phenothiazines</b>                         |      |                     |
| PHENADOZ SUPPOSITORY 12.5 MG RECTAL                            | 1    |                     |
| PHENADOZ SUPPOSITORY 25 MG RECTAL                              | 1    |                     |
| <i>promethazine hcl solution 25 mg/ml injection</i>            | 1    |                     |
| <i>promethazine hcl solution 50 mg/ml injection</i>            | 1    |                     |
| <i>promethazine hcl solution 6.25 mg/5ml oral</i>              | 1    |                     |
| <i>promethazine hcl suppository 12.5 mg rectal</i>             | 1    |                     |
| <i>promethazine hcl suppository 25 mg rectal</i>               | 1    |                     |
| <i>promethazine hcl suppository 50 mg rectal</i>               | 1    |                     |
| <i>promethazine hcl syrup 6.25 mg/5ml oral</i>                 | 1    |                     |
| <i>promethazine hcl tablet 12.5 mg oral</i>                    | 1    |                     |
| <i>promethazine hcl tablet 25 mg oral</i>                      | 1    |                     |
| <i>promethazine hcl tablet 50 mg oral</i>                      | 1    |                     |
| PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL                         | 1    |                     |
| PROMETHEGAN SUPPOSITORY 25 MG RECTAL                           | 1    |                     |
| PROMETHEGAN SUPPOSITORY 50 MG RECTAL                           | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihistamines - Piperidines</b>                       |      |                     |
| <i>cyproheptadine hcl syrup 2 mg/5ml oral</i>             | 1    |                     |
| <i>cyproheptadine hcl tablet 4 mg oral</i>                | 1    |                     |
| <b>ANTHYPERLIPIDEMICS</b>                                 |      |                     |
| <b>Antihyperlipidemics - Misc.</b>                        |      |                     |
| <i>icosapent ethyl capsule 0.5 gm oral</i>                | 1    | QL 120/30 days      |
| <i>icosapent ethyl capsule 1 gm oral</i>                  | 1    | QL 120/30 days      |
| KYNAMRO SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS | 4    | PA, SP              |
| <i>omega-3-acid ethyl esters capsule 1 gm oral</i>        | 1    |                     |
| <b>Bile Acid Sequestrants</b>                             |      |                     |
| <i>cholestyramine light packet 4 gm oral</i>              | 1    |                     |
| <i>cholestyramine light powder 4 gm/dose oral</i>         | 1    |                     |
| <i>cholestyramine packet 4 gm oral</i>                    | 1    |                     |
| <i>cholestyramine powder 4 gm/dose oral</i>               | 1    |                     |
| <i>colesevelam hcl packet 3.75 gm oral</i>                | 1    |                     |
| <i>colesevelam hcl tablet 625 mg oral</i>                 | 1    |                     |
| <i>colestipol hcl granules 5 gm oral</i>                  | 1    |                     |
| <i>colestipol hcl packet 5 gm oral</i>                    | 1    |                     |
| <i>colestipol hcl tablet 1 gm oral</i>                    | 1    |                     |
| PREVALITE POWDER 4 GM/DOSE ORAL                           | 1    |                     |
| <b>Fibric Acid Derivatives</b>                            |      |                     |
| <i>fenofibrate capsule 150 mg oral</i>                    | 1    |                     |
| <i>fenofibrate capsule 50 mg oral</i>                     | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|---|
| <b>Fibric Acid Derivatives (continued)</b>                 |      |   |
| <i>fenofibrate micronized capsule 130 mg oral</i>          | 1    |   |
| <i>fenofibrate micronized capsule 134 mg oral</i>          | 1    | Incentive   |
| <i>fenofibrate micronized capsule 200 mg oral</i>          | 1    |   |
| <i>fenofibrate micronized capsule 43 mg oral</i>           | 1    | Incentive   |
| <i>fenofibrate micronized capsule 67 mg oral</i>           | 1    | Incentive   |
| <i>fenofibrate tablet 145 mg oral</i>                      | 1    |   |
| <i>fenofibrate tablet 160 mg oral</i>                      | 1    | Incentive   |
| <i>fenofibrate tablet 48 mg oral</i>                       | 1    | Incentive   |
| <i>fenofibrate tablet 54 mg oral</i>                       | 1    | Incentive   |
| <i>fenofibric acid capsule delayed release 135 mg oral</i> | 1    |   |
| <i>fenofibric acid capsule delayed release 45 mg oral</i>  | 1    |   |
| <i>fenofibric acid tablet 105 mg oral</i>                  | 1    |   |
| <i>fenofibric acid tablet 35 mg oral</i>                   | 1    |   |
| <i>gemfibrozil tablet 600 mg oral</i>                      | 1    | Incentive   |
| <b>HMG CoA Reductase Inhibitors</b>                        |      |   |
| <i>atorvastatin calcium tablet 10 mg oral</i>              | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List |
| <i>atorvastatin calcium tablet 20 mg oral</i>              | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply, VBP Drug List |
| <i>atorvastatin calcium tablet 40 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List                                  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS  |
|---|------|--|
| <b>HMG CoA Reductase Inhibitors (continued)</b>                         |      |  |
| <i>atorvastatin calcium tablet 80 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive,VBP Drug List                                  |
| <i>fluvastatin sodium capsule 20 mg oral</i>                            | 0    | QL 30/30 days, ACA NCDL, limitations may apply                             |
| <i>fluvastatin sodium capsule 40 mg oral</i>                            | 0    | QL 30/30 days, ACA NCDL, limitations may apply                             |
| <i>fluvastatin sodium er tablet extended release 24 hour 80 mg oral</i> | 0    | ACA NCDL, limitations may apply  |
| <i>lovastatin tablet 10 mg oral</i>                                     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>lovastatin tablet 20 mg oral</i>                                     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>lovastatin tablet 40 mg oral</i>                                     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>pitavastatin calcium tablet 1 mg oral</i>                            | 0    | QL 30/30 days, ACA NCDL, limitations may apply                             |
| <i>pitavastatin calcium tablet 2 mg oral</i>                            | 0    | QL 30/30 days, ACA NCDL, limitations may apply                             |
| <i>pitavastatin calcium tablet 4 mg oral</i>                            | 0    | QL 30/30 days, ACA NCDL, limitations may apply                             |
| <i>pravastatin sodium tablet 10 mg oral</i>                             | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |

| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS  |
|---|------|--|
| <b>HMG CoA Reductase Inhibitors (continued)</b> |      |  |
| <i>pravastatin sodium tablet 20 mg oral</i>     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>pravastatin sodium tablet 40 mg oral</i>     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>pravastatin sodium tablet 80 mg oral</i>     | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>rosuvastatin calcium tablet 10 mg oral</i>   | 0    | ACA NCDL, limitations may apply  |
| <i>rosuvastatin calcium tablet 20 mg oral</i>   | 1    |  |
| <i>rosuvastatin calcium tablet 40 mg oral</i>   | 1    |  |
| <i>rosuvastatin calcium tablet 5 mg oral</i>    | 0    | ACA NCDL, limitations may apply  |
| <i>simvastatin tablet 10 mg oral</i>            | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>simvastatin tablet 20 mg oral</i>            | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>simvastatin tablet 40 mg oral</i>            | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |
| <i>simvastatin tablet 5 mg oral</i>             | 0    | PS Expanded NCDL, ACA NCDL, Incentive; limitations may apply,VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                          |
|--|------|--|
| <b>HMG CoA Reductase Inhibitors (continued)</b>                            |      |  |
| <i>simvastatin tablet 80 mg oral</i>                                       | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <b>Intest Cholest Absorp Inhib-HMG CoA Reductase Inhib Comb</b>            |      |  |
| <i>ezetimibe-simvastatin tablet 10-10 mg oral</i>                          | 1    | QL 30/30 days                                |
| <i>ezetimibe-simvastatin tablet 10-20 mg oral</i>                          | 1    | QL 30/30 days                                |
| <i>ezetimibe-simvastatin tablet 10-40 mg oral</i>                          | 1    | QL 30/30 days                                |
| <i>ezetimibe-simvastatin tablet 10-80 mg oral</i>                          | 1    | QL 30/30 days                                |
| <b>Intestinal Cholesterol Absorption Inhibitors</b>                        |      |  |
| <i>ezetimibe tablet 10 mg oral</i>   | 1    |  |
| <b>Nicotinic Acid Derivatives</b>  |      |  |
| <i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i> | 1    |  |
| <i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>  | 1    | QL 1.50/1 days                               |
| <i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i>  | 1    |  |
| NIASPAN TABLET EXTENDED RELEASE 1000 MG ORAL                               | 3    |  |
| NIASPAN TABLET EXTENDED RELEASE 500 MG ORAL                                | 3    | QL 1.50/1 days                               |
| NIASPAN TABLET EXTENDED RELEASE 750 MG ORAL                                | 3    |  |
| <b>PCSK9 Inhibitors</b>  |      |  |
| REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS     | 3    | PA-NSO, QL 3.50/28 days                      |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                          |
|---|------|--|
| <b>PCSK9 Inhibitors (continued)</b>                             |      |  |
| REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS       | 3    | PA-NSO, QL 2/28 days                         |
| REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS | 3    | PA-NSO, QL 2/28 days                         |
| <b>ANTIHYPERTENSIVES</b>  |      |  |
| <b>ACE Inhibitor &amp; Calcium Channel Blocker Combinations</b> |      |  |
| <i>amlodipine besy-benazepril hcl capsule 10-20 mg oral</i>     | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besy-benazepril hcl capsule 10-40 mg oral</i>     | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>    | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>      | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>      | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besy-benazepril hcl capsule 5-40 mg oral</i>      | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <b>ACE Inhibitors</b>   |      |  |
| <i>benazepril hcl tablet 10 mg oral</i>                         | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>benazepril hcl tablet 20 mg oral</i>                         | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>benazepril hcl tablet 40 mg oral</i>                         | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>benazepril hcl tablet 5 mg oral</i>                          | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>captopril tablet 100 mg oral</i>                             | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |

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| DRUG NAME                                   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>ACE Inhibitors (continued)</b>           |      |  |
| <i>captopril tablet 12.5 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>captopril tablet 25 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>captopril tablet 50 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>enalapril maleate tablet 10 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>enalapril maleate tablet 2.5 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>enalapril maleate tablet 20 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>enalapril maleate tablet 5 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fosinopril sodium tablet 10 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fosinopril sodium tablet 20 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fosinopril sodium tablet 40 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 10 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 2.5 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 20 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 30 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 40 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril tablet 5 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>ACE Inhibitors (continued)</b>                            |      |  |
| <i>moexipril hcl tablet 15 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>moexipril hcl tablet 7.5 mg oral</i>                      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>perindopril erbumine tablet 2 mg oral</i>                 | 1    |  |
| <i>perindopril erbumine tablet 4 mg oral</i>                 | 1    |  |
| <i>perindopril erbumine tablet 8 mg oral</i>                 | 1    |  |
| <i>quinapril hcl tablet 10 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quinapril hcl tablet 20 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quinapril hcl tablet 40 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quinapril hcl tablet 5 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>ramipril capsule 1.25 mg oral</i>                         | 1    |  |
| <i>ramipril capsule 10 mg oral</i>                           | 1    |  |
| <i>ramipril capsule 2.5 mg oral</i>                          | 1    |  |
| <i>ramipril capsule 5 mg oral</i>                            | 1    |  |
| <i>trandolapril tablet 1 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>trandolapril tablet 2 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>trandolapril tablet 4 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>ACE Inhibitors &amp; Thiazide/Thiazide-Like</b>           |      |  |
| <i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>ACE Inhibitors &amp; Thiazide/Thiazide-Like (continued)</b> |      |  |
| <i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>     | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>    | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i>      | 1    |  |
| <i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i>      | 1    |  |
| <i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i>      | 1    |  |
| <i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i>      | 1    |  |
| <i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>      | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>     | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>     | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>moexipril-hydrochlorothiazide tablet 15-12.5 mg oral</i>    | 1    |  |
| <i>moexipril-hydrochlorothiazide tablet 15-25 mg oral</i>      | 1    |  |
| <i>moexipril-hydrochlorothiazide tablet 7.5-12.5 mg oral</i>   | 1    |  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>ACE Inhibitors &amp; Thiazide/Thiazide-Like (continued)</b>     |      |                     |
| <i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>        | 1    |                     |
| <i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>        | 1    |                     |
| <i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>          | 1    |                     |
| <b>Agents for Pheochromocytoma</b>                                 |      |                     |
| <i>phenoxybenzamine hcl capsule 10 mg oral</i>                     | 3    | PA                  |
| <b>Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb</b> |      |                     |
| <i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>         | 1    | QL 30/30 days       |
| <i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>         | 1    | QL 30/30 days       |
| <i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>          | 1    | QL 30/30 days       |
| <i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>          | 1    | QL 30/30 days       |
| <i>amlodipine-olmesartan tablet 10-20 mg oral</i>                  | 1    |                     |
| <i>amlodipine-olmesartan tablet 10-40 mg oral</i>                  | 1    |                     |
| <i>amlodipine-olmesartan tablet 5-20 mg oral</i>                   | 1    |                     |
| <i>amlodipine-olmesartan tablet 5-40 mg oral</i>                   | 1    |                     |
| <i>telmisartan-amlodipine tablet 40-10 mg oral</i>                 | 1    |                     |
| <i>telmisartan-amlodipine tablet 40-5 mg oral</i>                  | 1    |                     |
| <i>telmisartan-amlodipine tablet 80-10 mg oral</i>                 | 1    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb (continued)</b> |      |  |
| <i>telmisartan-amlodipine tablet 80-5 mg oral</i>                              | 1    |  |
| <b>Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like</b>              |      |  |
| <i>candesartan cilexetil-hctz tablet 16-12.5 mg oral</i>                       | 1    |  |
| <i>candesartan cilexetil-hctz tablet 32-12.5 mg oral</i>                       | 1    |  |
| <i>candesartan cilexetil-hctz tablet 32-25 mg oral</i>                         | 1    |  |
| <i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>                  | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>                  | 1    | PS Expanded NCDL, VBP Drug List            |
| <i>losartan potassium-hctz tablet 100-12.5 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>losartan potassium-hctz tablet 100-25 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>losartan potassium-hctz tablet 50-12.5 mg oral</i>                          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>                        | 1    |  |
| <i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>                        | 1    |  |
| <i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>                          | 1    |  |
| <i>telmisartan-hctz tablet 40-12.5 mg oral</i>                                 | 1    |  |
| <i>telmisartan-hctz tablet 80-12.5 mg oral</i>                                 | 1    |  |
| <i>telmisartan-hctz tablet 80-25 mg oral</i>                                   | 1    |  |
| <i>valsartan-hydrochlorothiazide tablet 160-12.5 mg oral</i>                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>valsartan-hydrochlorothiazide tablet 160-25 mg oral</i>                     | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like (continued)</b> |      |  |
| <i>valsartan-hydrochlorothiazide tablet 320-12.5 mg oral</i>                  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>                    | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>valsartan-hydrochlorothiazide tablet 80-12.5 mg oral</i>                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Angiotensin II Receptor Antagonists</b>                                    |      |  |
| <i>candesartan cilexetil tablet 16 mg oral</i>                                | 1    |  |
| <i>candesartan cilexetil tablet 32 mg oral</i>                                | 1    |  |
| <i>candesartan cilexetil tablet 4 mg oral</i>                                 | 1    |  |
| <i>candesartan cilexetil tablet 8 mg oral</i>                                 | 1    |  |
| EDARBI TABLET 40 MG ORAL  | 3    | PA, QL 30/30 days, Medical Necessity PA    |
| EDARBI TABLET 80 MG ORAL  | 3    | PA, Medical Necessity PA                   |
| <i>eprosartan mesylate tablet 600 mg oral</i>                                 | 1    |  |
| <i>irbesartan tablet 150 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>irbesartan tablet 300 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>irbesartan tablet 75 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>losartan potassium tablet 100 mg oral</i>                                  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>losartan potassium tablet 25 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>losartan potassium tablet 50 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>olmesartan medoxomil tablet 20 mg oral</i>                                 | 1    |  |
| <i>olmesartan medoxomil tablet 40 mg oral</i>                                 | 1    |  |
| <i>olmesartan medoxomil tablet 5 mg oral</i>                                  | 1    |  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Angiotensin II Receptor Antagonists (continued)</b>          |      |  |
| <i>telmisartan tablet 20 mg oral</i>                            | 1    |  |
| <i>telmisartan tablet 40 mg oral</i>                            | 1    |  |
| <i>telmisartan tablet 80 mg oral</i>                            | 1    |  |
| <i>valsartan tablet 160 mg oral</i>                             | 1    |  |
| <i>valsartan tablet 320 mg oral</i>                             | 1    |  |
| <i>valsartan tablet 40 mg oral</i>                              | 1    |  |
| <i>valsartan tablet 80 mg oral</i>                              | 1    |  |
| <b>Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides</b> |      |  |
| <i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>      | 1    | QL 30/30 days                              |
| <i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>     | 1    | QL 30/30 days                              |
| <i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>       | 1    | QL 30/30 days                              |
| <i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>      | 1    | QL 30/30 days                              |
| <i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>        | 1    | QL 30/30 days                              |
| <b>Antiadrenergics - Centrally Acting</b>                       |      |  |
| <i>clonidine hcl tablet 0.1 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>clonidine hcl tablet 0.2 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>clonidine hcl tablet 0.3 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>clonidine patch weekly 0.1 mg/24hr transdermal</i>           | 1    | QL 4/28 days                               |
| <i>clonidine patch weekly 0.2 mg/24hr transdermal</i>           | 1    | QL 4/28 days                               |
| <i>clonidine patch weekly 0.3 mg/24hr transdermal</i>           | 1    | QL 4/28 days                               |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Antiadrenergics - Centrally Acting (continued)</b>         |      |  |
| <i>guanfacine hcl tablet 1 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>guanfacine hcl tablet 2 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>methyldopa tablet 250 mg oral</i>                          | 1    |  |
| <i>methyldopa tablet 500 mg oral</i>                          | 1    |  |
| <b>Antiadrenergics - Peripherally Acting</b>                  |      |  |
| <i>doxazosin mesylate tablet 1 mg oral</i>                    | 1    |  |
| <i>doxazosin mesylate tablet 2 mg oral</i>                    | 1    |  |
| <i>doxazosin mesylate tablet 4 mg oral</i>                    | 1    |  |
| <i>doxazosin mesylate tablet 8 mg oral</i>                    | 1    |  |
| <i>prazosin hcl capsule 1 mg oral</i>                         | 1    |  |
| <i>prazosin hcl capsule 2 mg oral</i>                         | 1    |  |
| <i>prazosin hcl capsule 5 mg oral</i>                         | 1    |  |
| <i>terazosin hcl capsule 1 mg oral</i>                        | 1    |  |
| <i>terazosin hcl capsule 10 mg oral</i>                       | 1    |  |
| <i>terazosin hcl capsule 2 mg oral</i>                        | 1    |  |
| <i>terazosin hcl capsule 5 mg oral</i>                        | 1    |  |
| <b>Beta Blocker &amp; Diuretic Combinations</b>               |      |  |
| <i>atenolol-chlorthalidone tablet 100-25 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>atenolol-chlorthalidone tablet 50-25 mg oral</i>           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Beta Blocker &amp; Diuretic Combinations (continued)</b> |      |  |
| <i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>propranolol-hctz tablet 40-25 mg oral</i>                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>propranolol-hctz tablet 80-25 mg oral</i>                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Direct Renin Inhibitors</b>                              |      |  |
| <i>aliskiren fumarate tablet 150 mg oral</i>                | 1    | QL 30/30 days                              |
| <i>aliskiren fumarate tablet 300 mg oral</i>                | 1    | QL 30/30 days                              |
| <b>Endothelin Receptor Antagonists</b>                      |      |  |
| TRYVIO TABLET 12.5 MG ORAL                                  | 3    | PA, QL 30/30 days                          |
| <b>Selective Aldosterone Receptor Antagonists (SARAs)</b>   |      |  |
| <i>eplerenone tablet 25 mg oral</i>                         | 1    |  |
| <i>eplerenone tablet 50 mg oral</i>                         | 1    |  |
| <b>Vasodilators</b>   |      |  |
| <i>hydralazine hcl solution 20 mg/ml injection</i>          | 1    |  |
| <i>hydralazine hcl tablet 10 mg oral</i>                    | 1    |  |
| <i>hydralazine hcl tablet 100 mg oral</i>                   | 1    |  |
| <i>hydralazine hcl tablet 25 mg oral</i>                    | 1    |  |
| <i>hydralazine hcl tablet 50 mg oral</i>                    | 1    |  |
| <i>minoxidil tablet 10 mg oral</i>                          | 1    |  |
| <i>minoxidil tablet 2.5 mg oral</i>                         | 1    |  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>ANTI-INFECTIVE AGENTS - MISC.</b>                                    |      |                     |
| <b>Anti-infective Agents - Misc.</b>                                    |      |                     |
| <i>bacitracin solution reconstituted 50000 unit intramuscular</i>       | 1    |                     |
| IMPAVIDO CAPSULE 50 MG ORAL   | 3    | PA, QL 84/28 days   |
| <i>metronidazole capsule 375 mg oral</i>                                | 1    |                     |
| <i>metronidazole tablet 250 mg oral</i>                                 | 1    |                     |
| <i>metronidazole tablet 500 mg oral</i>                                 | 1    |                     |
| <i>pentamidine isethionate solution reconstituted 300 mg inhalation</i> | 1    |                     |
| <i>pentamidine isethionate solution reconstituted 300 mg injection</i>  | 1    |                     |
| <i>tinidazole tablet 250 mg oral</i>                                    | 1    |                     |
| <i>tinidazole tablet 500 mg oral</i>                                    | 1    |                     |
| <i>trimethoprim tablet 100 mg oral</i>                                  | 1    |                     |
| XIFAXAN TABLET 200 MG ORAL  | 3    | PA                  |
| XIFAXAN TABLET 550 MG ORAL  | 3    | PA                  |
| <b>Anti-infective Misc. - Combinations</b>                              |      |                     |
| <i>sulfamethoxazole-trimethoprim solution 400-80 mg/5ml intravenous</i> | 1    |                     |
| <i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>      | 1    |                     |
| <i>sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral</i>    | 1    |                     |
| <i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i>              | 1    |                     |
| <i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>             | 1    |                     |
| <b>Antiprotozoal Agents</b>   |      |                     |
| ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL                         | 3    | QL 180/30 days      |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antiprotozoal Agents (continued)</b>                              |      |                     |
| <i>atovaquone suspension 750 mg/5ml oral</i>                         | 1    |                     |
| <i>nitazoxanide tablet 500 mg oral</i>                               | 1    | QL 6/30 days        |
| <b>Carbapenem Combinations</b>                                       |      |                     |
| <i>imipenem-cilastatin solution reconstituted 250 mg intravenous</i> | 1    |                     |
| <i>imipenem-cilastatin solution reconstituted 500 mg intravenous</i> | 1    |                     |
| <b>Carbapenems</b>   |      |                     |
| <i>ertapenem sodium solution reconstituted 1 gm injection</i>        | 1    |                     |
| <i>meropenem solution reconstituted 1 gm intravenous</i>             | 1    |                     |
| <i>meropenem solution reconstituted 500 mg intravenous</i>           | 1    |                     |
| <b>Glycopeptides</b>   |      |                     |
| FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL                         | 2    |                     |
| FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL                         | 2    |                     |
| <i>vancomycin hcl capsule 125 mg oral</i>                            | 1    |                     |
| <i>vancomycin hcl capsule 250 mg oral</i>                            | 1    |                     |
| <i>vancomycin hcl solution reconstituted 1 gm intravenous</i>        | 1    |                     |
| <i>vancomycin hcl solution reconstituted 10 gm intravenous</i>       | 1    |                     |
| <i>vancomycin hcl solution reconstituted 1000 mg intravenous</i>     | 1    |                     |
| <i>vancomycin hcl solution reconstituted 250 mg intravenous</i>      | 3    |                     |
| <i>vancomycin hcl solution reconstituted 500 mg intravenous</i>      | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Glycopeptides (continued)</b>                                       |      |                             |
| <i>vancomycin hcl solution reconstituted 750 mg intravenous</i>        | 1    |                             |
| VIBATIV SOLUTION RECONSTITUTED 250 MG INTRAVENOUS                      | 3    |                             |
| VIBATIV SOLUTION RECONSTITUTED 750 MG INTRAVENOUS                      | 3    |                             |
| <b>Ketolides</b>   |      |                             |
| KETEK TABLET 300 MG ORAL   | 3    |                             |
| KETEK TABLET 400 MG ORAL   | 3    | PA, Medical Necessity<br>PA |
| <b>Leprostatics</b>  |      |                             |
| <i>dapsone tablet 100 mg oral</i>                                      | 1    |                             |
| <i>dapsone tablet 25 mg oral</i>                                       | 1    |                             |
| <b>Lincosamides</b>  |      |                             |
| <i>clindamycin hcl capsule 150 mg oral</i>                             | 1    |                             |
| <i>clindamycin hcl capsule 300 mg oral</i>                             | 1    |                             |
| <i>clindamycin hcl capsule 75 mg oral</i>                              | 1    |                             |
| <i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i> | 1    |                             |
| <b>Monobactams</b>   |      |                             |
| <i>aztreonam solution reconstituted 1 gm injection</i>                 | 1    |                             |
| <i>aztreonam solution reconstituted 2 gm injection</i>                 | 1    |                             |
| CAYSTON SOLUTION RECONSTITUTED 75 MG INHALATION                        | 4    | LA, PA, SP, Prudent         |
| <b>Oxazolidinones</b>  |      |                             |
| <i>linezolid suspension reconstituted 100 mg/5ml oral</i>              | 1    |                             |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Oxazolidinones (continued)</b>                       |      |                                 |
| <i>linezolid tablet 600 mg oral</i>                     | 1    |                                 |
| SIVEXTRO TABLET 200 MG ORAL                             | 3    | PA, QL 6/30 days                |
| <b>Urinary Anti-infectives</b>                          |      |                                 |
| <i>fosfomycin tromethamine packet 3 gm oral</i>         | 1    | QL 3/30 days                    |
| <i>methenamine hippurate tablet 1 gm oral</i>           | 1    |                                 |
| <i>nitrofurantoin macrocrystal capsule 100 mg oral</i>  | 1    |                                 |
| <i>nitrofurantoin macrocrystal capsule 50 mg oral</i>   | 1    |                                 |
| <i>nitrofurantoin monohyd macro capsule 100 mg oral</i> | 1    |                                 |
| <i>nitrofurantoin suspension 25 mg/5ml oral</i>         | 1    |                                 |
| <b>ANTIMALARIALS</b>                                    |      |                                 |
| <b>Antimalarial Combinations</b>                        |      |                                 |
| COARTEM TABLET 20-120 MG ORAL                           | 3    | QL 24/90 days                   |
| <b>Antimalarials</b>                                    |      |                                 |
| <i>chloroquine phosphate tablet 250 mg oral</i>         | 1    |                                 |
| <i>chloroquine phosphate tablet 500 mg oral</i>         | 1    |                                 |
| <i>hydroxychloroquine sulfate tablet 200 mg oral</i>    | 1    |                                 |
| <i>pyrimethamine tablet 25 mg oral</i>                  | 1    | PA                              |
| <i>quinine sulfate capsule 324 mg oral</i>              | 1    | QL 42/90 days                   |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                |      |                                 |
| <b>Antimyasthenic/Cholinergic Agents</b>                |      |                                 |
| FIRDAPSE TABLET 10 MG ORAL                              | 4    | LA, PA, QL 300/30 days, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antimyasthenic/Cholinergic Agents (continued)</b>                 |      |                     |
| <i>guanidine hcl tablet 125 mg oral</i>                              | 3    |                     |
| <i>pyridostigmine bromide er tablet extended release 180 mg oral</i> | 1    |                     |
| <i>pyridostigmine bromide solution 60 mg/5ml oral</i>                | 1    |                     |
| <i>pyridostigmine bromide tablet 60 mg oral</i>                      | 1    |                     |
| <b>ANTIMYCOBACTERIAL AGENTS</b>                                      |      |                     |
| <b>Antimycobacterial Agents</b>                                      |      |                     |
| <i>cycloserine capsule 250 mg oral</i>                               | 1    |                     |
| <i>ethambutol hcl tablet 100 mg oral</i>                             | 1    |                     |
| <i>ethambutol hcl tablet 400 mg oral</i>                             | 1    |                     |
| <i>isoniazid solution 100 mg/ml injection</i>                        | 1    |                     |
| <i>isoniazid syrup 50 mg/5ml oral</i>                                | 1    |                     |
| <i>isoniazid tablet 100 mg oral</i>                                  | 1    |                     |
| <i>isoniazid tablet 300 mg oral</i>                                  | 1    |                     |
| <i>pretomanid tablet 200 mg oral</i>                                 | 3    | QL 30/30 days       |
| PRIFTIN TABLET 150 MG ORAL   | 2    |                     |
| <i>pyrazinamide tablet 500 mg oral</i>                               | 1    |                     |
| <i>rifabutin capsule 150 mg oral</i>                                 | 1    |                     |
| <i>rifampin capsule 150 mg oral</i>                                  | 1    |                     |
| <i>rifampin capsule 300 mg oral</i>                                  | 1    |                     |
| <i>rifampin solution reconstituted 600 mg intravenous</i>            | 1    |                     |
| SIRTURO TABLET 100 MG ORAL   | 3    |                     |
| SIRTURO TABLET 20 MG ORAL  | 3    |                     |
| TRECTOR TABLET 250 MG ORAL   | 2    |                     |

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| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS                 |
|---|------|-------------------------------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b> |      |                                     |
| <b>Alkylating Agents</b>                        |      |                                     |
| HEXALEN CAPSULE 50 MG ORAL                      | 3    |                                     |
| MYLERAN TABLET 2 MG ORAL                        | 2    |                                     |
| <b>Androgen Biosynthesis Inhibitors</b>         |      |                                     |
| <i>abiraterone acetate tablet 250 mg oral</i>   | 4    | SP, Partial Fill, Prudent           |
| <i>abiraterone acetate tablet 500 mg oral</i>   | 4    | SP, Partial Fill, Prudent           |
| YONSA TABLET 125 MG ORAL                        | 4    | LA, PA, SP, Prudent                 |
| <b>Antiadrenals</b>                             |      |                                     |
| LYSODREN TABLET 500 MG ORAL                     | 2    |                                     |
| <b>Antiandrogens</b>                            |      |                                     |
| <i>bicalutamide tablet 50 mg oral</i>           | 1    |                                     |
| ERLEADA TABLET 240 MG ORAL                      | 4    | PA-NSO, SP, Prudent                 |
| ERLEADA TABLET 60 MG ORAL                       | 4    | PA-NSO, SP, Prudent                 |
| <i>flutamide capsule 125 mg oral</i>            | 1    |                                     |
| NILANDRON TABLET 150 MG ORAL                    | 3    | PA, QL 30/30 days                   |
| <i>nilutamide tablet 150 mg oral</i>            | 1    | PA-NSO, QL 30/30 days               |
| NUBEQA TABLET 300 MG ORAL                       | 4    | PA-NSO, QL 120/30 days, SP, Prudent |
| XTANDI CAPSULE 40 MG ORAL                       | 4    | PA-NSO, SP, Partial Fill, Prudent   |
| XTANDI TABLET 40 MG ORAL                        | 4    | PA-NSO, SP, Partial Fill, Prudent   |
| XTANDI TABLET 80 MG ORAL                        | 4    | PA-NSO, SP, Partial Fill, Prudent   |
| <b>Antiestrogens</b>                            |      |                                     |
| SOLTAMOX SOLUTION 10 MG/5ML ORAL                | 3    |                                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Antiestrogens (continued)</b>                                 |      |                                 |
| <i>tamoxifen citrate tablet 10 mg oral</i>                       | 0    | ACA NCDL, limitations may apply |
| <i>tamoxifen citrate tablet 20 mg oral</i>                       | 0    | ACA NCDL, limitations may apply |
| <i>toremifene citrate tablet 60 mg oral</i>                      | 1    |                                 |
| <b>Antimetabolites</b>   |      |                                 |
| <i>capecitabine tablet 150 mg oral</i>                           | 4    | SP, Prudent                     |
| <i>capecitabine tablet 500 mg oral</i>                           | 4    | SP, Prudent                     |
| DEPOCYT SUSPENSION 50 MG/5ML INTRATHECAL                         | 2    | Medical Benefit only.           |
| <i>floxuridine solution reconstituted 0.5 gm injection</i>       | 1    |                                 |
| <i>fluorouracil solution 1 gm/20ml intravenous</i>               | 1    | Medical Benefit only.           |
| <i>fluorouracil solution 2.5 gm/50ml intravenous</i>             | 1    | Medical Benefit only.           |
| <i>fluorouracil solution 5 gm/100ml intravenous</i>              | 1    | Medical Benefit only.           |
| <i>fluorouracil solution 500 mg/10ml intravenous</i>             | 1    | Medical Benefit only.           |
| <i>gemcitabine hcl solution reconstituted 1 gm intravenous</i>   | 1    |                                 |
| <i>gemcitabine hcl solution reconstituted 2 gm intravenous</i>   | 1    |                                 |
| <i>gemcitabine hcl solution reconstituted 200 mg intravenous</i> | 1    |                                 |
| <i>mercaptopurine tablet 50 mg oral</i>                          | 1    |                                 |
| <i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>     | 1    |                                 |
| <i>methotrexate sodium solution 50 mg/2ml injection</i>          | 1    |                                 |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Antimetabolites (continued)</b>                               |      |                                    |
| <i>methotrexate sodium solution reconstituted 1 gm injection</i> | 1    |                                    |
| <i>methotrexate sodium tablet 2.5 mg oral</i>                    | 1    |                                    |
| <i>methotrexate tablet 2.5 mg oral</i>                           | 1    |                                    |
| ONUREG TABLET 200 MG ORAL  | 4    | PA, QL 14/28 days, SP, Prudent     |
| ONUREG TABLET 300 MG ORAL  | 4    | PA, QL 14/28 days, SP, Prudent     |
| TABLOID TABLET 40 MG ORAL  | 3    |                                    |
| TREXALL TABLET 10 MG ORAL  | 3    |                                    |
| TREXALL TABLET 15 MG ORAL  | 3    |                                    |
| TREXALL TABLET 5 MG ORAL   | 3    |                                    |
| TREXALL TABLET 7.5 MG ORAL                                       | 3    |                                    |
| <b>Antineoplastic - AKT Inhibitors</b>                           |      |                                    |
| TRUQAP TABLET 160 MG ORAL  | 4    | LA, PA, QL 64/28 days, SP          |
| TRUQAP TABLET 200 MG ORAL  | 4    | LA, PA, QL 64/28 days, SP          |
| TRUQAP TABLET THERAPY PACK 160 MG ORAL                           | 4    | LA, PA, QL 64/28 days, SP          |
| TRUQAP TABLET THERAPY PACK 200 MG ORAL                           | 4    | LA, PA, QL 64/28 days, SP          |
| <b>Antineoplastic - ALK Inhibitors</b>                           |      |                                    |
| ALECENSA CAPSULE 150 MG ORAL                                     | 4    | PA, QL 240/30 days, SP, Prudent    |
| ALUNBRIG TABLET 180 MG ORAL                                      | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| ALUNBRIG TABLET 30 MG ORAL                                       | 4    | LA, PA, QL 90/30 days, SP, Prudent |
| ALUNBRIG TABLET 90 MG ORAL                                       | 4    | LA, PA, QL 30/30 days, SP, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                           |
|--|------|---|
| <b>Antineoplastic - ALK Inhibitors (continued)</b> |      |   |
| ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL      | 4    | LA, PA, QL 30/30 days, SP, Prudent            |
| LORBRENA TABLET 100 MG ORAL                        | 4    | LA, PA, QL 30/30 days, SP, Prudent            |
| LORBRENA TABLET 25 MG ORAL                         | 4    | LA, PA, QL 90/30 days, SP, Prudent            |
| XALKORI CAPSULE 200 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| XALKORI CAPSULE 250 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| XALKORI CAPSULE SPRINKLE 150 MG ORAL               | 4    | PA, QL 180/30 days, SP, Partial Fill, Prudent |
| XALKORI CAPSULE SPRINKLE 20 MG ORAL                | 4    | PA, QL 240/30 days, SP, Partial Fill, Prudent |
| XALKORI CAPSULE SPRINKLE 50 MG ORAL                | 4    | PA, QL 180/30 days, SP, Partial Fill, Prudent |
| ZYKADIA CAPSULE 150 MG ORAL                        | 4    | PA, QL 3/1 days, SP, Partial Fill             |
| ZYKADIA TABLET 150 MG ORAL                         | 4    | PA, QL 3/1 days, SP, Partial Fill, Prudent    |
| <b>Antineoplastic - Anti-CD20 Antibodies</b>       |      |   |
| ARZERRA CONCENTRATE 100 MG/5ML INTRAVENOUS         | 4    | PA, SP, Medical Benefit only.                 |
| ARZERRA CONCENTRATE 1000 MG/50ML INTRAVENOUS       | 4    | PA, SP, Medical Benefit only.                 |
| RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS           | 4    | PA, SP, Medical Benefit only.                 |
| <b>Antineoplastic - Anti-HER2 Agents</b>           |      |   |
| HERNEXEOS TABLET 60 MG ORAL                        | 4    | LA, PA, QL 90/30 days, SP                     |
| TUKYSA TABLET 150 MG ORAL                          | 4    | LA, PA, QL 120/30 days, SP, Prudent           |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                           |
|---|------|---|
| <b>Antineoplastic - Anti-HER2 Agents (continued)</b>              |      |   |
| TUKYSA TABLET 50 MG ORAL  | 4    | LA, PA, QL 120/30 days, SP, Prudent           |
| <b>Antineoplastic - BCL-2 Inhibitors</b>                          |      |   |
| VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL | 4    | LA, PA, QL 42/365 days, SP, Prudent           |
| VENCLEXTA TABLET 10 MG ORAL                                       | 4    | LA, PA, QL 30/365 days, SP, Prudent           |
| VENCLEXTA TABLET 100 MG ORAL                                      | 4    | LA, PA, QL 180/30 days, SP, Prudent           |
| VENCLEXTA TABLET 50 MG ORAL                                       | 4    | LA, PA, QL 30/365 days, SP, Prudent           |
| <b>Antineoplastic - BCR-ABL Kinase Inhibitors</b>                 |      |   |
| BOSULIF CAPSULE 100 MG ORAL                                       | 4    | PA, SP, Partial Fill, Prudent                 |
| BOSULIF CAPSULE 50 MG ORAL  | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| BOSULIF TABLET 100 MG ORAL  | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| BOSULIF TABLET 400 MG ORAL  | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| BOSULIF TABLET 500 MG ORAL  | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| DANZITEN TABLET 71 MG ORAL  | 4    | LA, PA, QL 112/28 days, SP                    |
| DANZITEN TABLET 95 MG ORAL  | 4    | LA, PA, QL 112/28 days, SP                    |
| <i>dasatinib tablet 100 mg oral</i>                               | 4    | PA-NSO, QL 30/30 days, SP                     |
| <i>dasatinib tablet 140 mg oral</i>                               | 4    | PA-NSO, QL 30/30 days, SP                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Antineoplastic - BCR-ABL Kinase Inhibitors (continued)</b> |      |  |
| <i>dasatinib tablet 20 mg oral</i>                            | 4    | PA-NSO, QL 60/30 days, SP                  |
| <i>dasatinib tablet 50 mg oral</i>                            | 4    | PA-NSO, QL 60/30 days, SP                  |
| <i>dasatinib tablet 70 mg oral</i>                            | 4    | PA-NSO, QL 60/30 days, SP                  |
| <i>dasatinib tablet 80 mg oral</i>                            | 4    | PA-NSO, QL 30/30 days, SP                  |
| ICLUSIG TABLET 10 MG ORAL                                     | 4    | LA, PA, QL 30/30 days, SP, Prudent         |
| ICLUSIG TABLET 15 MG ORAL                                     | 4    | LA, PA, QL 30/30 days, SP, Prudent         |
| ICLUSIG TABLET 30 MG ORAL                                     | 4    | LA, PA, QL 30/30 days, SP, Prudent         |
| ICLUSIG TABLET 45 MG ORAL                                     | 4    | LA, PA, QL 30/30 days, SP, Prudent         |
| <i>imatinib mesylate tablet 100 mg oral</i>                   | 4    | QL 3/1 days, SP, Partial Fill, Prudent     |
| <i>imatinib mesylate tablet 400 mg oral</i>                   | 4    | QL 2/1 days, SP, Partial Fill, Prudent     |
| SCSEMBLIX TABLET 100 MG ORAL                                  | 4    | LA, PA, QL 120/30 days, SP                 |
| SCSEMBLIX TABLET 20 MG ORAL                                   | 4    | LA, PA, QL 60/30 days, SP                  |
| SCSEMBLIX TABLET 40 MG ORAL                                   | 4    | LA, PA, QL 60/30 days, SP                  |
| TASIGNA CAPSULE 150 MG ORAL                                   | 4    | PA, QL 4/1 days, SP, Partial Fill, Prudent |
| TASIGNA CAPSULE 200 MG ORAL                                   | 4    | PA, QL 4/1 days, SP, Partial Fill, Prudent |
| TASIGNA CAPSULE 50 MG ORAL                                    | 4    | PA, QL 4/1 days, SP, Partial Fill, Prudent |

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| DRUG NAME                                      | TIER | REQUIREMENTS/LIMITS                               |
|--|------|---|
| <b>Antineoplastic - BRAF Kinase Inhibitors</b> |      |   |
| BRAFTOVI CAPSULE 75 MG ORAL                    | 4    | PA, QL 180/30 days, SP, Prudent                   |
| OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL  | 4    | LA, PA, QL 96/28 days, SP                         |
| OJEMDA TABLET 100 MG ORAL                      | 4    | LA, PA, QL 24/28 days, SP                         |
| TAFINLAR CAPSULE 50 MG ORAL                    | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent     |
| TAFINLAR CAPSULE 75 MG ORAL                    | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent     |
| TAFINLAR TABLET SOLUBLE 10 MG ORAL             | 4    | PA, QL 300/30 days, SP, Partial Fill, Prudent     |
| ZELBORAF TABLET 240 MG ORAL                    | 4    | PA, QL 240/30 days, SP, Prudent                   |
| <b>Antineoplastic - BTK Inhibitors</b>         |      |   |
| BRUKINSA CAPSULE 80 MG ORAL                    | 4    | LA, PA, QL 120/30 days, SP, Partial Fill, Prudent |
| BRUKINSA TABLET 160 MG ORAL                    | 4    | LA, PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| CALQUENCE TABLET 100 MG ORAL                   | 4    | LA, PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| IMBRUVICA CAPSULE 140 MG ORAL                  | 4    | LA, PA, QL 90/30 days, SP, Partial Fill, Prudent  |
| IMBRUVICA CAPSULE 70 MG ORAL                   | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| IMBRUVICA TABLET 420 MG ORAL                   | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| JAYPIRCA TABLET 100 MG ORAL                    | 4    | PA, QL 60/30 days, SP, Partial Fill               |
| JAYPIRCA TABLET 50 MG ORAL                     | 4    | PA, QL 30/30 days, SP, Partial Fill               |

| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS                          |
|---|------|--|
| <b>Antineoplastic - CSF1R Kinase Inhibitors</b> |      |  |
| ROMVIMZA CAPSULE 14 MG ORAL                     | 4    | LA, PA, QL 8/28 days, SP                     |
| ROMVIMZA CAPSULE 20 MG ORAL                     | 4    | LA, PA, QL 8/28 days, SP                     |
| ROMVIMZA CAPSULE 30 MG ORAL                     | 4    | LA, PA, QL 8/28 days, SP                     |
| <b>Antineoplastic - EGFR Inhibitors</b>         |      |  |
| <i>erlotinib hcl tablet 100 mg oral</i>         | 4    | PA, QL 1/1 days, SP, Partial Fill, Prudent   |
| <i>erlotinib hcl tablet 150 mg oral</i>         | 4    | PA, QL 1/1 days, SP, Partial Fill, Prudent   |
| <i>erlotinib hcl tablet 25 mg oral</i>          | 4    | PA, QL 1/1 days, SP, Partial Fill, Prudent   |
| <i>gefitinib tablet 250 mg oral</i>             | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| GILOTRIF TABLET 20 MG ORAL                      | 4    | PA, QL 1/1 days, SP, Prudent                 |
| GILOTRIF TABLET 30 MG ORAL                      | 4    | PA, QL 1/1 days, SP, Prudent                 |
| GILOTRIF TABLET 40 MG ORAL                      | 4    | PA, QL 1/1 days, SP, Prudent                 |
| LAZCLUZE TABLET 240 MG ORAL                     | 4    | LA, PA, QL 30/30 days, SP, Partial Fill      |
| LAZCLUZE TABLET 80 MG ORAL                      | 4    | LA, PA, QL 60/30 days, SP, Partial Fill      |
| TAGRISSEO TABLET 40 MG ORAL                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| TAGRISSEO TABLET 80 MG ORAL                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| VIZIMPRO TABLET 15 MG ORAL                      | 4    | LA, PA, QL 30/30 days                        |
| VIZIMPRO TABLET 30 MG ORAL                      | 4    | LA, PA, QL 30/30 days                        |
| VIZIMPRO TABLET 45 MG ORAL                      | 4    | LA, PA, QL 30/30 days                        |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Antineoplastic - FGFR Kinase Inhibitors</b>           |      |  |
| BALVERSA TABLET 3 MG ORAL                                | 4    | PA, SP, Partial Fill, Prudent              |
| BALVERSA TABLET 4 MG ORAL                                | 4    | PA, SP, Partial Fill, Prudent              |
| BALVERSA TABLET 5 MG ORAL                                | 4    | PA, SP, Partial Fill, Prudent              |
| LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL | 4    | LA, PA, QL 84/28 days, SP                  |
| LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL | 4    | LA, PA, QL 112/28 days, SP                 |
| LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL | 4    | LA, PA, QL 140/28 days, SP                 |
| PEMAZYRE TABLET 13.5 MG ORAL                             | 4    | LA, PA, QL 14/21 days, SP, Prudent         |
| PEMAZYRE TABLET 4.5 MG ORAL                              | 4    | LA, PA, QL 14/21 days, SP, Prudent         |
| PEMAZYRE TABLET 9 MG ORAL                                | 4    | LA, PA, QL 14/21 days, SP, Prudent         |
| <b>Antineoplastic - Gamma Secretase Inhibitors</b>       |      |  |
| OGSIVEO TABLET 50 MG ORAL                                | 4    | LA, PA, QL 180/30 days, SP                 |
| <b>Antineoplastic - Hedgehog Pathway Inhibitors</b>      |      |  |
| DAURISMO TABLET 100 MG ORAL                              | 4    | PA, SP, Prudent                            |
| DAURISMO TABLET 25 MG ORAL                               | 4    | PA, SP, Prudent                            |
| ERIVEDGE CAPSULE 150 MG ORAL                             | 4    | PA, QL 1/1 days, SP, Partial Fill, Prudent |
| ODOMZO CAPSULE 200 MG ORAL                               | 4    | PA, QL 1/1 days, SP, Partial Fill, Prudent |
| <b>Antineoplastic - HIF-2-alpha Inhibitors</b>           |      |  |
| WELIREG TABLET 40 MG ORAL                                | 4    | PA, SP, Partial Fill                       |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                              |
|---|------|--|
| <b>Antineoplastic - Histone Deacetylase Inhibitors</b>          |      |  |
| ZOLINZA CAPSULE 100 MG ORAL                                     | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent    |
| <b>Antineoplastic - Hormonal and Related Agent Combinations</b> |      |  |
| AKEEGA TABLET 100-500 MG ORAL                                   | 4    | LA, PA, QL 60/30 days, SP, Partial Fill, Prudent |
| AKEEGA TABLET 50-500 MG ORAL                                    | 4    | LA, PA, QL 60/30 days, SP, Partial Fill, Prudent |
| <b>Antineoplastic - Immunomodulators</b>                        |      |  |
| POMALYST CAPSULE 1 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent                   |
| POMALYST CAPSULE 2 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent                   |
| POMALYST CAPSULE 3 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent                   |
| POMALYST CAPSULE 4 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent                   |
| <b>Antineoplastic - KRAS Inhibitors</b>                         |      |  |
| KRAZATI TABLET 200 MG ORAL                                      | 4    | PA, QL 180/30 days, SP, Partial Fill             |
| LUMAKRAS TABLET 120 MG ORAL                                     | 4    | PA, QL 240/30 days, SP, Partial Fill, Prudent    |
| LUMAKRAS TABLET 240 MG ORAL                                     | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent    |
| LUMAKRAS TABLET 320 MG ORAL                                     | 4    | PA, QL 90/30 days, SP, Partial Fill, Prudent     |
| <b>Antineoplastic - MEK Inhibitors</b>                          |      |  |
| COTELLIC TABLET 20 MG ORAL                                      | 4    | PA, QL 63/28 days, SP, Prudent                   |
| GOMEKLI CAPSULE 1 MG ORAL                                       | 4    | LA, PA, QL 168/28 days, SP                       |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                     |
|--|------|---|
| <b>Antineoplastic - MEK Inhibitors (continued)</b> |      |   |
| GOMEKLI CAPSULE 2 MG ORAL                          | 4    | LA, PA, QL 84/28 days, SP               |
| GOMEKLI TABLET SOLUBLE 1 MG ORAL                   | 4    | LA, PA, QL 168/28 days, SP              |
| KOSELUGO CAPSULE 10 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Prudent         |
| KOSELUGO CAPSULE 25 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Prudent         |
| MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL    | 4    | PA, QL 540/30 days, SP, Prudent         |
| MEKINIST TABLET 0.5 MG ORAL                        | 4    | PA, QL 90/30 days, SP, Prudent          |
| MEKINIST TABLET 2 MG ORAL                          | 4    | PA, QL 30/30 days, SP, Prudent          |
| MEKTOVI TABLET 15 MG ORAL                          | 4    | PA, QL 180/30 days, SP, Prudent         |
| <b>Antineoplastic - Menin Inhibitors</b>           |      |   |
| KOMZIFTI CAPSULE 200 MG ORAL                       | 4    | LA, PA, QL 90/30 days, SP, Partial Fill |
| REVUFORJ TABLET 110 MG ORAL                        | 4    | LA, PA, QL 60/30 days, SP               |
| REVUFORJ TABLET 160 MG ORAL                        | 4    | LA, PA, QL 60/30 days, SP               |
| REVUFORJ TABLET 25 MG ORAL                         | 4    | LA, PA, QL 120/30 days, SP              |
| <b>Antineoplastic - MET Inhibitors</b>             |      |   |
| TABRECTA TABLET 150 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Prudent         |
| TABRECTA TABLET 200 MG ORAL                        | 4    | PA, QL 120/30 days, SP, Prudent         |
| TEPMETKO TABLET 225 MG ORAL                        | 4    | LA, PA, QL 60/30 days, SP               |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                           |
|---|------|---|
| <b>Antineoplastic - Methyltransferase Inhibitors</b>    |      |   |
| TAZVERIK TABLET 200 MG ORAL                             | 4    | LA, PA, QL 240/30 days                        |
| <b>Antineoplastic - mTOR Kinase Inhibitors</b>          |      |   |
| <i>everolimus tablet 10 mg oral</i>                     | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet 2.5 mg oral</i>                    | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet 5 mg oral</i>                      | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet 7.5 mg oral</i>                    | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet soluble 2 mg oral</i>              | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet soluble 3 mg oral</i>              | 4    | PA, QL 30/30 days, SP, Prudent                |
| <i>everolimus tablet soluble 5 mg oral</i>              | 4    | PA, QL 30/30 days, SP, Prudent                |
| TORISEL SOLUTION 25 MG/ML INTRAVENOUS                   | 4    | PA, SP, Medical Benefit only.                 |
| <b>Antineoplastic - Multikinase Inhibitors</b>          |      |   |
| CABOMETYX TABLET 20 MG ORAL                             | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| CABOMETYX TABLET 40 MG ORAL                             | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| CABOMETYX TABLET 60 MG ORAL                             | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| CAPRELSA TABLET 100 MG ORAL                             | 4    | LA, PA, QL 2/1 days, SP                       |
| CAPRELSA TABLET 300 MG ORAL                             | 4    | LA, PA, QL 1/1 days, SP                       |
| COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL        | 4    | PA, QL 56/28 days, SP, Partial Fill, Prudent  |
| COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL | 4    | PA, QL 112/28 days, SP, Partial Fill, Prudent |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                              |
|--|------|--|
| <b>Antineoplastic - Multikinase Inhibitors (continued)</b> |      |  |
| COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL                 | 4    | PA, QL 84/28 days, SP, Partial Fill, Prudent     |
| ENSACOVE CAPSULE 100 MG ORAL                               | 4    | PA, QL 60/30 days, SP                            |
| ENSACOVE CAPSULE 25 MG ORAL                                | 4    | PA, QL 60/30 days, SP                            |
| FOTIVDA CAPSULE 0.89 MG ORAL                               | 4    | LA, PA, QL 21/28 days, SP, Partial Fill, Prudent |
| FOTIVDA CAPSULE 1.34 MG ORAL                               | 4    | LA, PA, QL 21/28 days, SP, Partial Fill, Prudent |
| <i>lapatinib ditosylate tablet 250 mg oral</i>             | 4    | PA, QL 180/30 days, SP, Prudent                  |
| NERLYNX TABLET 40 MG ORAL                                  | 4    | PA, QL 180/30 days, SP, Partial Fill, Prudent    |
| <i>pazopanib hcl tablet 200 mg oral</i>                    | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent    |
| QINLOCK TABLET 50 MG ORAL                                  | 4    | PA, QL 90/30 days, SP, Prudent                   |
| RYDAPT CAPSULE 25 MG ORAL                                  | 4    | PA, SP, Prudent                                  |
| <i>sorafenib tosylate tablet 200 mg oral</i>               | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent    |
| STIVARGA TABLET 40 MG ORAL                                 | 4    | PA, QL 84/28 days, SP, Prudent                   |
| <i>sunitinib malate capsule 12.5 mg oral</i>               | 4    | PA, QL 28/28 days, SP, Partial Fill, Prudent     |
| <i>sunitinib malate capsule 25 mg oral</i>                 | 4    | PA, QL 28/28 days, SP, Partial Fill, Prudent     |
| <i>sunitinib malate capsule 37.5 mg oral</i>               | 4    | PA, QL 28/28 days, SP, Partial Fill, Prudent     |
| <i>sunitinib malate capsule 50 mg oral</i>                 | 4    | PA, QL 28/28 days, SP, Partial Fill, Prudent     |
| TURALIO CAPSULE 200 MG ORAL                                | 4    | PA, QL 120/30 days, SP                           |
| VANFLYTA TABLET 17.7 MG ORAL                               | 4    | LA, PA, SP                                       |
| VANFLYTA TABLET 26.5 MG ORAL                               | 4    | LA, PA, SP                                       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                              |
|--|------|--|
| <b>Antineoplastic - Multikinase Inhibitors (continued)</b> |      |  |
| XOSPATA TABLET 40 MG ORAL                                  | 4    | LA, PA, Prudent                                  |
| <b>Antineoplastic - PDGFR-alpha Inhibitors</b>             |      |  |
| AYVAKIT TABLET 100 MG ORAL                                 | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent |
| AYVAKIT TABLET 200 MG ORAL                                 | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent |
| AYVAKIT TABLET 25 MG ORAL                                  | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent |
| AYVAKIT TABLET 300 MG ORAL                                 | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent |
| AYVAKIT TABLET 50 MG ORAL                                  | 4    | LA, PA, QL 30/30 days, SP, Partial Fill, Prudent |
| <b>Antineoplastic - Protease Activators</b>                |      |  |
| MODEYSO CAPSULE 125 MG ORAL                                | 4    | LA, PA, QL 20/28 days, SP                        |
| <b>Antineoplastic - Proteasome Inhibitors</b>              |      |  |
| NINLARO CAPSULE 2.3 MG ORAL                                | 4    | PA, QL 3/28 days, SP, Prudent                    |
| NINLARO CAPSULE 3 MG ORAL                                  | 4    | PA, QL 3/28 days, SP, Prudent                    |
| NINLARO CAPSULE 4 MG ORAL                                  | 4    | PA, QL 3/28 days, SP, Prudent                    |
| <b>Antineoplastic - RET Inhibitors</b>                     |      |  |
| GAVRETO CAPSULE 100 MG ORAL                                | 4    | LA, PA, QL 120/30 days, Prudent                  |
| RETEVMO CAPSULE 40 MG ORAL                                 | 4    | PA, QL 90/30 days, SP, Partial Fill              |
| RETEVMO CAPSULE 80 MG ORAL                                 | 4    | PA, QL 120/30 days, SP, Partial Fill             |
| RETEVMO TABLET 120 MG ORAL                                 | 4    | PA, QL 60/30 days, SP, Partial Fill, Prudent     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                           |
|--|------|---|
| <b>Antineoplastic - RET Inhibitors (continued)</b>             |      |   |
| RETEVMO TABLET 160 MG ORAL                                     | 4    | PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| RETEVMO TABLET 40 MG ORAL                                      | 4    | PA, QL 90/30 days, SP, Partial Fill, Prudent  |
| RETEVMO TABLET 80 MG ORAL                                      | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| <b>Antineoplastic - Tropomyosin Receptor Kinase Inhibitors</b> |      |   |
| AUGTYRO CAPSULE 40 MG ORAL                                     | 4    | PA, QL 240/30 days, SP, Prudent               |
| IBTROZI CAPSULE 200 MG ORAL                                    | 4    | LA, PA, QL 90/30 days, SP                     |
| ROZLYTREK CAPSULE 100 MG ORAL                                  | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |
| ROZLYTREK CAPSULE 200 MG ORAL                                  | 4    | PA, QL 90/30 days, SP, Partial Fill, Prudent  |
| ROZLYTREK PACKET 50 MG ORAL                                    | 4    | PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| VITRAKVI CAPSULE 100 MG ORAL                                   | 4    | PA, QL 60/30 days, SP, Prudent                |
| VITRAKVI CAPSULE 25 MG ORAL                                    | 4    | PA, QL 90/30 days, SP, Prudent                |
| VITRAKVI SOLUTION 20 MG/ML ORAL                                | 4    | PA, SP, Prudent                               |
| <b>Antineoplastic - Tyrosine Kinase Inhibitors</b>             |      |   |
| COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ORAL       | 4    | PA, QL 56/28 days, SP, Partial Fill           |
| COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ORAL       | 4    | PA, QL 112/28 days, SP, Partial Fill          |
| <b>Antineoplastic - XPO1 Inhibitors</b>                        |      |   |
| XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL     | 4    | LA, PA, QL 20/28 days, SP, Prudent            |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Antineoplastic - XPO1 Inhibitors (continued)</b>                |      |                                    |
| XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL         | 4    | LA, PA, QL 8/28 days, SP, Prudent  |
| XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL          | 4    | LA, PA, QL 16/28 days, SP, Prudent |
| XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL          | 4    | LA, PA, QL 8/28 days, SP, Prudent  |
| XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL          | 4    | LA, PA, QL 4/28 days, SP, Prudent  |
| XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL         | 4    | LA, PA, QL 16/28 days, SP, Prudent |
| XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL         | 4    | LA, PA, QL 8/28 days, SP, Prudent  |
| XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL          | 4    | LA, PA, QL 12/28 days, SP, Prudent |
| XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL          | 4    | LA, PA, QL 4/28 days, SP, Prudent  |
| XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL         | 4    | LA, PA, QL 24/28 days, SP, Prudent |
| XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 20 MG ORAL          | 4    | LA, PA, QL 16/28 days, SP, Prudent |
| XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL          | 4    | LA, PA, QL 8/28 days, SP, Prudent  |
| XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL         | 4    | LA, PA, QL 32/28 days, SP, Prudent |
| <b>Antineoplastic Combinations</b>                                 |      |                                    |
| AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8 & 200 MG ORAL            | 4    | LA, PA, SP                         |
| INQOVI TABLET 35-100 MG ORAL                                       | 4    | PA, QL 5/28 days, SP, Prudent      |
| KISQALI FEMARA (200 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | 4    | PA, QL 49/28 days, SP              |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS               |
|--|------|-----------------------------------|
| <b>Antineoplastic Combinations (continued)</b>                     |      |                                   |
| KISQALI FEMARA (400 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | 4    | PA, QL 70/28 days, SP             |
| KISQALI FEMARA (600 MG DOSE) TABLET THERAPY PACK 200 & 2.5 MG ORAL | 4    | PA, QL 91/28 days, SP             |
| LONSURF TABLET 15-6.14 MG ORAL                                     | 4    | PA, SP, Prudent                   |
| LONSURF TABLET 20-8.19 MG ORAL                                     | 4    | PA, SP, Prudent                   |
| <b>Antineoplastic Radiopharmaceuticals</b>                         |      |                                   |
| QUADRAMET SOLUTION 1850 MBQ/ML INTRAVENOUS                         | 2    |                                   |
| <b>Antineoplastics - Photoactivated Agents</b>                     |      |                                   |
| PHOTOFRIN SOLUTION RECONSTITUTED 75 MG INTRAVENOUS                 | 4    | LA, SP                            |
| UVADEX SOLUTION 20 MCG/ML EXTRACORPOREAL                           | 2    | Medical Benefit only.             |
| UVADEX SOLUTION 20 MCG/ML INJECTION                                | 2    | Medical Benefit only.             |
| <b>Antineoplastics Misc.</b>                                       |      |                                   |
| ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS                      | 4    | PA, QL 3/28 days, SP, Prudent     |
| ALFERON N SOLUTION 5000000 UNIT/ML INJECTION                       | 4    | SP                                |
| BESREMI SOLUTION PREFILLED SYRINGE 500 MCG/ML SUBCUTANEOUS         | 4    | LA, PA, QL 2/28 days, SP, Prudent |
| <i>hydroxyurea capsule 500 mg oral</i>                             | 1    |                                   |
| INTRON A SOLUTION 10000000 UNIT/ML INJECTION                       | 3    | PA, SP                            |
| INTRON A SOLUTION 6000000 UNIT/ML INJECTION                        | 3    | PA, SP                            |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Antineoplastics Misc. (continued)</b>                   |      |                                 |
| MATULANE CAPSULE 50 MG ORAL                                | 4    | LA, PA, SP                      |
| SYNRIBO SOLUTION RECONSTITUTED 3.5 MG SUBCUTANEOUS         | 4    | LA, PA, SP, Prudent             |
| THERACYS SUSPENSION RECONSTITUTED 81 MG/VIAL INTRAVESICAL  | 2    |                                 |
| TICE BCG SUSPENSION RECONSTITUTED 50 MG INTRAVESICAL       | 2    |                                 |
| <b>Aromatase Inhibitors</b>                                |      |                                 |
| <i>anastrozole tablet 1 mg oral</i>                        | 0    | ACA NCDL, limitations may apply |
| ARIMIDEX TABLET 1 MG ORAL                                  | 3    |                                 |
| <i>exemestane tablet 25 mg oral</i>                        | 0    | ACA NCDL, limitations may apply |
| <i>letrozole tablet 2.5 mg oral</i>                        | 1    |                                 |
| <b>Chemotherapy Adjuncts - Keratinocyte Growth Factors</b> |      |                                 |
| KEPIVANCE SOLUTION RECONSTITUTED 6.25 MG INTRAVENOUS       | 2    | Medical Benefit only.           |
| <b>Cyclin-Dependent Kinases (CDK) Inhibitors</b>           |      |                                 |
| IBRANCE CAPSULE 100 MG ORAL                                | 4    | PA, QL 21/28 days, SP           |
| IBRANCE CAPSULE 125 MG ORAL                                | 4    | PA, QL 21/28 days, SP           |
| IBRANCE CAPSULE 75 MG ORAL                                 | 4    | PA, QL 21/28 days, SP           |
| IBRANCE TABLET 100 MG ORAL                                 | 4    | PA, QL 21/28 days, SP           |
| IBRANCE TABLET 125 MG ORAL                                 | 4    | PA, QL 21/28 days, SP           |
| IBRANCE TABLET 75 MG ORAL                                  | 4    | PA, QL 21/28 days, SP           |
| KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL      | 4    | PA, QL 21/28 days, SP           |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                     |
|--|------|---|
| <b>Cyclin-Dependent Kinases (CDK) Inhibitors (continued)</b>           |      |   |
| KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL                  | 4    | PA, QL 42/28 days, SP                   |
| KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL                  | 4    | PA, QL 63/28 days, SP                   |
| VERZENIO TABLET 100 MG ORAL  | 4    | PA, QL 56/28 days, SP, Prudent          |
| VERZENIO TABLET 150 MG ORAL  | 4    | PA, QL 56/28 days, SP, Prudent          |
| VERZENIO TABLET 200 MG ORAL  | 4    | PA, QL 56/28 days, SP, Prudent          |
| VERZENIO TABLET 50 MG ORAL   | 4    | PA, QL 56/28 days, SP, Prudent          |
| <b>Estrogen Receptor Antagonist</b>                                    |      |   |
| <i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i> | 3    |   |
| INLURIYO TABLET 200 MG ORAL  | 4    | LA, PA, QL 56/28 days, SP, Partial Fill |
| <b>Estrogens-Antineoplastic</b>  |      |   |
| EMCYT CAPSULE 140 MG ORAL  | 2    |   |
| <b>Folic Acid Antagonists Rescue Agents</b>                            |      |   |
| <i>leucovorin calcium solution reconstituted 100 mg injection</i>      | 1    |   |
| <i>leucovorin calcium solution reconstituted 200 mg injection</i>      | 1    |   |
| <i>leucovorin calcium solution reconstituted 350 mg injection</i>      | 1    |   |
| <i>leucovorin calcium solution reconstituted 50 mg injection</i>       | 1    |   |
| <i>leucovorin calcium solution reconstituted 500 mg injection</i>      | 1    |   |
| <i>leucovorin calcium tablet 10 mg oral</i>                            | 1    |   |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                 |
|--|------|-------------------------------------|
| <b>Folic Acid Antagonists Rescue Agents (continued)</b>                |      |                                     |
| <i>leucovorin calcium tablet 15 mg oral</i>                            | 1    |                                     |
| <i>leucovorin calcium tablet 25 mg oral</i>                            | 1    |                                     |
| <i>leucovorin calcium tablet 5 mg oral</i>                             | 1    |                                     |
| <b>Gonadotropin Releasing Hormone (GnRH) Antagonists</b>               |      |                                     |
| FIRMAGON SOLUTION RECONSTITUTED 120 MG SUBCUTANEOUS                    | 4    | SP                                  |
| FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS                     | 4    | SP                                  |
| ORGOVYX TABLET 120 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Prudent  |
| <b>Imidazotetrazines</b>   |      |                                     |
| TEMODAR SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                      | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 100 mg oral</i>                                | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 140 mg oral</i>                                | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 180 mg oral</i>                                | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 20 mg oral</i>                                 | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 250 mg oral</i>                                | 4    | PA, SP, Prudent                     |
| <i>temozolomide capsule 5 mg oral</i>                                  | 4    | PA, SP, Prudent                     |
| <b>Isocitrate Dehydrogenase 1 &amp; 2 (IDH1 &amp; IDH2) Inhibitors</b> |      |                                     |
| VORANIGO TABLET 10 MG ORAL   | 4    | LA, PA, QL 60/30 days, SP           |
| VORANIGO TABLET 40 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP           |
| <b>Isocitrate Dehydrogenase-1 (IDH1) Inhibitors</b>                    |      |                                     |
| REZLIDHIA CAPSULE 150 MG ORAL  | 4    | PA, QL 60/30 days, SP, Partial Fill |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                              |
|---|------|--|
| <b>Isocitrate Dehydrogenase-1 (IDH1) Inhibitors (continued)</b> |      |  |
| TIBSOVO TABLET 250 MG ORAL                                      | 4    | LA, PA, QL 60/30 days, SP, Partial Fill, Prudent |
| <b>Isocitrate Dehydrogenase-2 (IDH2) Inhibitors</b>             |      |  |
| IDHIFA TABLET 100 MG ORAL                                       | 4    | PA, QL 30/30 days, SP, Prudent                   |
| IDHIFA TABLET 50 MG ORAL  | 4    | PA, QL 30/30 days, SP, Prudent                   |
| <b>Janus Associated Kinase (JAK) Inhibitors</b>                 |      |  |
| INREBIC CAPSULE 100 MG ORAL                                     | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent    |
| JAKAFI TABLET 10 MG ORAL  | 4    | PA, QL 2/1 days, SP, Partial Fill, Prudent       |
| JAKAFI TABLET 15 MG ORAL  | 4    | PA, QL 2/1 days, SP, Partial Fill, Prudent       |
| JAKAFI TABLET 20 MG ORAL  | 4    | PA, QL 2/1 days, SP, Partial Fill, Prudent       |
| JAKAFI TABLET 25 MG ORAL  | 4    | PA, QL 2/1 days, SP, Partial Fill, Prudent       |
| JAKAFI TABLET 5 MG ORAL   | 4    | PA, QL 2/1 days, SP, Partial Fill, Prudent       |
| OJJAARA TABLET 100 MG ORAL                                      | 4    | LA, PA, QL 30/30 days, SP                        |
| OJJAARA TABLET 150 MG ORAL                                      | 4    | LA, PA, QL 30/30 days, SP                        |
| OJJAARA TABLET 200 MG ORAL                                      | 4    | LA, PA, QL 30/30 days, SP                        |
| VONJO CAPSULE 100 MG ORAL                                       | 4    | LA, PA, QL 120/30 days, SP, Prudent              |
| <b>LHRH Analogs</b>   |      |  |
| CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS                    | 4    | PA, SP   |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|-----------------------|
| <b>LHRH Analogs (continued)</b>                                 |      |                       |
| ELIGARD KIT 22.5 MG SUBCUTANEOUS                                | 4    | PA, SP, Prudent       |
| ELIGARD KIT 30 MG SUBCUTANEOUS                                  | 4    | PA, SP, Prudent       |
| ELIGARD KIT 45 MG SUBCUTANEOUS                                  | 4    | PA, SP, Prudent       |
| ELIGARD KIT 7.5 MG SUBCUTANEOUS                                 | 4    | PA, SP, Prudent       |
| <i>leuprolide acetate kit 1 mg/0.2ml injection</i>              | 4    | PA, SP                |
| LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR                | 4    | PA, SP, Prudent       |
| LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR                 | 4    | PA, SP, Prudent       |
| LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR               | 4    | PA, SP, Prudent       |
| LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR                | 4    | PA, SP, Prudent       |
| LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR                  | 4    | PA, SP, Prudent       |
| LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR                  | 4    | PA, SP, Prudent       |
| TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR | 4    | PA, SP, Prudent       |
| TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR | 4    | PA, SP, Prudent       |
| <b>Mitotic Inhibitors</b>                                       |      |                       |
| ETOPOPHOS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS             | 2    | Medical Benefit only. |
| <i>etoposide capsule 50 mg oral</i>                             | 1    |                       |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS        |
|---|------|----------------------------|
| <b>Mitotic Inhibitors (continued)</b>                           |      |                            |
| <i>etoposide solution 100 mg/5ml intravenous</i>                | 1    | Medical Benefit only.      |
| TOPOSAR SOLUTION 1 GM/50ML INTRAVENOUS                          | 1    | Medical Benefit only.      |
| TOPOSAR SOLUTION 100 MG/5ML INTRAVENOUS                         | 1    | Medical Benefit only.      |
| TOPOSAR SOLUTION 500 MG/25ML INTRAVENOUS                        | 1    | Medical Benefit only.      |
| <b>Nitrogen Mustards and Related Analogues</b>                  |      |                            |
| ALKERAN TABLET 2 MG ORAL  | 2    |                            |
| <i>cyclophosphamide capsule 25 mg oral</i>                      | 1    |                            |
| <i>cyclophosphamide capsule 50 mg oral</i>                      | 1    |                            |
| <i>cyclophosphamide solution reconstituted 1 gm injection</i>   | 1    |                            |
| <i>cyclophosphamide solution reconstituted 2 gm injection</i>   | 1    |                            |
| <i>cyclophosphamide solution reconstituted 500 mg injection</i> | 1    |                            |
| <i>cyclophosphamide tablet 25 mg oral</i>                       | 2    |                            |
| <i>cyclophosphamide tablet 50 mg oral</i>                       | 2    |                            |
| LEUKERAN TABLET 2 MG ORAL                                       | 2    |                            |
| <b>Nitrosoureas</b>   |      |                            |
| GLEOSTINE CAPSULE 10 MG ORAL                                    | 3    | SP, Prudent                |
| GLEOSTINE CAPSULE 100 MG ORAL                                   | 3    | SP, Prudent                |
| GLEOSTINE CAPSULE 40 MG ORAL                                    | 3    | SP, Prudent                |
| GLIADEL WAFER WAFER 7.7 MG IMPLANT                              | 2    |                            |
| <b>Ornithine Decarboxylase (ODC) Inhibitors</b>                 |      |                            |
| IWILFIN TABLET 192 MG ORAL                                      | 4    | LA, PA, QL 240/30 days, SP |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                           |
|---|------|---|
| <b>Phosphatidylinositol 3-Kinase (PI3K) Inhibitors</b>          |      |   |
| COPIKTRA CAPSULE 15 MG ORAL                                     | 4    | PA, SP, Prudent                               |
| COPIKTRA CAPSULE 25 MG ORAL                                     | 4    | PA, SP, Prudent                               |
| ITOVEBI TABLET 3 MG ORAL  | 4    | PA, QL 60/30 days, SP, Prudent                |
| ITOVEBI TABLET 9 MG ORAL  | 4    | PA, QL 30/30 days, SP, Prudent                |
| PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL      | 4    | PA, SP  |
| PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL | 4    | PA, SP  |
| PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL  | 4    | PA, SP  |
| ZYDELIG TABLET 100 MG ORAL                                      | 4    | LA, PA, QL 60/30 days, SP, Prudent            |
| ZYDELIG TABLET 150 MG ORAL                                      | 4    | LA, PA, QL 60/30 days, SP, Prudent            |
| <b>Poly (ADP-ribose) Polymerase (PARP) Inhibitors</b>           |      |   |
| LYNPARZA TABLET 100 MG ORAL                                     | 4    | PA, QL 5/1 days, SP, Partial Fill, Prudent    |
| LYNPARZA TABLET 150 MG ORAL                                     | 4    | PA, QL 4/1 days, SP, Partial Fill, Prudent    |
| RUBRACA TABLET 200 MG ORAL                                      | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| RUBRACA TABLET 250 MG ORAL                                      | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| RUBRACA TABLET 300 MG ORAL                                      | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| TALZENNA CAPSULE 0.1 MG ORAL                                    | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                          |
|---|------|--|
| <b>Poly (ADP-ribose) Polymerase (PARP) Inhibitors (continued)</b> |      |  |
| TALZENNA CAPSULE 0.25 MG ORAL                                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| TALZENNA CAPSULE 0.35 MG ORAL                                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| TALZENNA CAPSULE 0.5 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| TALZENNA CAPSULE 0.75 MG ORAL                                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| TALZENNA CAPSULE 1 MG ORAL  | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| ZEJULA TABLET 100 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent               |
| ZEJULA TABLET 200 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent               |
| ZEJULA TABLET 300 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent               |
| <b>Progestins-Antineoplastic</b>                                  |      |  |
| DEPO-PROVERA SUSPENSION 400 MG/ML INTRAMUSCULAR                   | 3    |  |
| <i>megestrol acetate suspension 40 mg/ml oral</i>                 | 1    |  |
| <i>megestrol acetate tablet 20 mg oral</i>                        | 1    |  |
| <i>megestrol acetate tablet 40 mg oral</i>                        | 1    |  |
| <b>Retinoids</b>  |      |  |
| <i>tretinoin capsule 10 mg oral</i>                               | 1    | QL 810/365 days                              |
| <b>Selective Estrogen Receptor Degraders</b>                      |      |  |
| ORSERDU TABLET 345 MG ORAL  | 4    | LA, PA, QL 30/30 days, SP, Partial Fill      |
| ORSERDU TABLET 86 MG ORAL   | 4    | LA, PA, QL 90/30 days, SP, Partial Fill      |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                           |
|---|------|---|
| <b>Selective Retinoid X Receptor Agonists</b>                         |      |   |
| <i>bexarotene capsule 75 mg oral</i>                                  | 4    | PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| <b>Topoisomerase I Inhibitors</b>                                     |      |   |
| HYCANTIN CAPSULE 0.25 MG ORAL   | 4    | PA, SP, Prudent                               |
| HYCANTIN CAPSULE 1 MG ORAL  | 4    | PA, SP, Prudent                               |
| <b>Urinary Tract Protective Agents</b>                                |      |   |
| <i>mesna solution 100 mg/ml intravenous</i>                           | 1    |   |
| <i>mesna tablet 400 mg oral</i>                                       | 1    |   |
| <b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>           |      |   |
| FRUZAQLA CAPSULE 1 MG ORAL  | 4    | LA, PA, QL 84/28 days, SP                     |
| FRUZAQLA CAPSULE 5 MG ORAL  | 4    | LA, PA, QL 21/28 days, SP                     |
| INLYTA TABLET 1 MG ORAL   | 4    | PA, QL 120/30 days, SP, Partial Fill, Prudent |
| INLYTA TABLET 5 MG ORAL   | 4    | PA, QL 60/30 days, SP, Partial Fill, Prudent  |
| LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL            | 4    | PA, QL 30/30 days, SP, Prudent                |
| LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL         | 4    | PA, QL 90/30 days, SP, Prudent                |
| LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL        | 4    | PA, QL 60/30 days, SP, Prudent                |
| LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL | 4    | PA, QL 90/30 days, SP, Prudent                |
| LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL        | 4    | PA, QL 60/30 days, SP, Prudent                |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS            |
|---|------|--------------------------------|
| <b>Vascular Endothelial Growth Factor (VEGF) Inhibitors (continued)</b> |      |                                |
| LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL   | 4    | PA, QL 90/30 days, SP, Prudent |
| LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent |
| LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL            | 4    | PA, QL 60/30 days, SP, Prudent |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>                         |      |                                |
| <b>Antiparkinson Anticholinergics</b>                                   |      |                                |
| <i>benztropine mesylate solution 1 mg/ml injection</i>                  | 1    |                                |
| <i>benztropine mesylate tablet 0.5 mg oral</i>                          | 1    |                                |
| <i>benztropine mesylate tablet 1 mg oral</i>                            | 1    |                                |
| <i>benztropine mesylate tablet 2 mg oral</i>                            | 1    |                                |
| <i>trihexyphenidyl hcl elixir 0.4 mg/ml oral</i>                        | 1    |                                |
| <i>trihexyphenidyl hcl tablet 2 mg oral</i>                             | 1    |                                |
| <i>trihexyphenidyl hcl tablet 5 mg oral</i>                             | 1    |                                |
| <b>Antiparkinson Dopaminergics</b>                                      |      |                                |
| <i>amantadine hcl capsule 100 mg oral</i>                               | 1    |                                |
| <i>amantadine hcl solution 50 mg/5ml oral</i>                           | 1    |                                |
| <i>amantadine hcl syrup 50 mg/5ml oral</i>                              | 1    |                                |
| <i>amantadine hcl tablet 100 mg oral</i>                                | 1    |                                |
| <i>bromocriptine mesylate capsule 5 mg oral</i>                         | 1    |                                |
| <i>bromocriptine mesylate tablet 2.5 mg oral</i>                        | 1    |                                |
| OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG ORAL             | 3    | QL 60/30 days, ST              |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antiparkinson Dopaminergics (continued)</b>                      |      |                     |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129 MG ORAL              | 3    | QL 30/30 days, ST   |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193 MG ORAL              | 3    | QL 30/30 days, ST   |
| OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258 MG ORAL              | 3    | QL 30/30 days, ST   |
| <b>Antiparkinson Monoamine Oxidase Inhibitors</b>                   |      |                     |
| <i>rasagiline mesylate tablet 0.5 mg oral</i>                       | 1    | QL 30/30 days       |
| <i>rasagiline mesylate tablet 1 mg oral</i>                         | 1    | QL 30/30 days       |
| <i>selegiline hcl capsule 5 mg oral</i>                             | 1    |                     |
| <i>selegiline hcl tablet 5 mg oral</i>                              | 1    |                     |
| ZELAPAR TABLET DISPERSIBLE 1.25 MG ORAL                             | 3    |                     |
| <b>Central/Peripheral COMT Inhibitors</b>                           |      |                     |
| TASMAR TABLET 100 MG ORAL   | 3    |                     |
| <b>Decarboxylase Inhibitors</b>                                     |      |                     |
| <i>carbidopa tablet 25 mg oral</i>                                  | 1    |                     |
| <b>Levodopa Combinations</b>  |      |                     |
| <i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i> | 1    |                     |
| <i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i> | 1    |                     |
| <i>carbidopa-levodopa tablet 10-100 mg oral</i>                     | 1    |                     |
| <i>carbidopa-levodopa tablet 25-100 mg oral</i>                     | 1    |                     |
| <i>carbidopa-levodopa tablet 25-250 mg oral</i>                     | 1    |                     |
| <i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i>         | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS    |
|---|------|------------------------|
| <b>Levodopa Combinations (continued)</b>                          |      |                        |
| <i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i>       | 1    |                        |
| <i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i>       | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>   | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>  | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>    | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i> | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>  | 1    |                        |
| <i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>    | 1    |                        |
| VYALEV SOLUTION 12-240 MG/ML SUBCUTANEOUS                         | 4    | PA, QL 420/28 days, SP |
| <b>Nonergoline Dopamine Receptor Agonists</b>                     |      |                        |
| APOKYN SOLUTION 10 MG/ML SUBCUTANEOUS                             | 4    | PA, SP                 |
| <i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i>  | 4    | PA, SP, Prudent        |
| NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL                        | 3    |                        |
| NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL                        | 3    |                        |
| NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL                        | 3    |                        |
| NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL                        | 3    |                        |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS    |
|---|------|------------------------|
| <b>Nonergoline Dopamine Receptor Agonists (continued)</b>                           |      |                        |
| NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL  | 3    |                        |
| NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL  | 3    |                        |
| ONAPGO SOLUTION CARTRIDGE 98 MG/20ML SUBCUTANEOUS                                   | 4    | PA, QL 600/30 days, SP |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375 mg oral</i> | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 0.75 mg oral</i>  | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 1.5 mg oral</i>   | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 2.25 mg oral</i>  | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3 mg oral</i>     | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75 mg oral</i>  | 1    |                        |
| <i>pramipexole dihydrochloride er tablet extended release 24 hour 4.5 mg oral</i>   | 1    |                        |
| <i>pramipexole dihydrochloride tablet 0.125 mg oral</i>                             | 1    |                        |
| <i>pramipexole dihydrochloride tablet 0.25 mg oral</i>                              | 1    |                        |
| <i>pramipexole dihydrochloride tablet 0.5 mg oral</i>                               | 1    |                        |
| <i>pramipexole dihydrochloride tablet 0.75 mg oral</i>                              | 1    |                        |
| <i>pramipexole dihydrochloride tablet 1 mg oral</i>                                 | 1    |                        |
| <i>pramipexole dihydrochloride tablet 1.5 mg oral</i>                               | 1    |                        |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Nonergoline Dopamine Receptor Agonists (continued)</b>           |      |  |
| <i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i> | 1    |  |
| <i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>  | 1    |  |
| <i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>  | 1    |  |
| <i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>  | 1    |  |
| <i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>  | 1    |  |
| <i>ropinirole hcl tablet 0.25 mg oral</i>                           | 1    |  |
| <i>ropinirole hcl tablet 0.5 mg oral</i>                            | 1    |  |
| <i>ropinirole hcl tablet 1 mg oral</i>                              | 1    |  |
| <i>ropinirole hcl tablet 2 mg oral</i>                              | 1    |  |
| <i>ropinirole hcl tablet 3 mg oral</i>                              | 1    |  |
| <i>ropinirole hcl tablet 4 mg oral</i>                              | 1    |  |
| <i>ropinirole hcl tablet 5 mg oral</i>                              | 1    |  |
| <b>Peripheral COMT Inhibitors</b>                                   |      |  |
| <i>entacapone tablet 200 mg oral</i>                                | 1    |  |
| ONGENTYS CAPSULE 25 MG ORAL   | 3    | QL 30/30 days                              |
| ONGENTYS CAPSULE 50 MG ORAL   | 3    | QL 30/30 days                              |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>                              |      |  |
| <b>Antimanic Agents</b>   |      |  |
| <i>lithium carbonate capsule 150 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lithium carbonate capsule 300 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>lithium carbonate capsule 600 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                          |
|---|------|--|
| <b>Antimanic Agents (continued)</b>                             |      |  |
| <i>lithium carbonate er tablet extended release 300 mg oral</i> | 1    | PS Expanded NCDL, VBP Drug List              |
| <i>lithium carbonate er tablet extended release 450 mg oral</i> | 1    | PS Expanded NCDL, VBP Drug List              |
| <i>lithium carbonate tablet 300 mg oral</i>                     | 1    | PS Expanded NCDL, Incentive, VBP Drug List   |
| <i>lithium solution 8 meq/5ml oral</i>                          | 3    |  |
| <b>Antipsychotics - Misc.</b>                                   |      |  |
| CAPLYTA CAPSULE 10.5 MG ORAL                                    | 3    | QL 30/30 days, ST                            |
| CAPLYTA CAPSULE 21 MG ORAL                                      | 3    | QL 30/30 days, ST                            |
| CAPLYTA CAPSULE 42 MG ORAL                                      | 3    | QL 30/30 days, ST                            |
| <i>lurasidone hcl tablet 120 mg oral</i>                        | 1    | QL 30/30 days                                |
| <i>lurasidone hcl tablet 20 mg oral</i>                         | 1    | QL 30/30 days                                |
| <i>lurasidone hcl tablet 40 mg oral</i>                         | 1    | QL 30/30 days                                |
| <i>lurasidone hcl tablet 60 mg oral</i>                         | 1    | QL 30/30 days                                |
| <i>lurasidone hcl tablet 80 mg oral</i>                         | 1    | QL 30/30 days                                |
| NUPLAZID CAPSULE 34 MG ORAL                                     | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| NUPLAZID TABLET 10 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Partial Fill, Prudent |
| NUPLAZID TABLET 17 MG ORAL                                      | 4    | PA, QL 60/30 days, SP, Partial Fill          |
| VRAYLAR CAPSULE 1.5 MG ORAL                                     | 3    | QL 30/30 days, ST                            |
| VRAYLAR CAPSULE 3 MG ORAL                                       | 3    | QL 30/30 days, ST                            |
| VRAYLAR CAPSULE 4.5 MG ORAL                                     | 3    | QL 30/30 days, ST                            |
| VRAYLAR CAPSULE 6 MG ORAL                                       | 3    | QL 30/30 days, ST                            |
| VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL                    | 3    | QL 30/30 days, ST                            |
| <i>ziprasidone hcl capsule 20 mg oral</i>                       | 1    |  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antipsychotics - Misc. (continued)</b>                              |      |                     |
| <i>ziprasidone hcl capsule 40 mg oral</i>                              | 1    |                     |
| <i>ziprasidone hcl capsule 60 mg oral</i>                              | 1    |                     |
| <i>ziprasidone hcl capsule 80 mg oral</i>                              | 1    |                     |
| <i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i> | 1    |                     |
| <b>Benzisoxazoles</b>  |      |                     |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR       | 3    | QL 0.75/28 days     |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR           | 3    | QL 1/28 days        |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR        | 3    | QL 1.50/28 days     |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR       | 3    | QL 2.25/28 days     |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR        | 3    | QL 0.25/28 days     |
| ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR         | 3    | QL 0.50/28 days     |
| FANAPT TABLET 1 MG ORAL  | 3    | ST                  |
| FANAPT TABLET 10 MG ORAL   | 3    | ST                  |
| FANAPT TABLET 12 MG ORAL   | 3    | ST                  |
| FANAPT TABLET 2 MG ORAL  | 3    | ST                  |
| FANAPT TABLET 4 MG ORAL  | 3    | ST                  |
| FANAPT TABLET 6 MG ORAL  | 3    | ST                  |
| FANAPT TABLET 8 MG ORAL  | 3    | ST                  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Benzisoxazoles (continued)</b>  |      |                     |
| FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL                     | 3    | ST                  |
| FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL                       | 3    | ST                  |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR  | 3    | QL 3.50/168 days    |
| INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR    | 3    | QL 5/168 days       |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR | 3    | QL 0.75/28 days     |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR     | 3    | QL 1/28 days        |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR  | 3    | QL 1.50/28 days     |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR  | 3    | QL 0.25/28 days     |
| INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR   | 3    | QL 0.50/28 days     |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR   | 3    | QL 0.88/84 days     |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR   | 3    | QL 1.32/84 days     |
| INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR   | 3    | QL 1.75/84 days     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Benzisoxazoles (continued)</b>  |      |                     |
| INVEGA TRINZA SUSPENSION<br>PREFILLED SYRINGE 819 MG/2.63ML<br>INTRAMUSCULAR             | 3    | QL 2.63/84 days     |
| <i>paliperidone er tablet extended release<br/>24 hour 1.5 mg oral</i>                   | 1    | QL 30/30 days       |
| <i>paliperidone er tablet extended release<br/>24 hour 3 mg oral</i>                     | 1    | QL 30/30 days       |
| <i>paliperidone er tablet extended release<br/>24 hour 6 mg oral</i>                     | 1    | QL 60/30 days       |
| <i>paliperidone er tablet extended release<br/>24 hour 9 mg oral</i>                     | 1    | QL 30/30 days       |
| PERSERIS PREFILLED SYRINGE 120<br>MG SUBCUTANEOUS  | 3    | QL 1/28 days        |
| PERSERIS PREFILLED SYRINGE 90<br>MG SUBCUTANEOUS   | 3    | QL 1/28 days        |
| RISPERDAL CONSTA SUSPENSION<br>RECONSTITUTED ER 12.5 MG<br>INTRAMUSCULAR                 | 3    | QL 2/28 days        |
| RISPERDAL CONSTA SUSPENSION<br>RECONSTITUTED ER 25 MG<br>INTRAMUSCULAR                   | 3    | QL 2/28 days        |
| RISPERDAL CONSTA SUSPENSION<br>RECONSTITUTED ER 37.5 MG<br>INTRAMUSCULAR                 | 3    | QL 2/28 days        |
| RISPERDAL CONSTA SUSPENSION<br>RECONSTITUTED ER 50 MG<br>INTRAMUSCULAR                   | 3    | QL 2/28 days        |
| <i>risperidone microspheres er suspension<br/>reconstituted er 12.5 mg intramuscular</i> | 1    | QL 2/28 days        |
| <i>risperidone microspheres er suspension<br/>reconstituted er 25 mg intramuscular</i>   | 1    | QL 2/28 days        |
| <i>risperidone microspheres er suspension<br/>reconstituted er 37.5 mg intramuscular</i> | 1    | QL 2/28 days        |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                          |
|--|------|--|
| <b>Benzisoxazoles (continued)</b>  |      |  |
| <i>risperidone microspheres er suspension<br/>reconstituted er 50 mg intramuscular</i> | 1    | QL 2/28 days                                 |
| <i>risperidone solution 1 mg/ml oral</i>   | 1    | PS Expanded NCDL,VBP<br>Drug List            |
| <i>risperidone tablet 0.25 mg oral</i>   | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet 0.5 mg oral</i>  | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet 1 mg oral</i>  | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet 2 mg oral</i>  | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet 3 mg oral</i>  | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet 4 mg oral</i>  | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>risperidone tablet dispersible 0.25 mg<br/>oral</i>                                 | 1    |  |
| <i>risperidone tablet dispersible 0.5 mg oral</i>                                      | 1    | PS Expanded NCDL,VBP<br>Drug List            |
| <i>risperidone tablet dispersible 1 mg oral</i>  | 1    |  |
| <i>risperidone tablet dispersible 2 mg oral</i>  | 1    |  |
| <i>risperidone tablet dispersible 3 mg oral</i>  | 1    |  |
| <i>risperidone tablet dispersible 4 mg oral</i>  | 1    |  |
| RYKINDO SUSPENSION<br>RECONSTITUTED ER 25 MG<br>INTRAMUSCULAR                          | 3    | QL 2/28 days                                 |
| RYKINDO SUSPENSION<br>RECONSTITUTED ER 37.5 MG<br>INTRAMUSCULAR                        | 3    | QL 2/28 days                                 |
| RYKINDO SUSPENSION<br>RECONSTITUTED ER 50 MG<br>INTRAMUSCULAR                          | 3    | QL 2/28 days                                 |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Butyrophenones</b>   |      |                     |
| HALDOL DECANOATE SOLUTION 100 MG/ML INTRAMUSCULAR             | 3    |                     |
| HALDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR              | 3    |                     |
| <i>haloperidol decanoate solution 100 mg/ml intramuscular</i> | 1    |                     |
| <i>haloperidol decanoate solution 50 mg/ml intramuscular</i>  | 1    |                     |
| <i>haloperidol lactate concentrate 2 mg/ml oral</i>           | 1    |                     |
| <i>haloperidol lactate solution 5 mg/ml injection</i>         | 1    |                     |
| <i>haloperidol tablet 0.5 mg oral</i>                         | 1    |                     |
| <i>haloperidol tablet 1 mg oral</i>                           | 1    |                     |
| <i>haloperidol tablet 10 mg oral</i>                          | 1    |                     |
| <i>haloperidol tablet 2 mg oral</i>                           | 1    |                     |
| <i>haloperidol tablet 20 mg oral</i>                          | 1    |                     |
| <i>haloperidol tablet 5 mg oral</i>                           | 1    |                     |
| <b>Dibenzodiazepines</b>                                      |      |                     |
| <i>clozapine tablet 100 mg oral</i>                           | 1    |                     |
| <i>clozapine tablet 200 mg oral</i>                           | 1    |                     |
| <i>clozapine tablet 25 mg oral</i>                            | 1    |                     |
| <i>clozapine tablet 50 mg oral</i>                            | 1    |                     |
| <b>Dibenzo-oxepino Pyrroles</b>                               |      |                     |
| <i>asenapine maleate tablet sublingual 10 mg sublingual</i>   | 1    | QL 60/30 days       |
| <i>asenapine maleate tablet sublingual 2.5 mg sublingual</i>  | 1    | QL 60/30 days       |
| <i>asenapine maleate tablet sublingual 5 mg sublingual</i>    | 1    | QL 60/30 days       |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Dibenzo-oxepino Pyrroles (continued)</b>                               |      |  |
| SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL                             | 3    | QL 30/30 days, ST                          |
| SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL                             | 3    | QL 30/30 days, ST                          |
| SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL                             | 3    | QL 30/30 days, ST                          |
| <b>Dibenzothiazepines</b>   |      |  |
| <i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i> | 1    | QL 60/30 days                              |
| <i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i> | 1    | QL 60/30 days                              |
| <i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i> | 1    |  |
| <i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i> | 1    |  |
| <i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>  | 1    | QL 60/30 days                              |
| <i>quetiapine fumarate tablet 100 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 150 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 200 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 25 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 300 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 400 mg oral</i>                             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>quetiapine fumarate tablet 50 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|-----------------------|
| <b>Dibenzoxazepines</b>  |      |                       |
| <i>loxapine succinate capsule 10 mg oral</i>                     | 1    |                       |
| <i>loxapine succinate capsule 25 mg oral</i>                     | 1    |                       |
| <i>loxapine succinate capsule 5 mg oral</i>                      | 1    |                       |
| <i>loxapine succinate capsule 50 mg oral</i>                     | 1    |                       |
| <b>Dihydroindolones</b>  |      |                       |
| <i>molindone hcl tablet 10 mg oral</i>                           | 1    |                       |
| <i>molindone hcl tablet 25 mg oral</i>                           | 1    |                       |
| <i>molindone hcl tablet 5 mg oral</i>                            | 1    |                       |
| <b>Muscarinic Agent - Combinations</b>                           |      |                       |
| COBENFY CAPSULE 100-20 MG ORAL                                   | 3    | PA, QL 60/30 days, ST |
| COBENFY CAPSULE 125-30 MG ORAL                                   | 3    | PA, QL 60/30 days, ST |
| COBENFY CAPSULE 50-20 MG ORAL                                    | 3    | PA, QL 60/30 days, ST |
| COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL | 3    | PA, QL 56/28 days, ST |
| <b>Phenothiazines</b>  |      |                       |
| <i>chlorpromazine hcl tablet 10 mg oral</i>                      | 1    |                       |
| <i>chlorpromazine hcl tablet 100 mg oral</i>                     | 1    |                       |
| <i>chlorpromazine hcl tablet 200 mg oral</i>                     | 1    |                       |
| <i>chlorpromazine hcl tablet 25 mg oral</i>                      | 1    |                       |
| <i>chlorpromazine hcl tablet 50 mg oral</i>                      | 1    |                       |
| COMPRO SUPPOSITORY 25 MG RECTAL                                  | 1    |                       |
| <i>fluphenazine decanoate solution 25 mg/ml injection</i>        | 1    |                       |
| <i>fluphenazine hcl concentrate 5 mg/ml oral</i>                 | 1    |                       |
| <i>fluphenazine hcl elixir 2.5 mg/5ml oral</i>                   | 1    |                       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Phenothiazines (continued)</b>                            |      |                     |
| <i>fluphenazine hcl solution 2.5 mg/ml injection</i>         | 1    |                     |
| <i>fluphenazine hcl tablet 1 mg oral</i>                     | 1    |                     |
| <i>fluphenazine hcl tablet 10 mg oral</i>                    | 1    |                     |
| <i>fluphenazine hcl tablet 2.5 mg oral</i>                   | 1    |                     |
| <i>fluphenazine hcl tablet 5 mg oral</i>                     | 1    |                     |
| <i>perphenazine tablet 16 mg oral</i>                        | 1    |                     |
| <i>perphenazine tablet 2 mg oral</i>                         | 1    |                     |
| <i>perphenazine tablet 4 mg oral</i>                         | 1    |                     |
| <i>perphenazine tablet 8 mg oral</i>                         | 1    |                     |
| <i>prochlorperazine edisylate solution 5 mg/ml injection</i> | 1    |                     |
| <i>prochlorperazine maleate tablet 10 mg oral</i>            | 1    |                     |
| <i>prochlorperazine maleate tablet 5 mg oral</i>             | 1    |                     |
| <i>prochlorperazine suppository 25 mg rectal</i>             | 1    |                     |
| <i>thioridazine hcl tablet 10 mg oral</i>                    | 1    |                     |
| <i>thioridazine hcl tablet 100 mg oral</i>                   | 1    |                     |
| <i>thioridazine hcl tablet 25 mg oral</i>                    | 1    |                     |
| <i>thioridazine hcl tablet 50 mg oral</i>                    | 1    |                     |
| <i>trifluoperazine hcl tablet 1 mg oral</i>                  | 1    |                     |
| <i>trifluoperazine hcl tablet 10 mg oral</i>                 | 1    |                     |
| <i>trifluoperazine hcl tablet 2 mg oral</i>                  | 1    |                     |
| <i>trifluoperazine hcl tablet 5 mg oral</i>                  | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Quinolinone Derivatives</b>                                    |      |                     |
| ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR    | 3    | QL 2.40/56 days     |
| ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR    | 3    | QL 3.20/56 days     |
| ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR           | 3    | QL 1/28 days        |
| ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR           | 3    | QL 1/28 days        |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR | 3    | QL 1/28 days        |
| ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR | 3    | QL 1/28 days        |
| <i>aripiprazole solution 1 mg/ml oral</i>                         | 1    |                     |
| <i>aripiprazole tablet 10 mg oral</i>                             | 1    |                     |
| <i>aripiprazole tablet 15 mg oral</i>                             | 1    |                     |
| <i>aripiprazole tablet 2 mg oral</i>                              | 1    |                     |
| <i>aripiprazole tablet 20 mg oral</i>                             | 1    |                     |
| <i>aripiprazole tablet 30 mg oral</i>                             | 1    |                     |
| <i>aripiprazole tablet 5 mg oral</i>                              | 1    |                     |
| ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR      | 3    | QL 2.40/365 days    |
| ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR            | 3    | QL 3.90/56 days     |
| ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR             | 3    | QL 1.60/28 days     |
| ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR             | 3    | QL 2.40/28 days     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                            |
|--|------|--|
| <b>Quinolinone Derivatives (continued)</b>                   |      |  |
| ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR        | 3    | QL 3.20/28 days                                |
| REXULTI TABLET 0.25 MG ORAL                                  | 3    | QL 30/30 days, ST                              |
| REXULTI TABLET 0.5 MG ORAL                                   | 3    | QL 30/30 days, ST                              |
| REXULTI TABLET 1 MG ORAL                                     | 3    | QL 30/30 days, ST                              |
| REXULTI TABLET 2 MG ORAL                                     | 3    | QL 30/30 days, ST                              |
| REXULTI TABLET 3 MG ORAL                                     | 3    | QL 30/30 days, ST                              |
| REXULTI TABLET 4 MG ORAL                                     | 3    | QL 30/30 days, ST                              |
| <b>Thienbenzodiazepines</b>                                  |      |  |
| <i>olanzapine solution reconstituted 10 mg intramuscular</i> | 1    |  |
| <i>olanzapine tablet 10 mg oral</i>                          | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet 15 mg oral</i>                          | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet 2.5 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet 20 mg oral</i>                          | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet 5 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet 7.5 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List     |
| <i>olanzapine tablet dispersible 10 mg oral</i>              | 1    | QL 30/30 days, PS Expanded NCDL, VBP Drug List |
| <i>olanzapine tablet dispersible 15 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                |
| <i>olanzapine tablet dispersible 20 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                  |
|---|------|--|
| <b>Thienbenzodiazepines (continued)</b>                                   |      |  |
| <i>olanzapine tablet dispersible 5 mg oral</i>                            | 1    | QL 30/30 days, PS<br>Expanded NCDL, VBP<br>Drug List |
| ZYPREXA RELPREVV SUSPENSION<br>RECONSTITUTED 210 MG<br>INTRAMUSCULAR      | 3    | QL 2/28 days   |
| ZYPREXA RELPREVV SUSPENSION<br>RECONSTITUTED 300 MG<br>INTRAMUSCULAR      | 3    | QL 2/28 days   |
| ZYPREXA RELPREVV SUSPENSION<br>RECONSTITUTED 405 MG<br>INTRAMUSCULAR      | 3    | QL 1/28 days   |
| <b>Thioxanthenes</b>  |      |  |
| <i>thiothixene capsule 1 mg oral</i>                                      | 1    |  |
| <i>thiothixene capsule 10 mg oral</i>                                     | 1    |  |
| <i>thiothixene capsule 2 mg oral</i>                                      | 1    |  |
| <i>thiothixene capsule 5 mg oral</i>                                      | 1    |  |
| <b>ANTIVIRALS</b>   |      |  |
| <b>Antiretroviral Combinations</b>  |      |  |
| <i>abacavir sulfate-lamivudine tablet 600-<br/>300 mg oral</i>            | 1    |  |
| <i>abacavir-lamivudine-zidovudine tablet<br/>300-150-300 mg oral</i>      | 1    |  |
| BIKTARVY TABLET 30-120-15 MG<br>ORAL                                      | 2    | QL 30/30 days  |
| BIKTARVY TABLET 50-200-25 MG<br>ORAL                                      | 2    | QL 30/30 days  |
| CABENUVA SUSPENSION EXTENDED<br>RELEASE 400 & 600 MG/2ML<br>INTRAMUSCULAR | 3    | SP   |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                  |
|---|------|--|
| <b>Antiretroviral Combinations (continued)</b>                            |      |  |
| CABENUVA SUSPENSION EXTENDED<br>RELEASE 600 & 900 MG/3ML<br>INTRAMUSCULAR | 3    | SP   |
| CIMDUO TABLET 300-300 MG ORAL   | 2    | QL 30/30 days  |
| COMPLERA TABLET 200-25-300 MG<br>ORAL                                     | 3    |  |
| DELSTRIGO TABLET 100-300-300 MG<br>ORAL                                   | 2    | QL 30/30 days  |
| DESCOVY TABLET 120-15 MG ORAL   | 3    | QL 30/30 days  |
| DESCOVY TABLET 200-25 MG ORAL   | 0    | QL 30/30 days, ACA<br>NCDL, limitations may<br>apply |
| DOVATO TABLET 50-300 MG ORAL  | 2    | QL 30/30 days  |
| <i>efavirenz-emtricitab-tenofovir tablet 600-<br/>200-300 mg oral</i>     | 1    |  |
| <i>efavirenz-lamivudine-tenofovir tablet<br/>400-300-300 mg oral</i>      | 1    |  |
| <i>efavirenz-lamivudine-tenofovir tablet<br/>600-300-300 mg oral</i>      | 1    |  |
| <i>emtricitabine-tenofovir df tablet 100-150<br/>mg oral</i>              | 1    |  |
| <i>emtricitabine-tenofovir df tablet 133-200<br/>mg oral</i>              | 1    |  |
| <i>emtricitabine-tenofovir df tablet 167-250<br/>mg oral</i>              | 1    |  |
| <i>emtricitabine-tenofovir df tablet 200-300<br/>mg oral</i>              | 1    | QL 30/30 days, ACA<br>NCDL, limitations may<br>apply |
| EVOTAZ TABLET 300-150 MG ORAL   | 2    |  |
| GENVOYA TABLET 150-150-200-10<br>MG ORAL                                  | 2    | QL 30/30 days  |
| JULUCA TABLET 50-25 MG ORAL   | 3    | QL 30/30 days  |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antiretroviral Combinations (continued)</b>              |      |                     |
| <i>lamivudine-zidovudine tablet 150-300 mg oral</i>         | 1    |                     |
| <i>lopinavir-ritonavir solution 400-100 mg/5ml oral</i>     | 1    |                     |
| <i>lopinavir-ritonavir tablet 100-25 mg oral</i>            | 1    | QL 120/30 days      |
| <i>lopinavir-ritonavir tablet 200-50 mg oral</i>            | 1    | QL 120/30 days      |
| ODEFSEY TABLET 200-25-25 MG ORAL                            | 4    | QL 1/1 days, SP     |
| PREZCOBIX TABLET 800-150 MG ORAL                            | 2    |                     |
| STRIBILD TABLET 150-150-200-300 MG ORAL                     | 2    |                     |
| TEMIXYS TABLET 300-300 MG ORAL                              | 2    | QL 30/30 days       |
| <i>triumeq pd tablet soluble 60-5-30 mg oral</i>            | 2    | QL 180/30 days      |
| TRIUMEQ TABLET 600-50-300 MG ORAL                           | 2    | QL 30/30 days       |
| <b>Antiretrovirals - Capsid Inhibitors</b>                  |      |                     |
| SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS               | 4    | SP                  |
| SUNLENCA TABLET 300 MG ORAL                                 | 4    | QL 4/365 days       |
| SUNLENCA TABLET THERAPY PACK 4 X 300 MG ORAL                | 4    | QL 4/365 days, SP   |
| SUNLENCA TABLET THERAPY PACK 5 X 300 MG ORAL                | 4    | QL 5/365 days, SP   |
| YEZTUGO SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS                | 0    |                     |
| YEZTUGO TABLET 300 MG ORAL                                  | 0    |                     |
| <b>Antiretrovirals - CCR5 Antagonists (Entry Inhibitor)</b> |      |                     |
| <i>maraviroc tablet 150 mg oral</i>                         | 1    |                     |
| <i>maraviroc tablet 300 mg oral</i>                         | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Antiretrovirals - CCR5 Antagonists (Entry Inhibitor) (continued)</b> |      |                                 |
| SELZENTRY SOLUTION 20 MG/ML ORAL  | 2    |                                 |
| SELZENTRY TABLET 25 MG ORAL   | 2    |                                 |
| SELZENTRY TABLET 75 MG ORAL   | 2    |                                 |
| <b>Antiretrovirals - gp120-Directed Attachment Inhibitor</b>            |      |                                 |
| RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL                     | 3    | QL 60/30 days                   |
| <b>Antiretrovirals - Integrase Inhibitors</b>                           |      |                                 |
| APRETUDE SUSPENSION EXTENDED RELEASE 600 MG/3ML INTRAMUSCULAR           | 0    | ACA NCDL, limitations may apply |
| ISENTRESS HD TABLET 600 MG ORAL   | 2    | QL 60/30 days                   |
| ISENTRESS PACKET 100 MG ORAL  | 2    |                                 |
| ISENTRESS TABLET 400 MG ORAL  | 2    |                                 |
| ISENTRESS TABLET CHEWABLE 100 MG ORAL                                   | 2    |                                 |
| ISENTRESS TABLET CHEWABLE 25 MG ORAL                                    | 2    |                                 |
| TIVICAY PD TABLET SOLUBLE 5 MG ORAL                                     | 2    | QL 150/30 days                  |
| TIVICAY TABLET 10 MG ORAL   | 2    | QL 30/30 days                   |
| TIVICAY TABLET 25 MG ORAL   | 2    | QL 30/30 days                   |
| TIVICAY TABLET 50 MG ORAL   | 2    |                                 |
| VOCABRIA TABLET 30 MG ORAL  | 4    | LA, QL 30/30 days, SP           |
| <b>Antiretrovirals - Protease Inhibitors</b>                            |      |                                 |
| APTIVUS CAPSULE 250 MG ORAL   | 2    |                                 |
| APTIVUS SOLUTION 100 MG/ML ORAL   | 2    |                                 |
| <i>atazanavir sulfate capsule 150 mg oral</i>                           | 1    |                                 |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antiretrovirals - Protease Inhibitors (continued)</b> |      |                     |
| <i>atazanavir sulfate capsule 200 mg oral</i>            | 1    |                     |
| <i>atazanavir sulfate capsule 300 mg oral</i>            | 1    |                     |
| CRIXIVAN CAPSULE 200 MG ORAL                             | 2    |                     |
| CRIXIVAN CAPSULE 400 MG ORAL                             | 2    |                     |
| <i>darunavir tablet 600 mg oral</i>                      | 1    |                     |
| <i>darunavir tablet 800 mg oral</i>                      | 1    |                     |
| <i>fosamprenavir calcium tablet 700 mg oral</i>          | 1    |                     |
| INVIRASE CAPSULE 200 MG ORAL                             | 2    |                     |
| INVIRASE TABLET 500 MG ORAL                              | 2    |                     |
| LEXIVA SUSPENSION 50 MG/ML ORAL                          | 2    |                     |
| NORVIR CAPSULE 100 MG ORAL                               | 2    |                     |
| NORVIR PACKET 100 MG ORAL                                | 3    |                     |
| NORVIR SOLUTION 80 MG/ML ORAL                            | 2    |                     |
| NORVIR TABLET 100 MG ORAL                                | 3    |                     |
| PREZISTA SUSPENSION 100 MG/ML ORAL                       | 2    |                     |
| PREZISTA TABLET 150 MG ORAL                              | 2    |                     |
| PREZISTA TABLET 75 MG ORAL                               | 2    |                     |
| REYATAZ PACKET 50 MG ORAL                                | 2    |                     |
| <i>ritonavir tablet 100 mg oral</i>                      | 1    |                     |
| VIRACEPT TABLET 250 MG ORAL                              | 2    |                     |
| VIRACEPT TABLET 625 MG ORAL                              | 2    |                     |
| <b>Antiretrovirals - RTI-Non-Nucleoside Analogues</b>    |      |                     |
| EDURANT TABLET 25 MG ORAL                                | 3    |                     |
| <i>efavirenz capsule 200 mg oral</i>                     | 1    |                     |
| <i>efavirenz capsule 50 mg oral</i>                      | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antiretrovirals - RTI-Non-Nucleoside Analogues (continued)</b> |      |                     |
| <i>efavirenz tablet 600 mg oral</i>                               | 1    |                     |
| <i>etravirine tablet 100 mg oral</i>                              | 1    | QL 60/30 days       |
| <i>etravirine tablet 200 mg oral</i>                              | 1    | QL 60/30 days       |
| INTELENCE TABLET 25 MG ORAL                                       | 2    |                     |
| <i>nevirapine er tablet extended release 24 hour 100 mg oral</i>  | 1    |                     |
| <i>nevirapine er tablet extended release 24 hour 400 mg oral</i>  | 1    | Prudent             |
| <i>nevirapine suspension 50 mg/5ml oral</i>                       | 1    | Prudent             |
| <i>nevirapine tablet 200 mg oral</i>                              | 1    |                     |
| PIFELTRO TABLET 100 MG ORAL                                       | 3    | QL 30/30 days       |
| RESCRIPTOR TABLET 100 MG ORAL                                     | 2    |                     |
| RESCRIPTOR TABLET 200 MG ORAL                                     | 2    |                     |
| <b>Antiretrovirals - RTI-Nucleoside Analogues-Purines</b>         |      |                     |
| <i>abacavir sulfate solution 20 mg/ml oral</i>                    | 1    |                     |
| <i>abacavir sulfate tablet 300 mg oral</i>                        | 1    |                     |
| <i>didanosine capsule delayed release 200 mg oral</i>             | 1    |                     |
| <i>didanosine capsule delayed release 250 mg oral</i>             | 1    |                     |
| <i>didanosine capsule delayed release 400 mg oral</i>             | 1    |                     |
| VIDEX SOLUTION RECONSTITUTED 2 GM ORAL                            | 2    |                     |
| VIDEX SOLUTION RECONSTITUTED 4 GM ORAL                            | 2    |                     |
| <b>Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines</b>     |      |                     |
| <i>emtricitabine capsule 200 mg oral</i>                          | 1    |                     |
| EMTRIVA SOLUTION 10 MG/ML ORAL                                    | 2    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antiretrovirals - RTI-Nucleoside Analogues-Pyrimidines (continued)</b> |      |                     |
| EPIVIR SOLUTION 10 MG/ML ORAL   | 2    | Partial Fill        |
| <i>lamivudine solution 10 mg/ml oral</i>                                  | 1    |                     |
| <i>lamivudine tablet 150 mg oral</i>                                      | 1    |                     |
| <i>lamivudine tablet 300 mg oral</i>                                      | 1    |                     |
| <b>Antiretrovirals - RTI-Nucleoside Analogues-Thymidines</b>              |      |                     |
| <i>stavudine capsule 15 mg oral</i>                                       | 1    |                     |
| <i>stavudine capsule 20 mg oral</i>                                       | 1    |                     |
| <i>stavudine capsule 30 mg oral</i>                                       | 1    |                     |
| <i>stavudine capsule 40 mg oral</i>                                       | 1    |                     |
| <i>zidovudine capsule 100 mg oral</i>                                     | 1    |                     |
| <i>zidovudine syrup 50 mg/5ml oral</i>                                    | 1    |                     |
| <i>zidovudine tablet 300 mg oral</i>                                      | 1    |                     |
| <b>Antiretrovirals - RTI-Nucleotide Analogues</b>                         |      |                     |
| <i>tenofovir disoproxil fumarate tablet 300 mg oral</i>                   | 1    |                     |
| VIREAD POWDER 40 MG/GM ORAL   | 3    |                     |
| VIREAD TABLET 150 MG ORAL   | 3    |                     |
| VIREAD TABLET 200 MG ORAL   | 3    |                     |
| VIREAD TABLET 250 MG ORAL   | 3    |                     |
| <b>Antiretrovirals Adjuvants</b>  |      |                     |
| TYBOST TABLET 150 MG ORAL   | 2    | QL 30/30 days       |
| <b>Antiviral Combinations</b>   |      |                     |
| PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL      | 3    | QL 20/30 days       |
| PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL      | 3    | QL 30/30 days       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>CMV Agents</b>  |      |                                 |
| LIVTENCITY TABLET 200 MG ORAL                                  | 4    | LA, PA, QL 120/30 days, SP      |
| PREVYMIS PACKET 120 MG ORAL                                    | 3    | PA, QL 800/365 days             |
| PREVYMIS PACKET 20 MG ORAL                                     | 3    | PA, QL 4800/365 days            |
| PREVYMIS TABLET 240 MG ORAL                                    | 3    | PA, QL 200/365 days             |
| PREVYMIS TABLET 480 MG ORAL                                    | 3    | PA, QL 200/365 days             |
| <i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i> | 1    | QL 6948/365 days                |
| <i>valganciclovir hcl tablet 450 mg oral</i>                   | 1    | QL 772/365 days                 |
| <b>Hepatitis B Agents</b>                                      |      |                                 |
| <i>adefovir dipivoxil tablet 10 mg oral</i>                    | 1    |                                 |
| BARACLUDGE SOLUTION 0.05 MG/ML ORAL                            | 2    | Partial Fill                    |
| <i>entecavir tablet 0.5 mg oral</i>                            | 1    |                                 |
| <i>entecavir tablet 1 mg oral</i>                              | 1    |                                 |
| <i>lamivudine tablet 100 mg oral</i>                           | 1    |                                 |
| TYZEKA TABLET 600 MG ORAL                                      | 3    |                                 |
| VEMLIDY TABLET 25 MG ORAL                                      | 3    | PA, QL 30/30 days, SP           |
| <b>Hepatitis C Agent - Combinations</b>                        |      |                                 |
| MAVYRET PACKET 50-20 MG ORAL                                   | 2    | PA, QL 140/28 days, SP, Prudent |
| MAVYRET TABLET 100-40 MG ORAL                                  | 2    | PA, QL 84/28 days, SP, Prudent  |
| <i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>           | 4    | PA, QL 28/28 days, SP, Prudent  |
| VOSEVI TABLET 400-100-100 MG ORAL                              | 4    | PA, QL 28/28 days, SP, Prudent  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS          |
|--|------|------------------------------|
| <b>Hepatitis C Agents</b>  |      |                              |
| OLYSIO CAPSULE 150 MG ORAL   | 4    | PA, SP, Medical Necessity PA |
| PEGASYS PROCLICK SOLUTION 135 MCG/0.5ML SUBCUTANEOUS               | 3    | PA, SP                       |
| PEGASYS PROCLICK SOLUTION 180 MCG/0.5ML SUBCUTANEOUS               | 3    | PA, SP                       |
| PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 135 MCG/0.5ML SUBCUTANEOUS | 3    | PA, SP                       |
| PEGASYS PROCLICK SOLUTION AUTO-INJECTOR 180 MCG/0.5ML SUBCUTANEOUS | 3    | PA, SP                       |
| PEGASYS SOLUTION 180 MCG/0.5ML SUBCUTANEOUS                        | 3    | PA, SP                       |
| PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS                           | 3    | PA, SP, Prudent              |
| PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS      | 3    | PA, SP, Prudent              |
| PEG-INTRON KIT 120 MCG/0.5ML SUBCUTANEOUS                          | 3    | PA, SP                       |
| PEG-INTRON KIT 150 MCG/0.5ML SUBCUTANEOUS                          | 3    | PA, SP                       |
| PEG-INTRON KIT 80 MCG/0.5ML SUBCUTANEOUS                           | 3    | PA, SP                       |
| <i>ribavirin capsule 200 mg oral</i>                               | 3    | SP, Prudent                  |
| <i>ribavirin tablet 200 mg oral</i>                                | 3    | SP, Prudent                  |
| <b>Herpes Agents - Purine Analogues</b>                            |      |                              |
| <i>acyclovir capsule 200 mg oral</i>                               | 1    | Incentive                    |
| <i>acyclovir suspension 200 mg/5ml oral</i>                        | 1    |                              |
| <i>acyclovir tablet 400 mg oral</i>                                | 1    | Incentive                    |
| <i>acyclovir tablet 800 mg oral</i>                                | 1    | Incentive                    |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Herpes Agents - Purine Analogues (continued)</b>                       |      |                     |
| <i>valacyclovir hcl tablet 1 gm oral</i>                                  | 1    |                     |
| <i>valacyclovir hcl tablet 500 mg oral</i>                                | 1    |                     |
| <b>Herpes Agents - Thymidine Analogues</b>                                |      |                     |
| <i>famciclovir tablet 125 mg oral</i>                                     | 1    |                     |
| <i>famciclovir tablet 250 mg oral</i>                                     | 1    |                     |
| <i>famciclovir tablet 500 mg oral</i>                                     | 1    |                     |
| <b>Influenza Agents</b>   |      |                     |
| <i>rimantadine hcl tablet 100 mg oral</i>                                 | 1    |                     |
| <b>Misc. Antivirals</b>   |      |                     |
| LAGEVRIO CAPSULE 200 MG ORAL  | 3    | QL 40/30 days       |
| <b>Neuraminidase Inhibitors</b>   |      |                     |
| <i>oseltamivir phosphate capsule 30 mg oral</i>                           | 1    | QL 20/60 days       |
| <i>oseltamivir phosphate capsule 45 mg oral</i>                           | 1    | QL 10/60 days       |
| <i>oseltamivir phosphate capsule 75 mg oral</i>                           | 1    | QL 10/60 days       |
| <i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>        | 1    | QL 250/60 days      |
| RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION     | 2    | QL 40/90 days       |
| RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER INHALATION | 2    | QL 40/90 days       |
| <b>RSV Agents - Nucleoside Analogues</b>                                  |      |                     |
| VIRAZOLE SOLUTION RECONSTITUTED 6 GM INHALATION                           | 3    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>BETA BLOCKERS</b>   |      |  |
| <b>Alpha-Beta Blockers</b>   |      |  |
| <i>carvedilol phosphate er capsule extended release 24 hour 10 mg oral</i> | 1    | QL 30/30 days                              |
| <i>carvedilol phosphate er capsule extended release 24 hour 20 mg oral</i> | 1    | QL 30/30 days                              |
| <i>carvedilol phosphate er capsule extended release 24 hour 40 mg oral</i> | 1    | QL 30/30 days                              |
| <i>carvedilol phosphate er capsule extended release 24 hour 80 mg oral</i> | 1    | QL 30/30 days                              |
| <i>carvedilol tablet 12.5 mg oral</i>                                      | 1    |  |
| <i>carvedilol tablet 25 mg oral</i>  | 1    |  |
| <i>carvedilol tablet 3.125 mg oral</i>                                     | 1    |  |
| <i>carvedilol tablet 6.25 mg oral</i>                                      | 1    |  |
| <i>labetalol hcl solution 5 mg/ml intravenous</i>                          | 1    |  |
| <i>labetalol hcl tablet 100 mg oral</i>                                    | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>labetalol hcl tablet 200 mg oral</i>                                    | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>labetalol hcl tablet 300 mg oral</i>                                    | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Beta Blockers Cardio-Selective</b>                                      |      |  |
| <i>acebutolol hcl capsule 200 mg oral</i>                                  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>acebutolol hcl capsule 400 mg oral</i>                                  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>atenolol tablet 100 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>atenolol tablet 25 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Beta Blockers Cardio-Selective (continued)</b>                          |      |  |
| <i>atenolol tablet 50 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>betaxolol hcl tablet 10 mg oral</i>                                     | 1    |  |
| <i>betaxolol hcl tablet 20 mg oral</i>                                     | 1    |  |
| <i>bisoprolol fumarate tablet 10 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bisoprolol fumarate tablet 5 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i> | 1    | Incentive                                  |
| <i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i> | 1    | Incentive                                  |
| <i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>  | 1    | Incentive                                  |
| <i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>  | 1    | Incentive                                  |
| <i>metoprolol tartrate solution 5 mg/5ml intravenous</i>                   | 1    |  |
| <i>metoprolol tartrate tablet 100 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>metoprolol tartrate tablet 25 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>metoprolol tartrate tablet 50 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nebivolol hcl tablet 10 mg oral</i>                                     | 1    |  |
| <i>nebivolol hcl tablet 2.5 mg oral</i>                                    | 1    |  |
| <i>nebivolol hcl tablet 20 mg oral</i>                                     | 1    |  |
| <i>nebivolol hcl tablet 5 mg oral</i>                                      | 1    |  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|--|
| <b>Beta Blockers Non-Selective</b>                                     |      |  |
| HEMANGEOL SOLUTION 4.28 MG/ML ORAL                                     | 3    | PA, Medical Necessity<br>PA applies to ages greater than 12 months |
| <i>nadolol tablet 20 mg oral</i>                                       | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>nadolol tablet 40 mg oral</i>                                       | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>nadolol tablet 80 mg oral</i>                                       | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>pindolol tablet 10 mg oral</i>                                      | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>pindolol tablet 5 mg oral</i>                                       | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i> | 1    |  |
| <i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i> | 1    |  |
| <i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>  | 1    |  |
| <i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>  | 1    |  |
| <i>propranolol hcl solution 1 mg/ml intravenous</i>                    | 1    |  |
| <i>propranolol hcl solution 20 mg/5ml oral</i>                         | 1    |  |
| <i>propranolol hcl solution 40 mg/5ml oral</i>                         | 1    |  |
| <i>propranolol hcl tablet 10 mg oral</i>                               | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>propranolol hcl tablet 20 mg oral</i>                               | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>propranolol hcl tablet 40 mg oral</i>                               | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |
| <i>propranolol hcl tablet 60 mg oral</i>                               | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List                       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                          |
|--|------|--|
| <b>Beta Blockers Non-Selective (continued)</b>         |      |  |
| <i>propranolol hcl tablet 80 mg oral</i>               | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| SORINE TABLET 120 MG ORAL                              | 1    |  |
| SORINE TABLET 160 MG ORAL                              | 1    |  |
| SORINE TABLET 240 MG ORAL                              | 1    |  |
| SORINE TABLET 80 MG ORAL                               | 1    |  |
| <i>sotalol hcl (af) tablet 120 mg oral</i>             | 1    |  |
| <i>sotalol hcl (af) tablet 160 mg oral</i>             | 1    |  |
| <i>sotalol hcl (af) tablet 80 mg oral</i>              | 1    |  |
| <i>sotalol hcl tablet 120 mg oral</i>                  | 1    |  |
| <i>sotalol hcl tablet 160 mg oral</i>                  | 1    |  |
| <i>sotalol hcl tablet 240 mg oral</i>                  | 1    |  |
| <i>sotalol hcl tablet 80 mg oral</i>                   | 1    |  |
| <i>timolol maleate tablet 10 mg oral</i>               | 1    |  |
| <i>timolol maleate tablet 20 mg oral</i>               | 1    |  |
| <i>timolol maleate tablet 5 mg oral</i>                | 1    |  |
| <b>CALCIUM CHANNEL BLOCKERS</b>                        |      |  |
| <b>Calcium Channel Blockers</b>                        |      |  |
| AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL | 1    | PS Expanded NCDL,<br>Incentive               |
| AFEDITAB CR TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL | 1    | PS Expanded NCDL,<br>Incentive               |
| <i>amlodipine besylate tablet 10 mg oral</i>           | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besylate tablet 2.5 mg oral</i>          | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>amlodipine besylate tablet 5 mg oral</i>            | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Calcium Channel Blockers (continued)</b>                                |      |  |
| CARDENE IV SOLUTION 20-4.8 MG/200ML-% INTRAVENOUS                          | 3    |  |
| CARDENE IV SOLUTION 40-5 MG/200ML-% INTRAVENOUS                            | 3    |  |
| CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL                    | 2    |  |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL                     | 1    | PS Expanded NCDL, Incentive                |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL                     | 1    | PS Expanded NCDL, Incentive                |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL                     | 1    | PS Expanded NCDL, Incentive                |
| CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL                     | 1    | PS Expanded NCDL, Incentive                |
| <i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er capsule extended release 12 hour 120 mg oral</i>       | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Calcium Channel Blockers (continued)</b>                                       |      |  |
| <i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl solution 125 mg/25ml intravenous</i>                             | 1    | Medical Benefit only.                      |
| <i>diltiazem hcl solution 25 mg/5ml intravenous</i>                               | 1    | Medical Benefit only.                      |
| <i>diltiazem hcl solution 50 mg/10ml intravenous</i>                              | 1    | Medical Benefit only.                      |
| <i>diltiazem hcl solution reconstituted 100 mg intravenous</i>                    | 3    | Medical Benefit only.                      |
| <i>diltiazem hcl tablet 120 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl tablet 30 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl tablet 60 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>diltiazem hcl tablet 90 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Calcium Channel Blockers (continued)</b>                      |      |  |
| <i>dilt-xr capsule extended release 24 hour 120 mg oral</i>      | 1    | PS Expanded NCDL, Incentive                |
| <i>dilt-xr capsule extended release 24 hour 180 mg oral</i>      | 1    | PS Expanded NCDL, Incentive                |
| <i>dilt-xr capsule extended release 24 hour 240 mg oral</i>      | 1    | PS Expanded NCDL, Incentive                |
| <i>felodipine er tablet extended release 24 hour 10 mg oral</i>  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>felodipine er tablet extended release 24 hour 2.5 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>felodipine er tablet extended release 24 hour 5 mg oral</i>   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>isradipine capsule 2.5 mg oral</i>                            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>isradipine capsule 5 mg oral</i>                              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180 MG ORAL            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 240 MG ORAL            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 360 MG ORAL            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 420 MG ORAL            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nicardipine hcl capsule 20 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nicardipine hcl capsule 30 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nicardipine hcl solution 2.5 mg/ml intravenous</i>            | 1    |  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Calcium Channel Blockers (continued)</b>                                     |      |  |
| NIFEDICAL XL TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL                         | 1    | PS Expanded NCDL, Incentive                |
| <i>nifedipine capsule 10 mg oral</i>  | 1    |  |
| <i>nifedipine capsule 20 mg oral</i>  | 1    |  |
| <i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i> | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nifedipine er tablet extended release 24 hour 30 mg oral</i>                 | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nifedipine er tablet extended release 24 hour 60 mg oral</i>                 | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nifedipine er tablet extended release 24 hour 90 mg oral</i>                 | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>nimodipine capsule 30 mg oral</i>  | 1    | QL 252/180 days                            |
| <i>nisoldipine er tablet extended release 24 hour 17 mg oral</i>                | 1    | QL 30/30 days                              |
| <i>nisoldipine er tablet extended release 24 hour 20 mg oral</i>                | 1    | QL 30/30 days                              |
| <i>nisoldipine er tablet extended release 24 hour 25.5 mg oral</i>              | 1    |  |
| <i>nisoldipine er tablet extended release 24 hour 30 mg oral</i>                | 1    |  |
| <i>nisoldipine er tablet extended release 24 hour 34 mg oral</i>                | 1    |  |
| <i>nisoldipine er tablet extended release 24 hour 40 mg oral</i>                | 1    |  |
| <i>nisoldipine er tablet extended release 24 hour 8.5 mg oral</i>               | 1    | QL 30/30 days                              |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Calcium Channel Blockers (continued)</b>                          |      |  |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL               | 1    | PS Expanded NCDL, Incentive                |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL               | 1    | PS Expanded NCDL, Incentive                |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL               | 1    | PS Expanded NCDL, Incentive                |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL               | 1    | PS Expanded NCDL, Incentive                |
| TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL               | 1    | PS Expanded NCDL, Incentive                |
| <i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i> | 1    | VBP Drug List                              |
| <i>verapamil hcl er tablet extended release 120 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>verapamil hcl er tablet extended release 180 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>verapamil hcl er tablet extended release 240 mg oral</i>          | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>verapamil hcl solution 2.5 mg/ml intravenous</i>                  | 1    | Medical Benefit only.                      |

| DRUG NAME                                      | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Calcium Channel Blockers (continued)</b>    |      |  |
| <i>verapamil hcl tablet 120 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>verapamil hcl tablet 40 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>verapamil hcl tablet 80 mg oral</i>         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>CARDIOTONICS</b>                            |      |  |
| <b>Cardiac Glycosides</b>                      |      |  |
| DIGOX TABLET 125 MCG ORAL                      | 1    |  |
| DIGOX TABLET 250 MCG ORAL                      | 1    |  |
| <i>digoxin solution 0.05 mg/ml oral</i>        | 1    |  |
| <i>digoxin solution 0.25 mg/ml injection</i>   | 1    |  |
| <i>digoxin tablet 125 mcg oral</i>             | 1    |  |
| <i>digoxin tablet 250 mcg oral</i>             | 1    |  |
| LANOXIN PEDIATRIC SOLUTION 0.1 MG/ML INJECTION | 3    |  |
| LANOXIN TABLET 187.5 MCG ORAL                  | 2    |  |
| LANOXIN TABLET 62.5 MCG ORAL                   | 2    |  |
| <b>CARDIOVASCULAR AGENTS - MISC.</b>           |      |  |
| <b>Cardiac Myosin Inhibitors</b>               |      |  |
| CAMZYOS CAPSULE 10 MG ORAL                     | 4    | PA, QL 30/30 days, SP, Prudent             |
| CAMZYOS CAPSULE 15 MG ORAL                     | 4    | PA, QL 30/30 days, SP, Prudent             |
| CAMZYOS CAPSULE 2.5 MG ORAL                    | 4    | PA, QL 30/30 days, SP, Prudent             |
| CAMZYOS CAPSULE 5 MG ORAL                      | 4    | PA, QL 30/30 days, SP, Prudent             |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb</b>      |      |                                 |
| ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL                              | 3    | QL 240/30 days                  |
| ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL                                | 3    | QL 240/30 days                  |
| <i>sacubitril-valsartan tablet 24-26 mg oral</i>                     | 1    | QL 60/30 days                   |
| <i>sacubitril-valsartan tablet 49-51 mg oral</i>                     | 1    | QL 60/30 days                   |
| <i>sacubitril-valsartan tablet 97-103 mg oral</i>                    | 1    | QL 60/30 days                   |
| <b>Nitrate &amp; Vasodilator Combinations</b>                        |      |                                 |
| <i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i>          | 1    | PA, Medical Necessity<br>PA     |
| <b>PDE Inhibitor-Endothelin Receptor Antagonist Combinations</b>     |      |                                 |
| OPSYNVI TABLET 10-20 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent  |
| OPSYNVI TABLET 10-40 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent  |
| <b>Prostaglandin Vasodilators</b>                                    |      |                                 |
| <i>epoprostenol sodium solution reconstituted 0.5 mg intravenous</i> | 4    | LA, PA, SP, Prudent             |
| <i>epoprostenol sodium solution reconstituted 1.5 mg intravenous</i> | 4    | LA, PA, SP, Prudent             |
| <i>treprostinil solution 100 mg/20ml injection</i>                   | 4    | PA, SP                          |
| <i>treprostinil solution 20 mg/20ml injection</i>                    | 4    | PA, SP                          |
| <i>treprostinil solution 200 mg/20ml injection</i>                   | 4    | PA, SP                          |
| <i>treprostinil solution 50 mg/20ml injection</i>                    | 4    | PA, SP                          |
| TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION                  | 4    | PA, QL 112/28 days, SP, Prudent |
| TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION                  | 4    | PA, QL 112/28 days, SP, Prudent |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Prostaglandin Vasodilators (continued)</b>                   |      |                                 |
| TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION             | 4    | PA, QL 112/28 days, SP, Prudent |
| TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION             | 4    | PA, QL 112/28 days, SP, Prudent |
| TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION     | 4    | PA, QL 252/28 days, SP, Prudent |
| TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION                 | 4    | PA, QL 87/30 days, SP, Prudent  |
| TYVASO SOLUTION 0.6 MG/ML INHALATION                            | 4    | PA, QL 87/30 days, SP, Prudent  |
| TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION                | 4    | PA, QL 87/30 days, SP, Prudent  |
| VENTAVIS SOLUTION 10 MCG/ML INHALATION                          | 4    | PA, SP                          |
| VENTAVIS SOLUTION 20 MCG/ML INHALATION                          | 4    | PA, SP                          |
| <b>Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (sGC)</b> |      |                                 |
| ADEMPAS TABLET 0.5 MG ORAL                                      | 4    | PA, SP, Prudent                 |
| ADEMPAS TABLET 1 MG ORAL  | 4    | PA, SP, Prudent                 |
| ADEMPAS TABLET 1.5 MG ORAL                                      | 4    | PA, SP, Prudent                 |
| ADEMPAS TABLET 2 MG ORAL  | 4    | PA, SP, Prudent                 |
| ADEMPAS TABLET 2.5 MG ORAL                                      | 4    | PA, SP, Prudent                 |
| <b>Pulmonary Hypertension - Activin Signaling Inhibitor</b>     |      |                                 |
| WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS                            | 4    | PA, SP, Prudent                 |
| WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS                            | 4    | PA, SP, Prudent                 |
| WINREVAIR KIT 45 MG SUBCUTANEOUS                                | 4    | PA, SP, Prudent                 |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Pulmonary Hypertension - Activin Signaling Inhibitor (continued)</b> |      |                                 |
| WINREVAIR KIT 60 MG SUBCUTANEOUS  | 4    | PA, SP, Prudent                 |
| <b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>         |      |                                 |
| <i>ambrisentan tablet 10 mg oral</i>                                    | 4    | PA, QL 30/30 days, SP, Prudent  |
| <i>ambrisentan tablet 5 mg oral</i>                                     | 4    | PA, QL 30/30 days, SP, Prudent  |
| <i>bosentan tablet 125 mg oral</i>                                      | 4    | PA, QL 60/30 days, SP, Prudent  |
| <i>bosentan tablet 62.5 mg oral</i>                                     | 4    | PA, QL 60/30 days, SP, Prudent  |
| OPSUMIT TABLET 10 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent  |
| <b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>            |      |                                 |
| ALYQ TABLET 20 MG ORAL  | 3    | PA, SP, Prudent                 |
| LIQREV SUSPENSION 10 MG/ML ORAL   | 4    | PA, SP                          |
| <i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>        | 4    | PA, SP, Prudent                 |
| <i>sildenafil citrate tablet 20 mg oral</i>                             | 3    | PA, SP, Prudent                 |
| <i>tadalafil (pah) tablet 20 mg oral</i>                                | 3    | PA, SP, Prudent                 |
| TADLIQ SUSPENSION 20 MG/5ML ORAL  | 4    | PA, QL 300/30 days, SP, Prudent |
| <b>Selective cGMP Phosphodiesterase Type 5 Inhibitors</b>               |      |                                 |
| <i>tadalafil tablet 2.5 mg oral</i>                                     | 1    | PA, QL 1/1 days                 |
| <i>tadalafil tablet 5 mg oral</i>                                       | 1    | PA, QL 1/1 days                 |
| <b>Sinus Node Inhibitors</b>  |      |                                 |
| CORLANOR SOLUTION 5 MG/5ML ORAL   | 3    | PA, QL 480/28 days              |
| CORLANOR TABLET 5 MG ORAL   | 3    | PA, QL 60/30 days               |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Sinus Node Inhibitors (continued)</b>                       |      |                                |
| CORLANOR TABLET 7.5 MG ORAL                                    | 3    | PA, QL 60/30 days              |
| <i>ivabradine hcl tablet 5 mg oral</i>                         | 1    | PA, QL 60/30 days              |
| <i>ivabradine hcl tablet 7.5 mg oral</i>                       | 1    | PA, QL 60/30 days              |
| <b>Transthyretin Stabilizers</b>                               |      |                                |
| ATTRUBY TABLET THERAPY PACK 356 MG ORAL                        | 4    | LA, PA, QL 112/28 days, SP     |
| VYNDAMAX CAPSULE 61 MG ORAL                                    | 4    | PA, QL 30/30 days, SP, Prudent |
| VYNDAQEL CAPSULE 20 MG ORAL                                    | 4    | PA, QL 4/1 days, SP, Prudent   |
| <b>Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)</b>   |      |                                |
| VERQUVO TABLET 10 MG ORAL                                      | 3    | QL 30/30 days                  |
| VERQUVO TABLET 2.5 MG ORAL                                     | 3    | QL 30/30 days                  |
| VERQUVO TABLET 5 MG ORAL                                       | 3    | QL 30/30 days                  |
| <b>CEPHALOSPORINS</b>  |      |                                |
| <b>Cephalosporins - 1st Generation</b>                         |      |                                |
| <i>cefadroxil capsule 500 mg oral</i>                          | 1    |                                |
| <i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>     | 1    |                                |
| <i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>     | 1    |                                |
| <i>cefadroxil tablet 1 gm oral</i>                             | 1    |                                |
| <i>cefazolin sodium solution reconstituted 1 gm injection</i>  | 1    |                                |
| <i>cefazolin sodium solution reconstituted 10 gm injection</i> | 1    |                                |
| <i>cefazolin sodium solution reconstituted 20 gm injection</i> | 1    |                                |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Cephalosporins - 1st Generation (continued)</b>               |      |                     |
| <i>cefazolin sodium solution reconstituted 500 mg injection</i>  | 1    |                     |
| <i>cephalexin capsule 250 mg oral</i>                            | 1    |                     |
| <i>cephalexin capsule 500 mg oral</i>                            | 1    |                     |
| <i>cephalexin suspension reconstituted 125 mg/5ml oral</i>       | 1    |                     |
| <i>cephalexin suspension reconstituted 250 mg/5ml oral</i>       | 1    |                     |
| <b>Cephalosporins - 2nd Generation</b>                           |      |                     |
| <i>cefaclor capsule 250 mg oral</i>                              | 1    |                     |
| <i>cefaclor capsule 500 mg oral</i>                              | 1    |                     |
| <i>cefaclor er tablet extended release 12 hour 500 mg oral</i>   | 3    |                     |
| <i>cefaclor suspension reconstituted 125 mg/5ml oral</i>         | 1    |                     |
| <i>cefaclor suspension reconstituted 250 mg/5ml oral</i>         | 1    |                     |
| <i>cefaclor suspension reconstituted 375 mg/5ml oral</i>         | 1    |                     |
| <i>cefotetan disodium solution reconstituted 1 gm injection</i>  | 1    |                     |
| <i>cefotetan disodium solution reconstituted 2 gm injection</i>  | 1    |                     |
| <i>cefoxitin sodium solution reconstituted 10 gm injection</i>   | 1    |                     |
| <i>cefoxitin sodium solution reconstituted 10 gm intravenous</i> | 1    |                     |
| <i>cefprozil suspension reconstituted 125 mg/5ml oral</i>        | 1    |                     |
| <i>cefprozil suspension reconstituted 250 mg/5ml oral</i>        | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Cephalosporins - 2nd Generation (continued)</b>                   |      |                     |
| <i>cefprozil tablet 250 mg oral</i>                                  | 1    |                     |
| <i>cefprozil tablet 500 mg oral</i>                                  | 1    |                     |
| <i>cefuroxime axetil tablet 250 mg oral</i>                          | 1    |                     |
| <i>cefuroxime axetil tablet 500 mg oral</i>                          | 1    |                     |
| <b>Cephalosporins - 3rd Generation</b>                               |      |                     |
| <i>cefdinir capsule 300 mg oral</i>                                  | 1    |                     |
| <i>cefdinir suspension reconstituted 125 mg/5ml oral</i>             | 1    |                     |
| <i>cefdinir suspension reconstituted 250 mg/5ml oral</i>             | 1    |                     |
| <i>cefditoren pivoxil tablet 200 mg oral</i>                         | 1    |                     |
| <i>cefditoren pivoxil tablet 400 mg oral</i>                         | 1    |                     |
| <i>cefixime capsule 400 mg oral</i>                                  | 1    |                     |
| <i>cefixime suspension reconstituted 100 mg/5ml oral</i>             | 1    |                     |
| <i>cefixime suspension reconstituted 200 mg/5ml oral</i>             | 1    |                     |
| <i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i> | 1    |                     |
| <i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>  | 1    |                     |
| <i>cefpodoxime proxetil tablet 100 mg oral</i>                       | 1    |                     |
| <i>cefpodoxime proxetil tablet 200 mg oral</i>                       | 1    |                     |
| <i>ceftazidime solution reconstituted 1 gm injection</i>             | 1    |                     |
| <i>ceftazidime solution reconstituted 2 gm injection</i>             | 1    |                     |
| <i>ceftazidime solution reconstituted 2 gm intravenous</i>           | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Cephalosporins - 3rd Generation (continued)</b>                |      |                     |
| <i>ceftazidime solution reconstituted 6 gm injection</i>          | 1    |                     |
| <i>ceftibuten capsule 400 mg oral</i>                             | 1    |                     |
| <i>ceftibuten suspension reconstituted 180 mg/5ml oral</i>        | 1    |                     |
| <i>ceftriaxone sodium solution reconstituted 1 gm injection</i>   | 1    |                     |
| <i>ceftriaxone sodium solution reconstituted 2 gm injection</i>   | 1    |                     |
| <i>ceftriaxone sodium solution reconstituted 250 mg injection</i> | 1    |                     |
| <i>ceftriaxone sodium solution reconstituted 500 mg injection</i> | 1    |                     |
| FORTAZ IN D5W SOLUTION 1-5 GM/50ML-% INTRAVENOUS                  | 3    |                     |
| FORTAZ IN D5W SOLUTION 2-5 GM/50ML-% INTRAVENOUS                  | 3    |                     |
| SUPRAX SUSPENSION RECONSTITUTED 500 MG/5ML ORAL                   | 2    |                     |
| SUPRAX TABLET CHEWABLE 100 MG ORAL                                | 2    |                     |
| SUPRAX TABLET CHEWABLE 200 MG ORAL                                | 2    |                     |
| <b>Cephalosporins - 4th Generation</b>                            |      |                     |
| <i>cefepime hcl solution reconstituted 1 gm injection</i>         | 1    |                     |
| <i>cefepime hcl solution reconstituted 2 gm injection</i>         | 1    |                     |
| <i>cefepime hcl solution reconstituted 2 gm intravenous</i>       | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>CONTRACEPTIVES</b>   |      |                                 |
| <b>Biphasic Contraceptives - Oral</b>                                     |      |                                 |
| AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL                             | 0    | ACA NCDL, limitations may apply |
| <i>desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral</i> | 0    | ACA NCDL, limitations may apply |
| KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL                               | 0    | ACA NCDL, limitations may apply |
| LO LOESTRIN FE TABLET 1 MG-10 MCG / 10 MCG ORAL                           | 0    | ACA NCDL, limitations may apply |
| <i>viorele tablet 0.15-0.02/0.01 mg (21/5) oral</i>                       | 0    | ACA NCDL, limitations may apply |
| <b>Combination Contraceptives - Oral</b>                                  |      |                                 |
| ALTAVERA TABLET 0.15-30 MG-MCG ORAL                                       | 0    | ACA NCDL, limitations may apply |
| <i>alyacen 1/35 tablet 1-35 mg-mcg oral</i>                               | 0    | ACA NCDL, limitations may apply |
| APRI TABLET 0.15-30 MG-MCG ORAL   | 0    | ACA NCDL, limitations may apply |
| AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| AVERI TABLET 0.15-0.03 MG ORAL  | 0    |                                 |
| AVIANE TABLET 0.1-20 MG-MCG ORAL  | 0    | ACA NCDL, limitations may apply |
| BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL                               | 0    | ACA NCDL, limitations may apply |
| BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL                                   | 0    | ACA NCDL, limitations may apply |
| CRYSELLE-28 TABLET 0.3-30 MG-MCG ORAL                                     | 0    | ACA NCDL, limitations may apply |
| CYRED EQ TABLET 0.15-30 MG-MCG ORAL                                       | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b>              |      |                                 |
| CYRED TABLET 0.15-30 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| DASETTA 1/35 (28) TABLET 1-35 MG-MCG ORAL                         | 0    | ACA NCDL, limitations may apply |
| DELYLA TABLET 0.1-20 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| <i>desogestrel-ethinyl estradiol tablet 0.15-30 mg-mcg oral</i>   | 0    | ACA NCDL, limitations may apply |
| <i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>drospirenone-ethinyl estradiol tablet 3-0.02 mg oral</i>       | 0    | ACA NCDL, limitations may apply |
| <i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>       | 0    | ACA NCDL, limitations may apply |
| ELINEST TABLET 0.3-30 MG-MCG ORAL                                 | 0    | ACA NCDL, limitations may apply |
| EMOQUETTE TABLET 0.15-30 MG-MCG ORAL                              | 0    | ACA NCDL, limitations may apply |
| ENSKYCE TABLET 0.15-30 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| ESTARYLLA TABLET 0.25-35 MG-MCG ORAL                              | 0    | ACA NCDL, limitations may apply |
| <i>ethinodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>      | 0    | ACA NCDL, limitations may apply |
| FALMINA TABLET 0.1-20 MG-MCG ORAL                                 | 0    | ACA NCDL, limitations may apply |
| FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL                          | 0    | ACA NCDL, limitations may apply |
| GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL                              | 0    | ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b> |      |                                 |
| GILDESS FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL          | 0    | ACA NCDL, limitations may apply |
| HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL             | 0    | ACA NCDL, limitations may apply |
| HAILEY FE 1/20 TABLET 1-20 MG-MCG ORAL               | 0    | ACA NCDL, limitations may apply |
| ISIBLOOM TABLET 0.15-30 MG-MCG ORAL                  | 0    | ACA NCDL, limitations may apply |
| JASMIEL TABLET 3-0.02 MG ORAL                        | 0    | ACA NCDL, limitations may apply |
| JOYEAUX TABLET 0.1-20 MG-MCG(21) ORAL                | 0    | ACA NCDL, limitations may apply |
| JULEBER TABLET 0.15-30 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL               | 0    | ACA NCDL, limitations may apply |
| JUNEL 1/20 TABLET 1-20 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL            | 0    | ACA NCDL, limitations may apply |
| JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL                | 0    | ACA NCDL, limitations may apply |
| KALLIGA TABLET 0.15-30 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| KELNOR 1/35 TABLET 1-35 MG-MCG ORAL                  | 0    | ACA NCDL, limitations may apply |
| KURVELO TABLET 0.15-30 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| LARIN 1/20 TABLET 1-20 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL            | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b>                |      |                                 |
| LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL                               | 0    | ACA NCDL, limitations may apply |
| LARISSIA TABLET 0.1-20 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| LAYOLIS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL                       | 0    | ACA NCDL, limitations may apply |
| LESSINA TABLET 0.1-20 MG-MCG ORAL                                   | 0    | ACA NCDL, limitations may apply |
| <i>levonorgest-eth estradiol-iron tablet 0.1-20 mg-mcg(21) oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>      | 0    | ACA NCDL, limitations may apply |
| <i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>     | 0    | ACA NCDL, limitations may apply |
| LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL                      | 0    | ACA NCDL, limitations may apply |
| LOESTRIN FE 1/20 TABLET 1-20 MG-MCG ORAL                            | 0    | ACA NCDL, limitations may apply |
| LORYNA TABLET 3-0.02 MG ORAL  | 0    | ACA NCDL, limitations may apply |
| LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL                              | 0    | ACA NCDL, limitations may apply |
| LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL                                | 0    | ACA NCDL, limitations may apply |
| LUTERA TABLET 0.1-20 MG-MCG ORAL                                    | 0    | ACA NCDL, limitations may apply |
| <i>marlissa tablet 0.15-30 mg-mcg oral</i>                          | 0    | ACA NCDL, limitations may apply |
| MERZEE CAPSULE 1-20 MG-MCG(24) ORAL                                 | 0    | ACA NCDL, limitations may apply |
| MIBELAS 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL                  | 0    | ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b>                   |      |                                 |
| MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL                           | 0    | ACA NCDL, limitations may apply |
| MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL                               | 0    | ACA NCDL, limitations may apply |
| MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL                        | 0    | ACA NCDL, limitations may apply |
| MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL                            | 0    | ACA NCDL, limitations may apply |
| MILI TABLET 0.25-35 MG-MCG ORAL  | 0    |                                 |
| MINZOYA TABLET 0.1-20 MG-MCG(21) ORAL                                  | 0    | ACA NCDL, limitations may apply |
| MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL                                 | 0    | ACA NCDL, limitations may apply |
| MONONESSA TABLET 0.25-35 MG-MCG ORAL                                   | 0    | ACA NCDL, limitations may apply |
| NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL                            | 0    | ACA NCDL, limitations may apply |
| NECON 1/35 (28) TABLET 1-35 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| NEXTSTELLIS TABLET 3-14.2 MG ORAL                                      | 0    | ACA NCDL, limitations may apply |
| NIKKI TABLET 3-0.02 MG ORAL  | 0    | ACA NCDL, limitations may apply |
| <i>norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral</i>         | 0    | ACA NCDL, limitations may apply |
| <i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral</i>              | 0    | ACA NCDL, limitations may apply |
| <i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg(24) oral</i>          | 0    | ACA NCDL, limitations may apply |
| <i>norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral</i>          | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b>                |      |                                 |
| <i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>        | 0    | ACA NCDL, limitations may apply |
| NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL                       | 0    | ACA NCDL, limitations may apply |
| NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL                           | 0    | ACA NCDL, limitations may apply |
| NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL                           | 0    | ACA NCDL, limitations may apply |
| OCELLA TABLET 3-0.03 MG ORAL  | 0    | ACA NCDL, limitations may apply |
| OGESTREL TABLET 0.5-50 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| ORSYTHIA TABLET 0.1-20 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| PIRMELLA 1/35 TABLET 1-35 MG-MCG ORAL                               | 0    | ACA NCDL, limitations may apply |
| PORTIA-28 TABLET 0.15-30 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| PREVIFEM TABLET 0.25-35 MG-MCG ORAL                                 | 0    | ACA NCDL, limitations may apply |
| RECLIPSEN TABLET 0.15-30 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| SOLIA TABLET 0.15-30 MG-MCG ORAL                                    | 0    | ACA NCDL, limitations may apply |
| SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL                              | 0    | ACA NCDL, limitations may apply |
| SRONYX TABLET 0.1-20 MG-MCG ORAL                                    | 0    | ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Combination Contraceptives - Oral (continued)</b> |      |                                 |
| SYEDA TABLET 3-0.03 MG ORAL                          | 0    | ACA NCDL, limitations may apply |
| TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL             | 0    | ACA NCDL, limitations may apply |
| TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL            | 0    | ACA NCDL, limitations may apply |
| TAYSOFY CAPSULE 1-20 MG-MCG(24) ORAL                 | 0    | ACA NCDL, limitations may apply |
| TURQOZ TABLET 0.3-30 MG-MCG ORAL                     | 0    | ACA NCDL, limitations may apply |
| TYBLUME TABLET 0.1-20 MG-MCG ORAL                    | 0    |                                 |
| VALTYA 1/50 TABLET 1-50 MG-MCG ORAL                  | 0    | ACA NCDL, limitations may apply |
| VESTURA TABLET 3-0.02 MG ORAL                        | 0    | ACA NCDL, limitations may apply |
| VIENVA TABLET 0.1-20 MG-MCG ORAL                     | 0    | ACA NCDL, limitations may apply |
| VYLIBRA TABLET 0.25-35 MG-MCG ORAL                   | 0    |                                 |
| WERA TABLET 0.5-35 MG-MCG ORAL                       | 0    | ACA NCDL, limitations may apply |
| WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL         | 0    | ACA NCDL, limitations may apply |
| ZENCHENT TABLET 0.4-35 MG-MCG ORAL                   | 0    | ACA NCDL, limitations may apply |
| ZOVIA 1/35E (28) TABLET 1-35 MG-MCG ORAL             | 0    | ACA NCDL, limitations may apply |
| ZUMANDIMINE TABLET 3-0.03 MG ORAL                    | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                             |
|---|------|---|
| <b>Combination Contraceptives - Transdermal</b>                       |      |   |
| TWIRLA PATCH WEEKLY 120-30 MCG/24HR TRANSDERMAL                       | 0    | ACA NCDL, limitations may apply                 |
| XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL                       | 0    | ACA NCDL, limitations may apply                 |
| ZAFEMY PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL                       | 0    | ACA NCDL, limitations may apply                 |
| <b>Combination Contraceptives - Vaginal</b>                           |      |   |
| ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL                              | 0    | QL 1/364 days, ACA NCDL, limitations may apply  |
| ELURYNG RING 0.12-0.015 MG/24HR VAGINAL                               | 0    | QL 13/300 days, ACA NCDL, limitations may apply |
| ENILLORING RING 0.12-0.015 MG/24HR VAGINAL                            | 0    | QL 13/300 days, ACA NCDL, limitations may apply |
| <i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal</i> | 0    | QL 13/300 days, ACA NCDL, limitations may apply |
| HALOETTE RING 0.12-0.015 MG/24HR VAGINAL                              | 0    | ACA NCDL, limitations may apply                 |
| <b>Continuous Contraceptives - Oral</b>                               |      |   |
| AMETHYST TABLET 90-20 MCG ORAL  | 0    | ACA NCDL, limitations may apply                 |
| DOLISHALE TABLET 90-20 MCG ORAL                                       | 0    | ACA NCDL, limitations may apply                 |
| <i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>            | 0    | ACA NCDL, limitations may apply                 |
| <b>Copper Contraceptives - IUD</b>                                    |      |   |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE INTRAUTERINE         | 0    | QL 1/300 days, ACA NCDL, limitations may apply  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                |
|---|------|--|
| <b>Emergency Contraceptives</b>   |      |  |
| ELLA TABLET 30 MG ORAL  | 0    | ACA NCDL, limitations may apply                    |
| <b>Extended-Cycle Contraceptives - Oral</b>                             |      |  |
| CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL                               | 0    | ACA NCDL, limitations may apply                    |
| ICLEVIA TABLET 0.15-0.03 MG ORAL  | 0    | ACA NCDL, limitations may apply                    |
| INTROVALE TABLET 0.15-0.03 MG ORAL                                      | 0    | ACA NCDL, limitations may apply                    |
| JOLESSA TABLET 0.15-0.03 MG ORAL  | 0    | ACA NCDL, limitations may apply                    |
| <i>levonorgest-eth estrad 91-day tablet 0.1-0.02 &amp; 0.01 mg oral</i> | 0    | ACA NCDL, limitations may apply                    |
| <i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>           | 0    | ACA NCDL, limitations may apply                    |
| QUASENSE TABLET 0.15-0.03 MG ORAL                                       | 0    | ACA NCDL, limitations may apply                    |
| RIVELSA TABLET 42-21-21-7 DAYS ORAL                                     | 0    | ACA NCDL, limitations may apply                    |
| SETLAKIN TABLET 0.15-0.03 MG ORAL                                       | 0    | ACA NCDL, limitations may apply                    |
| <b>Four Phase Contraceptives - Oral</b>                                 |      |  |
| NATAZIA TABLET 3/2-2/2-3/1 MG ORAL                                      | 0    | ACA NCDL, limitations may apply                    |
| <b>Progestin Contraceptives - Implants</b>                              |      |  |
| NEXPLANON IMPLANT 68 MG SUBCUTANEOUS                                    | 0    | QL 1/300 days, SP, ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                |
|---|------|--|
| <b>Progestin Contraceptives - Injectable</b>  |      |  |
| DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS           | 0    | QL 4/300 days, ACA NCDL, limitations may apply     |
| <i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>                   | 0    | QL 4/300 days, ACA NCDL, limitations may apply     |
| <i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i> | 0    | QL 4/300 days, ACA NCDL, limitations may apply     |
| <b>Progestin Contraceptives - IUD</b>   |      |  |
| KYLEENA INTRAUTERINE DEVICE 19.5 MG INTRAUTERINE  | 0    | ACA NCDL, limitations may apply                    |
| LILETTA (52 MG) INTRAUTERINE DEVICE 18.6 MCG/DAY INTRAUTERINE                           | 0    | LA, QL 1/300 days, ACA NCDL, limitations may apply |
| LILETTA (52 MG) INTRAUTERINE DEVICE 19.5 MCG/DAY INTRAUTERINE                           | 0    | QL 1/300 days, ACA NCDL, limitations may apply     |
| LILETTA (52 MG) INTRAUTERINE DEVICE 20.1 MCG/DAY INTRAUTERINE                           | 0    | QL 1/300 days, ACA NCDL, limitations may apply     |
| MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/24HR INTRAUTERINE                             | 0    | QL 1/300 days, SP, ACA NCDL, limitations may apply |
| MIRENA (52 MG) INTRAUTERINE DEVICE 20 MCG/DAY INTRAUTERINE                              | 0    | QL 1/300 days, SP, ACA NCDL, limitations may apply |
| SKYLA INTRAUTERINE DEVICE 13.5 MG INTRAUTERINE  | 0    | QL 1/300 days, ACA NCDL, limitations may apply     |
| <b>Progestin Contraceptives - Oral</b>  |      |  |
| CAMILA TABLET 0.35 MG ORAL  | 0    | ACA NCDL, limitations may apply                    |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Progestin Contraceptives - Oral (continued)</b>    |      |                                 |
| EMZAHH TABLET 0.35 MG ORAL                            | 0    | ACA NCDL, limitations may apply |
| ERRIN TABLET 0.35 MG ORAL                             | 0    | ACA NCDL, limitations may apply |
| HEATHER TABLET 0.35 MG ORAL                           | 0    | ACA NCDL, limitations may apply |
| INCASSIA TABLET 0.35 MG ORAL                          | 0    |                                 |
| JOLIVETTE TABLET 0.35 MG ORAL                         | 0    | ACA NCDL, limitations may apply |
| LYLEQ TABLET 0.35 MG ORAL                             | 0    | ACA NCDL, limitations may apply |
| LYZA TABLET 0.35 MG ORAL                              | 0    | ACA NCDL, limitations may apply |
| NORA-BE TABLET 0.35 MG ORAL                           | 0    | ACA NCDL, limitations may apply |
| <i>norethindrone tablet 0.35 mg oral</i>              | 0    | ACA NCDL, limitations may apply |
| SLYND TABLET 4 MG ORAL                                | 0    | ACA NCDL, limitations may apply |
| <b>Triphasic Contraceptives - Oral</b>                |      |                                 |
| <i>alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i> | 0    | ACA NCDL, limitations may apply |
| ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL              | 0    | ACA NCDL, limitations may apply |
| CAZANT TABLET 0.1/0.125/0.15 - 0.025 MG ORAL          | 0    | ACA NCDL, limitations may apply |
| CESIA TABLET 0.1/0.125/0.15 -0.025 MG ORAL            | 0    | ACA NCDL, limitations may apply |
| DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL        | 0    | ACA NCDL, limitations may apply |
| ENPRESSE-28 TABLET 50-30/75-40/125-30 MCG ORAL        | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Triphasic Contraceptives - Oral (continued)</b>                          |      |                                 |
| LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL                                       | 0    | ACA NCDL, limitations may apply |
| LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| MYZILRA TABLET 50-30/75-40/ 125-30 MCG ORAL                                 | 0    | ACA NCDL, limitations may apply |
| NECON 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| <i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral</i> | 0    | ACA NCDL, limitations may apply |
| <i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral</i> | 0    | ACA NCDL, limitations may apply |
| NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL                              | 0    | ACA NCDL, limitations may apply |
| NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL                                | 0    | ACA NCDL, limitations may apply |
| TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL                                  | 0    | ACA NCDL, limitations may apply |
| TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL                         | 0    | ACA NCDL, limitations may apply |
| TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL                            | 0    | ACA NCDL, limitations may apply |
| TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL                      | 0    | ACA NCDL, limitations may apply |
| TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL                         | 0    | ACA NCDL, limitations may apply |
| TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL                           | 0    | ACA NCDL, limitations may apply |
| TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL                       | 0    | ACA NCDL, limitations may apply |
| TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL                              | 0    | ACA NCDL, limitations may apply |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Triphasic Contraceptives - Oral (continued)</b>            |      |                                 |
| TRINESSA (28) TABLET 0.18/0.215/0.25 MG-35 MCG ORAL           | 0    | ACA NCDL, limitations may apply |
| TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL            | 0    | ACA NCDL, limitations may apply |
| TRIVORA (28) TABLET 50-30/75-40/ 125-30 MCG ORAL              | 0    | ACA NCDL, limitations may apply |
| TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL          | 0    | ACA NCDL, limitations may apply |
| TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL             | 0    | ACA NCDL, limitations may apply |
| VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL                  | 0    | ACA NCDL, limitations may apply |
| XARAH FE TABLET 1-20/1-30/1-35 MG-MCG ORAL                    | 0    | ACA NCDL, limitations may apply |
| <b>CORTICOSTEROIDS</b>  |      |                                 |
| <b>Glucocorticosteroids</b>                                   |      |                                 |
| AGAMREE SUSPENSION 40 MG/ML ORAL                              | 4    | LA, PA, QL 200/26 days, SP      |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5 MG ORAL                 | 4    | LA, PA, QL 90/30 days, SP       |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 1 MG ORAL                   | 4    | LA, PA, QL 90/30 days, SP       |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 2 MG ORAL                   | 4    | LA, PA, QL 180/30 days, SP      |
| ALKINDI SPRINKLE CAPSULE SPRINKLE 5 MG ORAL                   | 4    | LA, PA, QL 90/30 days, SP       |
| <i>budesonide capsule delayed release particles 3 mg oral</i> | 1    |                                 |
| <i>cortisone acetate tablet 25 mg oral</i>                    | 1    |                                 |
| <i>deflazacort suspension 22.75 mg/ml oral</i>                | 4    | LA, PA, QL 39/30 days, Prudent  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Glucocorticosteroids (continued)</b>  |      |                                |
| <i>deflazacort tablet 18 mg oral</i>   | 4    | LA, PA, QL 30/30 days, Prudent |
| <i>deflazacort tablet 30 mg oral</i>   | 4    | LA, PA, QL 60/30 days, Prudent |
| <i>deflazacort tablet 36 mg oral</i>   | 4    | LA, PA, QL 60/30 days, Prudent |
| <i>deflazacort tablet 6 mg oral</i>  | 4    | LA, PA, QL 60/30 days, Prudent |
| DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION  | 3    |                                |
| <i>dexamethasone elixir 0.5 mg/5ml oral</i>  | 1    |                                |
| DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL                                    | 2    |                                |
| <i>dexamethasone sod phosphate pf solution 10 mg/ml injection</i>                  | 1    |                                |
| <i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>                  | 1    |                                |
| <i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>               | 1    |                                |
| <i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>               | 1    |                                |
| <i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>                 | 1    |                                |
| <i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>                   | 1    |                                |
| <i>dexamethasone sodium phosphate solution prefilled syringe 4 mg/ml injection</i> | 1    |                                |
| <i>dexamethasone solution 0.5 mg/5ml oral</i>                                      | 1    |                                |
| <i>dexamethasone tablet 0.5 mg oral</i>  | 1    |                                |
| <i>dexamethasone tablet 0.75 mg oral</i>   | 1    |                                |
| <i>dexamethasone tablet 1 mg oral</i>  | 1    |                                |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Glucocorticosteroids (continued)</b>  |      |                     |
| <i>dexamethasone tablet 1.5 mg oral</i>  | 1    |                     |
| <i>dexamethasone tablet 2 mg oral</i>  | 1    |                     |
| <i>dexamethasone tablet 4 mg oral</i>  | 1    |                     |
| <i>dexamethasone tablet 6 mg oral</i>  | 1    |                     |
| <i>hydrocortisone tablet 10 mg oral</i>  | 1    |                     |
| <i>hydrocortisone tablet 20 mg oral</i>  | 1    |                     |
| <i>hydrocortisone tablet 5 mg oral</i>   | 1    |                     |
| MEDROL TABLET 2 MG ORAL  | 2    |                     |
| <i>methylprednisolone acetate suspension 40 mg/ml injection</i>                | 1    |                     |
| <i>methylprednisolone acetate suspension 80 mg/ml injection</i>                | 1    |                     |
| <i>methylprednisolone sodium succ solution reconstituted 1000 mg injection</i> | 1    |                     |
| <i>methylprednisolone sodium succ solution reconstituted 125 mg injection</i>  | 1    |                     |
| <i>methylprednisolone sodium succ solution reconstituted 40 mg injection</i>   | 1    |                     |
| <i>methylprednisolone tablet 16 mg oral</i>                                    | 1    |                     |
| <i>methylprednisolone tablet 32 mg oral</i>                                    | 1    |                     |
| <i>methylprednisolone tablet 4 mg oral</i>                                     | 1    |                     |
| <i>methylprednisolone tablet 8 mg oral</i>                                     | 1    |                     |
| <i>methylprednisolone tablet therapy pack 4 mg oral</i>                        | 1    |                     |
| MILLIPRED TABLET 5 MG ORAL   | 3    |                     |
| <i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>                   | 1    |                     |
| <i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>                   | 1    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Glucocorticosteroids (continued)</b>                            |      |                     |
| <i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>       | 1    |                     |
| <i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>       | 1    |                     |
| <i>prednisolone sodium phosphate solution 5 mg/5ml oral</i>        | 1    |                     |
| <i>prednisolone sodium phosphate tablet dispersible 10 mg oral</i> | 1    |                     |
| <i>prednisolone sodium phosphate tablet dispersible 15 mg oral</i> | 1    |                     |
| <i>prednisolone sodium phosphate tablet dispersible 30 mg oral</i> | 1    |                     |
| <i>prednisolone solution 15 mg/5ml oral</i>                        | 1    |                     |
| <i>prednisolone syrup 15 mg/5ml oral</i>                           | 1    |                     |
| PREDNISON INTENSOL<br>CONCENTRATE 5 MG/ML ORAL                     | 2    |                     |
| <i>prednisone solution 5 mg/5ml oral</i>                           | 1    |                     |
| <i>prednisone tablet 1 mg oral</i>                                 | 1    |                     |
| <i>prednisone tablet 10 mg oral</i>                                | 1    |                     |
| <i>prednisone tablet 2.5 mg oral</i>                               | 1    |                     |
| <i>prednisone tablet 20 mg oral</i>                                | 1    |                     |
| <i>prednisone tablet 5 mg oral</i>                                 | 1    |                     |
| <i>prednisone tablet 50 mg oral</i>                                | 1    |                     |
| SOLU-CORTEF SOLUTION<br>RECONSTITUTED 100 MG INJECTION             | 2    |                     |
| SOLU-CORTEF SOLUTION<br>RECONSTITUTED 1000 MG<br>INJECTION         | 2    |                     |
| SOLU-CORTEF SOLUTION<br>RECONSTITUTED 250 MG INJECTION             | 2    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS           |
|--|------|-------------------------------|
| <b>Glucocorticosteroids (continued)</b>                        |      |                               |
| SOLU-CORTEF SOLUTION<br>RECONSTITUTED 500 MG INJECTION         | 2    |                               |
| SOLU-MEDROL SOLUTION<br>RECONSTITUTED 2 GM INJECTION           | 3    |                               |
| TARPEYO CAPSULE DELAYED<br>RELEASE 4 MG ORAL                   | 4    | LA, PA, QL 120/30 days,<br>SP |
| <b>Mineralocorticoids</b>                                      |      |                               |
| <i>fludrocortisone acetate tablet 0.1 mg oral</i>              | 1    |                               |
| <b>COUGH/COLD/ALLERGY</b>                                      |      |                               |
| <b>Antitussive - Nonnarcotic</b>                               |      |                               |
| <i>benzonatate capsule 100 mg oral</i>                         | 1    |                               |
| <i>benzonatate capsule 200 mg oral</i>                         | 1    |                               |
| <b>Antitussive - Opioid</b>                                    |      |                               |
| <i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i> | 1    |                               |
| <i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>       | 1    |                               |
| <i>hydrocodone-homatropine syrup 5-1.5 mg/5ml oral</i>         | 1    |                               |
| <i>hydrocodone-homatropine tablet 5-1.5 mg oral</i>            | 1    |                               |
| <i>hydromet solution 5-1.5 mg/5ml oral</i>                     | 1    |                               |
| <i>hydromet syrup 5-1.5 mg/5ml oral</i>                        | 1    |                               |
| TUSSIGON TABLET 5-1.5 MG ORAL                                  | 1    |                               |
| <b>Antitussive-Expectorant</b>                                 |      |                               |
| FLOWTUSS SOLUTION 2.5-200<br>MG/5ML ORAL                       | 3    | PA, Medical Necessity<br>PA   |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Decongestant &amp; Antihistamine</b>  |      |                             |
| <i>promethazine vc syrup 6.25-5 mg/5ml oral</i>                                    | 1    |                             |
| <b>Misc. Respiratory Inhalants</b>   |      |                             |
| <i>sodium chloride nebulization solution 10 % inhalation</i>                       | 1    |                             |
| <i>sodium chloride nebulization solution 3 % inhalation</i>                        | 1    |                             |
| <i>sodium chloride nebulization solution 7 % inhalation</i>                        | 1    |                             |
| <b>Mucolytics</b>  |      |                             |
| <i>acetylcysteine solution 10 % inhalation</i>                                     | 1    |                             |
| <i>acetylcysteine solution 20 % inhalation</i>                                     | 1    |                             |
| <b>Non-Narc Antitussive-Antihistamine</b>  |      |                             |
| <i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>                                   | 1    |                             |
| <b>Opioid Antitussive-Antihistamine</b>  |      |                             |
| <i>hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral</i> | 1    |                             |
| <i>hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral</i>    | 1    |                             |
| <i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i>                              | 1    |                             |
| TUXARIN ER TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ORAL                          | 3    | QL 60/30 days, PA may apply |
| VITUZ SOLUTION 5-4 MG/5ML ORAL   | 3    |                             |
| <b>DERMATOLOGICALS</b>   |      |                             |
| <b>Acne Antibiotics</b>  |      |                             |
| <i>clindamycin phos (once-daily) gel 1 % external</i>                              | 1    |                             |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Acne Antibiotics (continued)</b>                          |      |                     |
| <i>clindamycin phos (twice-daily) gel 1 % external</i>       | 1    |                     |
| <i>clindamycin phosphate gel 1 % external</i>                | 1    |                     |
| <i>clindamycin phosphate lotion 1 % external</i>             | 1    |                     |
| <i>clindamycin phosphate solution 1 % external</i>           | 1    | QL 240/30 days      |
| <i>clindamycin phosphate swab 1 % external</i>               | 1    |                     |
| <i>dapsone gel 5 % external</i>                              | 1    |                     |
| <i>dapsone gel 7.5 % external</i>                            | 1    |                     |
| <i>ery pad 2 % external</i>                                  | 1    |                     |
| <i>erythromycin gel 2 % external</i>                         | 1    |                     |
| <i>erythromycin pad 2 % external</i>                         | 1    |                     |
| <i>erythromycin solution 2 % external</i>                    | 1    |                     |
| <i>sulfacetamide sodium suspension 10 % external</i>         | 1    |                     |
| <b>Acne Combinations</b>                                     |      |                     |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>     | 1    |                     |
| <i>benzoyl peroxide-erythromycin gel 5-3 % external</i>      | 1    |                     |
| <i>clindamycin phos-benzoyl perox gel 1.2-2.5 % external</i> | 1    |                     |
| <i>clindamycin phos-benzoyl perox gel 1.2-5 % external</i>   | 1    |                     |
| <i>clindamycin phos-benzoyl perox gel 1-5 % external</i>     | 1    |                     |
| <i>clindamycin-tretinoin gel 1.2-0.025 % external</i>        | 1    |                     |

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| DRUG NAME                              | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Acne Products</b>                   |      |                             |
| <i>adapalene cream 0.1 % external</i>  | 1    |                             |
| <i>adapalene gel 0.3 % external</i>    | 1    |                             |
| AMNESTEEM CAPSULE 10 MG ORAL           | 1    |                             |
| AMNESTEEM CAPSULE 20 MG ORAL           | 1    |                             |
| AMNESTEEM CAPSULE 40 MG ORAL           | 1    |                             |
| ATRALIN GEL 0.05 % EXTERNAL            | 3    |                             |
| AVITA CREAM 0.025 % EXTERNAL           | 1    |                             |
| AVITA GEL 0.025 % EXTERNAL             | 1    |                             |
| AZELEX CREAM 20 % EXTERNAL             | 3    | PA, Medical Necessity<br>PA |
| BENZI Q GEL 5.25 % EXTERNAL            | 2    |                             |
| BENZI Q LS GEL 2.75 % EXTERNAL         | 2    |                             |
| BENZI Q WASH LIQUID 5.25 % EXTERNAL    | 1    |                             |
| CLARAVIS CAPSULE 10 MG ORAL            | 1    |                             |
| CLARAVIS CAPSULE 20 MG ORAL            | 1    |                             |
| CLARAVIS CAPSULE 30 MG ORAL            | 1    |                             |
| CLARAVIS CAPSULE 40 MG ORAL            | 1    |                             |
| CLEARPLEX X GEL 10 % EXTERNAL          | 1    |                             |
| DIFFERIN LOTION 0.1 % EXTERNAL         | 3    |                             |
| <i>isotretinoin capsule 20 mg oral</i> | 1    |                             |
| <i>isotretinoin capsule 30 mg oral</i> | 1    |                             |
| <i>isotretinoin capsule 40 mg oral</i> | 1    |                             |
| MYORISAN CAPSULE 10 MG ORAL            | 1    |                             |
| MYORISAN CAPSULE 20 MG ORAL            | 1    |                             |
| MYORISAN CAPSULE 30 MG ORAL            | 1    |                             |
| MYORISAN CAPSULE 40 MG ORAL            | 1    |                             |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS         |
|---|------|-----------------------------|
| <b>Acne Products (continued)</b>                      |      |                             |
| <i>tazarotene foam 0.1 % external</i>                 | 3    | PA, Medical Necessity<br>PA |
| <i>tretinoin cream 0.025 % external</i>               | 1    |                             |
| <i>tretinoin cream 0.05 % external</i>                | 1    |                             |
| <i>tretinoin cream 0.1 % external</i>                 | 1    |                             |
| <i>tretinoin gel 0.01 % external</i>                  | 1    |                             |
| <i>tretinoin gel 0.025 % external</i>                 | 1    |                             |
| <i>tretinoin gel 0.05 % external</i>                  | 1    |                             |
| <i>tretinoin microsphere gel 0.04 % external</i>      | 1    |                             |
| <i>tretinoin microsphere gel 0.1 % external</i>       | 1    |                             |
| <i>tretinoin microsphere pump gel 0.04 % external</i> | 1    |                             |
| <i>tretinoin microsphere pump gel 0.1 % external</i>  | 1    |                             |
| ZENATANE CAPSULE 10 MG ORAL                           | 1    |                             |
| ZENATANE CAPSULE 20 MG ORAL                           | 1    |                             |
| ZENATANE CAPSULE 30 MG ORAL                           | 1    |                             |
| ZENATANE CAPSULE 40 MG ORAL                           | 1    |                             |
| <b>Agents for External Genital and Perianal Warts</b> |      |                             |
| VEREGEN OINTMENT 15 % EXTERNAL                        | 3    | PA, Medical Necessity<br>PA |
| <b>Antibiotic Steroid Combinations - Topical</b>      |      |                             |
| CORTISPORIN CREAM 3.5-10000-0.5 EXTERNAL              | 3    |                             |
| CORTISPORIN OINTMENT 1 % EXTERNAL                     | 3    |                             |
| <b>Antibiotics - Topical</b>                          |      |                             |
| ALTABAX OINTMENT 1 % EXTERNAL                         | 3    |                             |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antibiotics - Topical (continued)</b>                   |      |                     |
| <i>gentamicin sulfate cream 0.1 % external</i>             | 1    |                     |
| <i>gentamicin sulfate ointment 0.1 % external</i>          | 1    |                     |
| <i>mupirocin ointment 2 % external</i>                     | 1    | QL 220/30 days      |
| <b>Antifungals - Topical</b>                               |      |                     |
| <i>ciclopirox gel 0.77 % external</i>                      | 1    |                     |
| <i>ciclopirox olamine cream 0.77 % external</i>            | 1    |                     |
| <i>ciclopirox olamine suspension 0.77 % external</i>       | 1    |                     |
| <i>ciclopirox shampoo 1 % external</i>                     | 1    |                     |
| <i>ciclopirox solution 8 % external</i>                    | 1    |                     |
| <i>naftifine hcl cream 1 % external</i>                    | 1    |                     |
| <i>naftifine hcl cream 2 % external</i>                    | 1    |                     |
| <i>naftifine hcl gel 1 % external</i>                      | 1    |                     |
| <i>naftifine hcl gel 2 % external</i>                      | 1    |                     |
| NYAMYC POWDER 100000 UNIT/GM EXTERNAL                      | 1    |                     |
| <i>nystatin cream 100000 unit/gm external</i>              | 1    |                     |
| <i>nystatin ointment 100000 unit/gm external</i>           | 1    |                     |
| <i>nystatin powder 100000 unit/gm external</i>             | 1    |                     |
| NYSTOP POWDER 100000 UNIT/GM EXTERNAL                      | 1    |                     |
| <b>Antifungals - Topical Combinations</b>                  |      |                     |
| <i>clotrimazole-betamethasone cream 1-0.05 % external</i>  | 1    |                     |
| <i>clotrimazole-betamethasone lotion 1-0.05 % external</i> | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Antifungals - Topical Combinations (continued)</b>                |      |                             |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>    | 1    |                             |
| <i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i> | 1    |                             |
| <b>Anti-inflammatory Agents - Topical</b>                            |      |                             |
| <i>diclofenac sodium solution 1.5 % transdermal</i>                  | 1    |                             |
| <b>Antineoplastic Alkylating Agents - Topical</b>                    |      |                             |
| VALCHLOR GEL 0.016 % EXTERNAL  | 4    | LA, PA, SP                  |
| <b>Antineoplastic Antimetabolites - Topical</b>                      |      |                             |
| FLUOROPLEX CREAM 1 % EXTERNAL  | 3    |                             |
| <i>fluorouracil cream 0.5 % external</i>                             | 1    | PA, Medical Necessity<br>PA |
| <i>fluorouracil cream 5 % external</i>                               | 1    |                             |
| <i>fluorouracil solution 2 % external</i>                            | 1    |                             |
| <i>fluorouracil solution 5 % external</i>                            | 1    |                             |
| <b>Antineoplastic or Premalignant Lesions - Topical Misc.</b>        |      |                             |
| PICATO GEL 0.015 % EXTERNAL  | 3    | PA, Medical Necessity<br>PA |
| PICATO GEL 0.05 % EXTERNAL   | 3    | PA, Medical Necessity<br>PA |
| <b>Antineoplastic or Premalignant Lesions - Topical NSAID's</b>      |      |                             |
| <i>diclofenac sodium gel 3 % external</i>                            | 1    | QL 100/30 days              |
| <b>Antineoplastic Retinoids - Topical</b>                            |      |                             |
| PANRETIN GEL 0.1 % EXTERNAL  | 3    |                             |
| <b>Antipsoriatics</b>  |      |                             |
| <i>calcipotriene cream 0.005 % external</i>                          | 1    | QL 60/30 days               |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antipsoriatics (continued)</b>  |      |                     |
| <i>calcipotriene ointment 0.005 % external</i>                             | 1    |                     |
| <i>calcipotriene solution 0.005 % external</i>                             | 1    |                     |
| CALCITRENE OINTMENT 0.005 % EXTERNAL                                       | 1    |                     |
| <i>calcitriol ointment 3 mcg/gm external</i>                               | 1    |                     |
| <i>tazarotene cream 0.1 % external</i>                                     | 1    |                     |
| <i>tazarotene gel 0.05 % external</i>                                      | 1    |                     |
| <i>tazarotene gel 0.1 % external</i>                                       | 1    |                     |
| VTAMA CREAM 1 % EXTERNAL   | 3    | PA, QL 60/30 days   |
| <b>Antipsoriatics - Systemic</b>   |      |                     |
| <i>acitretin capsule 10 mg oral</i>  | 1    |                     |
| <i>acitretin capsule 17.5 mg oral</i>                                      | 1    |                     |
| <i>acitretin capsule 25 mg oral</i>  | 1    |                     |
| COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS   | 4    | PA, SP, Prudent     |
| COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| COSENTYX SENSOREADY PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS                 | 4    | PA, SP, Prudent     |
| COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS               | 4    | PA, SP, Prudent     |
| COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS           | 4    | PA, SP, Prudent     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Antipsoriatics - Systemic (continued)</b>                    |      |                               |
| <i>methoxsalen rapid capsule 10 mg oral</i>                     | 1    |                               |
| SELARSDI SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS    | 4    | PA, SP, Prudent               |
| SELARSDI SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS       | 4    | PA, SP, Prudent               |
| SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS       | 4    | PA, QL 1/84 days, SP, Prudent |
| SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS       | 4    | PA, QL 1/84 days, SP, Prudent |
| TREMFYA ONE-PRESS SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS | 4    | PA, QL 1/56 days, SP, Prudent |
| TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS  | 4    | PA, QL 1/56 days, SP, Prudent |
| TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS       | 4    | PA, QL 1/56 days, SP, Prudent |
| TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS       | 4    | PA, QL 1/56 days, SP, Prudent |
| YESINTEK SOLUTION 45 MG/0.5ML SUBCUTANEOUS                      | 4    | PA, SP, Prudent               |
| YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS    | 4    | PA, SP, Prudent               |
| YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS       | 4    | PA, SP, Prudent               |
| <b>Antiseborrheic Products</b>                                  |      |                               |
| <i>selenium sulfide lotion 2.5 % external</i>                   | 1    |                               |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS              |
|--|------|----------------------------------|
| <b>Antivirals - Topical</b>                                    |      |                                  |
| <i>acyclovir cream 5 % external</i>                            | 1    | QL 5/30 days, ST                 |
| <i>acyclovir ointment 5 % external</i>                         | 1    | QL 30/30 days                    |
| <i>penciclovir cream 1 % external</i>                          | 1    |                                  |
| ZELSUVMI GEL 10.3 % EXTERNAL                                   | 3    | PA, QL 31/84 days                |
| <b>Atopic Dermatitis - Janus Kinase (JAK) Inhibitors</b>       |      |                                  |
| OPZELURA CREAM 1.5 % EXTERNAL                                  | 3    | PA, QL 480/56 days               |
| <b>Atopic Dermatitis - Monoclonal Antibodies</b>               |      |                                  |
| ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS           | 4    | PA, QL 4/28 days, SP, Prudent    |
| ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS        | 4    | PA, QL 4/28 days, SP, Prudent    |
| DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS     | 4    | PA, QL 2.28/28 days, SP, Prudent |
| DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS        | 4    | PA, QL 4/28 days, SP, Prudent    |
| DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS      | 4    | PA, QL 2.28/28 days, SP, Prudent |
| DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS         | 4    | PA, QL 4/28 days, SP, Prudent    |
| DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS | 4    | PA, QL 2.28/28 days, SP, Prudent |
| DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS    | 4    | PA, QL 4/28 days, SP, Prudent    |
| <b>Burn Products</b>   |      |                                  |
| <i>silver sulfadiazine cream 1 % external</i>                  | 1    |                                  |
| SSD CREAM 1 % EXTERNAL   | 1    |                                  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Burn Products (continued)</b>                               |      |                     |
| SULFAMYLON CREAM 85 MG/GM EXTERNAL                             | 3    |                     |
| THERMAZENE CREAM 1 % EXTERNAL                                  | 1    |                     |
| <b>Corticosteroids - Topical</b>                               |      |                     |
| <i>ala-cort cream 1 % external</i>                             | 1    |                     |
| <i>alclometasone dipropionate cream 0.05 % external</i>        | 1    |                     |
| <i>alclometasone dipropionate ointment 0.05 % external</i>     | 1    |                     |
| <i>amcinonide cream 0.1 % external</i>                         | 1    |                     |
| <i>amcinonide lotion 0.1 % external</i>                        | 1    |                     |
| <i>amcinonide ointment 0.1 % external</i>                      | 2    |                     |
| <i>betamethasone dipropionate aug cream 0.05 % external</i>    | 1    |                     |
| <i>betamethasone dipropionate aug gel 0.05 % external</i>      | 1    |                     |
| <i>betamethasone dipropionate aug lotion 0.05 % external</i>   | 1    |                     |
| <i>betamethasone dipropionate aug ointment 0.05 % external</i> | 1    |                     |
| <i>betamethasone dipropionate cream 0.05 % external</i>        | 1    |                     |
| <i>betamethasone dipropionate lotion 0.05 % external</i>       | 1    |                     |
| <i>betamethasone dipropionate ointment 0.05 % external</i>     | 1    |                     |
| <i>betamethasone valerate cream 0.1 % external</i>             | 1    |                     |
| <i>betamethasone valerate lotion 0.1 % external</i>            | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS         |
|---|------|-----------------------------|
| <b>Corticosteroids - Topical (continued)</b>                |      |                             |
| <i>betamethasone valerate ointment 0.1 % external</i>       | 1    |                             |
| CAPEX SHAMPOO 0.01 % EXTERNAL                               | 3    | PA, Medical Necessity<br>PA |
| <i>clobetasol prop emollient base cream 0.05 % external</i> | 1    |                             |
| <i>clobetasol propionate cream 0.05 % external</i>          | 1    |                             |
| <i>clobetasol propionate e cream 0.05 % external</i>        | 1    |                             |
| <i>clobetasol propionate emulsion foam 0.05 % external</i>  | 1    |                             |
| <i>clobetasol propionate foam 0.05 % external</i>           | 1    |                             |
| <i>clobetasol propionate gel 0.05 % external</i>            | 1    |                             |
| <i>clobetasol propionate lotion 0.05 % external</i>         | 1    |                             |
| <i>clobetasol propionate ointment 0.05 % external</i>       | 1    |                             |
| <i>clobetasol propionate shampoo 0.05 % external</i>        | 1    |                             |
| <i>clobetasol propionate solution 0.05 % external</i>       | 1    |                             |
| CLOBEX SPRAY LIQUID 0.05 % EXTERNAL                         | 3    |                             |
| <i>clocortolone pivalate cream 0.1 % external</i>           | 1    |                             |
| <i>desonide cream 0.05 % external</i>                       | 1    |                             |
| <i>desonide gel 0.05 % external</i>                         | 1    | PA, Medical Necessity<br>PA |
| <i>desonide lotion 0.05 % external</i>                      | 1    | Medical Necessity<br>PA     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS         |
|---|------|-----------------------------|
| <b>Corticosteroids - Topical (continued)</b>              |      |                             |
| <i>desonide ointment 0.05 % external</i>                  | 1    |                             |
| <i>desoximetasone cream 0.05 % external</i>               | 1    |                             |
| <i>desoximetasone cream 0.25 % external</i>               | 1    |                             |
| <i>desoximetasone gel 0.05 % external</i>                 | 1    |                             |
| <i>desoximetasone ointment 0.05 % external</i>            | 1    |                             |
| <i>desoximetasone ointment 0.25 % external</i>            | 1    |                             |
| <i>diflorasone diacetate cream 0.05 % external</i>        | 1    | PA, Medical Necessity<br>PA |
| <i>diflorasone diacetate ointment 0.05 % external</i>     | 1    | PA, Medical Necessity<br>PA |
| <i>fluocinolone acetonide body oil 0.01 % external</i>    | 1    |                             |
| <i>fluocinolone acetonide cream 0.01 % external</i>       | 1    |                             |
| <i>fluocinolone acetonide cream 0.025 % external</i>      | 1    |                             |
| <i>fluocinolone acetonide ointment 0.025 % external</i>   | 1    |                             |
| <i>fluocinolone acetonide solution 0.01 % external</i>    | 1    |                             |
| <i>fluocinonide cream 0.05 % external</i>                 | 1    |                             |
| <i>fluocinonide cream 0.1 % external</i>                  | 1    |                             |
| <i>fluocinonide emulsified base cream 0.05 % external</i> | 1    |                             |
| <i>fluocinonide gel 0.05 % external</i>                   | 1    |                             |
| <i>fluocinonide ointment 0.05 % external</i>              | 1    |                             |
| <i>fluocinonide solution 0.05 % external</i>              | 1    |                             |
| <i>flurandrenolide cream 0.05 % external</i>              | 1    | PA, Medical Necessity<br>PA |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Corticosteroids - Topical (continued)</b>               |      |                             |
| <i>flurandrenolide lotion 0.05 % external</i>              | 1    | PA, Medical Necessity<br>PA |
| <i>fluticasone propionate cream 0.05 % external</i>        | 1    |                             |
| <i>fluticasone propionate lotion 0.05 % external</i>       | 1    |                             |
| <i>fluticasone propionate ointment 0.005 % external</i>    | 1    |                             |
| <i>halobetasol propionate cream 0.05 % external</i>        | 1    |                             |
| <i>halobetasol propionate ointment 0.05 % external</i>     | 1    |                             |
| HALOG CREAM 0.1 % EXTERNAL                                 | 3    | PA, Medical Necessity<br>PA |
| HALOG OINTMENT 0.1 % EXTERNAL                              | 3    | PA, Medical Necessity<br>PA |
| <i>hydrocortisone butyr lipo base cream 0.1 % external</i> | 1    |                             |
| <i>hydrocortisone butyrate cream 0.1 % external</i>        | 1    |                             |
| <i>hydrocortisone butyrate ointment 0.1 % external</i>     | 1    |                             |
| <i>hydrocortisone butyrate solution 0.1 % external</i>     | 1    |                             |
| <i>hydrocortisone cream 1 % external</i>                   | 1    |                             |
| <i>hydrocortisone cream 2.5 % external</i>                 | 1    |                             |
| <i>hydrocortisone lotion 2.5 % external</i>                | 1    |                             |
| <i>hydrocortisone ointment 1 % external</i>                | 1    |                             |
| <i>hydrocortisone ointment 2.5 % external</i>              | 1    |                             |
| <i>hydrocortisone valerate cream 0.2 % external</i>        | 1    |                             |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Corticosteroids - Topical (continued)</b>                         |      |                             |
| <i>hydrocortisone valerate ointment 0.2 % external</i>               | 1    |                             |
| <i>mometasone furoate cream 0.1 % external</i>                       | 1    |                             |
| <i>mometasone furoate ointment 0.1 % external</i>                    | 1    |                             |
| <i>mometasone furoate solution 0.1 % external</i>                    | 1    |                             |
| NOLIX LOTION 0.05 % EXTERNAL   | 1    | PA, Medical Necessity<br>PA |
| <i>prednicarbate cream 0.1 % external</i>                            | 1    |                             |
| <i>prednicarbate ointment 0.1 % external</i>                         | 1    |                             |
| <i>scalacort lotion 2 % external</i>                                 | 1    |                             |
| TEXACORT SOLUTION 2.5 % EXTERNAL                                     | 3    |                             |
| <i>triamcinolone acetonide aerosol solution 0.147 mg/gm external</i> | 1    |                             |
| <i>triamcinolone acetonide cream 0.025 % external</i>                | 1    |                             |
| <i>triamcinolone acetonide cream 0.1 % external</i>                  | 1    |                             |
| <i>triamcinolone acetonide cream 0.5 % external</i>                  | 1    |                             |
| <i>triamcinolone acetonide lotion 0.025 % external</i>               | 1    |                             |
| <i>triamcinolone acetonide lotion 0.1 % external</i>                 | 1    |                             |
| <i>triamcinolone acetonide ointment 0.025 % external</i>             | 1    |                             |
| <i>triamcinolone acetonide ointment 0.05 % external</i>              | 1    |                             |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Corticosteroids - Topical (continued)</b>           |      |                     |
| <i>triamcinolone acetonide ointment 0.1 % external</i> | 1    |                     |
| <i>triamcinolone acetonide ointment 0.5 % external</i> | 1    |                     |
| TRIDERM CREAM 0.1 % EXTERNAL                           | 1    |                     |
| VERDESO FOAM 0.05 % EXTERNAL                           | 3    |                     |
| <b>Emollients</b>                                      |      |                     |
| <i>ammonium lactate cream 12 % external</i>            | 1    |                     |
| <i>ammonium lactate lotion 12 % external</i>           | 1    |                     |
| <i>lactic acid lotion 10 % external</i>                | 1    |                     |
| <b>Enzymes - Topical</b>                               |      |                     |
| SANTYL OINTMENT 250 UNIT/GM EXTERNAL                   | 3    |                     |
| <b>Imidazole-Related Antifungals - Topical</b>         |      |                     |
| <i>clotrimazole cream 1 % external</i>                 | 1    |                     |
| <i>clotrimazole solution 1 % external</i>              | 1    |                     |
| <i>econazole nitrate cream 1 % external</i>            | 1    |                     |
| ERTACZO CREAM 2 % EXTERNAL                             | 3    |                     |
| EXELDERM CREAM 1 % EXTERNAL                            | 3    |                     |
| EXELDERM SOLUTION 1 % EXTERNAL                         | 3    |                     |
| <i>ketconazole cream 2 % external</i>                  | 1    |                     |
| <i>ketconazole foam 2 % external</i>                   | 1    |                     |
| <i>ketconazole shampoo 2 % external</i>                | 1    |                     |
| <i>oxiconazole nitrate cream 1 % external</i>          | 1    |                     |
| OXISTAT CREAM 1 % EXTERNAL                             | 3    |                     |
| OXISTAT LOTION 1 % EXTERNAL                            | 3    |                     |
| XOLEGEL GEL 2 % EXTERNAL                               | 3    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Immunomodulators Imidazoquinolinamines - Topical</b> |      |                               |
| <i>imiquimod cream 5 % external</i>                     | 1    |                               |
| <i>imiquimod pump cream 3.75 % external</i>             | 1    | PA, Medical Necessity<br>PA   |
| <b>Interleukin-31 Receptor Antagonists - Systemic</b>   |      |                               |
| NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS               | 4    | PA, QL 2/28 days, SP, Prudent |
| <b>Keratolytic/Antimitotic/Vesicant Agents</b>          |      |                               |
| <i>podofilox gel 0.5 % external</i>                     | 1    |                               |
| <i>podofilox solution 0.5 % external</i>                | 1    |                               |
| YCANTH SOLUTION 0.7 % EXTERNAL                          | 3    | PA, QL 2/21 days              |
| <b>Local Anesthetics - Topical</b>                      |      |                               |
| GLYDO GEL 2 % EXTERNAL                                  | 1    | QL 30/90 days                 |
| GLYDO PREFILLED SYRINGE 2 % EXTERNAL                    | 1    | QL 60/90 days                 |
| <i>lidocaine hcl gel 2 % external</i>                   | 1    | QL 30/90 days                 |
| <i>lidocaine hcl solution 4 % external</i>              | 1    | QL 50/90 days                 |
| <i>lidocaine ointment 5 % external</i>                  | 1    | QL 50/90 days                 |
| <i>lidocaine patch 5 % external</i>                     | 1    | QL 3/1 days                   |
| PRAMOX GEL 1 % EXTERNAL                                 | 1    |                               |
| <b>Macrolide Immunosuppressants - Topical</b>           |      |                               |
| HYFTOR GEL 0.2 % EXTERNAL                               | 4    | LA, PA, QL 10/30 days, SP     |
| <i>pimecrolimus cream 1 % external</i>                  | 1    |                               |
| <i>tacrolimus ointment 0.03 % external</i>              | 1    |                               |
| <i>tacrolimus ointment 0.1 % external</i>               | 1    |                               |
| <b>Misc. Topical</b>                                    |      |                               |
| DRYSOL SOLUTION 20 % EXTERNAL                           | 3    |                               |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Oxaborole-Related Antifungals - Topical</b>         |      |                             |
| <i>tavorole solution 5 % external</i>                  | 1    | PA, Medical Necessity<br>PA |
| <b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b> |      |                             |
| EUCRISA OINTMENT 2 % EXTERNAL                          | 2    |                             |
| ZORYVE CREAM 0.05 % EXTERNAL                           | 3    | PA, QL 60/30 days           |
| ZORYVE CREAM 0.15 % EXTERNAL                           | 3    | PA, QL 60/30 days           |
| ZORYVE CREAM 0.3 % EXTERNAL                            | 3    | PA, QL 60/30 days           |
| ZORYVE FOAM 0.3 % EXTERNAL                             | 3    | PA, QL 60/30 days           |
| <b>Rosacea Agents</b>                                  |      |                             |
| <i>azelaic acid gel 15 % external</i>                  | 1    |                             |
| <i>brimonidine tartrate gel 0.33 % external</i>        | 1    | ST                          |
| FINACEA FOAM 15 % EXTERNAL                             | 3    |                             |
| <i>ivermectin cream 1 % external</i>                   | 1    |                             |
| <i>metronidazole cream 0.75 % external</i>             | 1    |                             |
| <i>metronidazole gel 0.75 % external</i>               | 1    |                             |
| <i>metronidazole gel 1 % external</i>                  | 1    |                             |
| <i>metronidazole lotion 0.75 % external</i>            | 1    |                             |
| ROSDAN CREAM 0.75 % EXTERNAL                           | 1    |                             |
| <b>Scabicides &amp; Pediculicides</b>                  |      |                             |
| CROTAN LOTION 10 % EXTERNAL                            | 1    |                             |
| EURAX CREAM 10 % EXTERNAL                              | 3    |                             |
| <i>lindane shampoo 1 % external</i>                    | 1    |                             |
| <i>malathion lotion 0.5 % external</i>                 | 1    | QL 118/28 days              |
| <i>permethrin cream 5 % external</i>                   | 1    |                             |
| <i>spinosad suspension 0.9 % external</i>              | 1    |                             |
| ULESFIA LOTION 5 % EXTERNAL                            | 3    |                             |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS               |
|--|------|-----------------------------------|
| <b>Topical Anesthetic Combinations</b>                                 |      |                                   |
| <i>lidocaine-prilocaine cream 2.5-2.5 % external</i>                   | 1    | QL 30/90 days                     |
| SYNERA PATCH 70-70 MG EXTERNAL   | 3    | QL 30/90 days                     |
| <b>Topical Selective Retinoid X Receptor Agonists</b>                  |      |                                   |
| <i>bexarotene gel 1 % external</i>                                     | 4    | PA, QL 60/30 days, SP,<br>Prudent |
| <b>Topical Steroid Combinations</b>                                    |      |                                   |
| <i>calcipotriene-betameth diprop ointment 0.005-0.064 % external</i>   | 1    |                                   |
| <i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i> | 1    | PA, Medical Necessity<br>PA       |
| ENSTILAR FOAM 0.005-0.064 % EXTERNAL                                   | 3    | PA, Medical Necessity<br>PA       |
| <b>Wound Care - Growth Factor Agents</b>                               |      |                                   |
| REGANEX GEL 0.01 % EXTERNAL  | 3    |                                   |
| <b>Wound Dressings</b>   |      |                                   |
| FILSUEVZ GEL 10 % EXTERNAL   | 4    | LA, PA, QL 655.20/28<br>days, SP  |
| <b>Wound Treatment - Autologous Cellular Gene Therapy</b>              |      |                                   |
| ZEVASKYN (UP TO 12 SHEETS)<br>SHEET EXTERNAL                           | 4    | PA, SP, Prudent                   |
| <b>Wound Treatment - Gene Therapy</b>                                  |      |                                   |
| VYJUVEK GEL 5000000000 PFU/2.5ML<br>EXTERNAL                           | 4    | PA, QL 10/28 days, SP,<br>Prudent |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>DIGESTIVE AIDS</b>  |      |                     |
| <b>Digestive Enzymes</b>   |      |                     |
| CREON CAPSULE DELAYED<br>RELEASE PARTICLES 12000-38000<br>UNIT ORAL  | 2    |                     |
| CREON CAPSULE DELAYED<br>RELEASE PARTICLES 24000-76000<br>UNIT ORAL  | 2    |                     |
| CREON CAPSULE DELAYED<br>RELEASE PARTICLES 3000-9500<br>UNIT ORAL    | 2    |                     |
| CREON CAPSULE DELAYED<br>RELEASE PARTICLES 36000-114000<br>UNIT ORAL | 2    |                     |
| CREON CAPSULE DELAYED<br>RELEASE PARTICLES 6000-19000<br>UNIT ORAL   | 2    |                     |
| SUCRAID SOLUTION 8500 UNIT/ML<br>ORAL                                | 4    | LA, PA, SP, Prudent |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 10000-32000<br>UNIT ORAL | 2    |                     |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 15000-47000<br>UNIT ORAL | 2    |                     |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 20000-63000<br>UNIT ORAL | 2    |                     |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 25000-79000<br>UNIT ORAL | 2    |                     |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 3000-10000<br>UNIT ORAL  | 2    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                          |
|--|------|--|
| <b>Digestive Enzymes (continued)</b>                                     |      |  |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 40000-126000<br>UNIT ORAL    | 2    |  |
| ZENPEP CAPSULE DELAYED<br>RELEASE PARTICLES 5000-24000<br>UNIT ORAL      | 2    |  |
| <b>DIURETICS</b>   |      |  |
| <b>Carbonic Anhydrase Inhibitors</b>                                     |      |  |
| <i>acetazolamide er capsule extended<br/>release 12 hour 500 mg oral</i> | 1    |  |
| <i>acetazolamide sodium solution<br/>reconstituted 500 mg injection</i>  | 1    | Medical Benefit only.                        |
| <i>acetazolamide tablet 125 mg oral</i>                                  | 1    |  |
| <i>acetazolamide tablet 250 mg oral</i>                                  | 1    |  |
| <i>methazolamide tablet 25 mg oral</i>                                   | 1    |  |
| <i>methazolamide tablet 50 mg oral</i>                                   | 1    |  |
| <b>Diuretic Combinations</b>   |      |  |
| ALDACTAZIDE TABLET 50-50 MG<br>ORAL                                      | 2    |  |
| <i>amiloride-hydrochlorothiazide tablet 5-50<br/>mg oral</i>             | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>spironolactone-hctz tablet 25-25 mg oral</i>                          | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>triamterene-hctz capsule 37.5-25 mg<br/>oral</i>                      | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>triamterene-hctz capsule 50-25 mg oral</i>                            | 1    | Incentive,VBP Drug List                      |
| <i>triamterene-hctz tablet 37.5-25 mg oral</i>                           | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |
| <i>triamterene-hctz tablet 75-50 mg oral</i>                             | 1    | PS Expanded NCDL,<br>Incentive,VBP Drug List |

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| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS                        |
|---|------|--|
| <b>Loop Diuretics</b>                           |      |  |
| <i>bumetanide solution 0.25 mg/ml injection</i> | 1    | Medical Benefit only.                      |
| <i>bumetanide tablet 0.5 mg oral</i>            | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bumetanide tablet 1 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>bumetanide tablet 2 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>ethacrynic acid tablet 25 mg oral</i>        | 1    | QL 8/1 days                                |
| <i>furosemide solution 10 mg/ml injection</i>   | 1    | Medical Benefit only.                      |
| <i>furosemide solution 10 mg/ml oral</i>        | 1    |  |
| <i>furosemide solution 8 mg/ml oral</i>         | 1    |  |
| <i>furosemide tablet 20 mg oral</i>             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>furosemide tablet 40 mg oral</i>             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>furosemide tablet 80 mg oral</i>             | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>toremide tablet 10 mg oral</i>               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>toremide tablet 100 mg oral</i>              | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>toremide tablet 20 mg oral</i>               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>toremide tablet 5 mg oral</i>                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <b>Potassium Sparing Diuretics</b>              |      |  |
| <i>amiloride hcl tablet 5 mg oral</i>           | 1    |  |
| <i>spironolactone tablet 100 mg oral</i>        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                        |
|--|------|--|
| <b>Potassium Sparing Diuretics (continued)</b>                         |      |  |
| <i>spironolactone tablet 25 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>spironolactone tablet 50 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>triamterene capsule 100 mg oral</i>                                 | 1    |  |
| <i>triamterene capsule 50 mg oral</i>                                  | 1    |  |
| <b>Thiazides and Thiazide-Like Diuretics</b>                           |      |  |
| <i>chlorothiazide sodium solution reconstituted 500 mg intravenous</i> | 1    |  |
| <i>chlorothiazide tablet 250 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>chlorothiazide tablet 500 mg oral</i>                               | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>chlorthalidone tablet 25 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>chlorthalidone tablet 50 mg oral</i>                                | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| DIURIL SUSPENSION 250 MG/5ML ORAL                                      | 3    |  |
| <i>hydrochlorothiazide capsule 12.5 mg oral</i>                        | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>hydrochlorothiazide tablet 12.5 mg oral</i>                         | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>hydrochlorothiazide tablet 25 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>hydrochlorothiazide tablet 50 mg oral</i>                           | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>indapamide tablet 1.25 mg oral</i>                                  | 1    | PS Expanded NCDL, Incentive, VBP Drug List |
| <i>indapamide tablet 2.5 mg oral</i>                                   | 1    | PS Expanded NCDL, Incentive, VBP Drug List |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                             |
|--|------|---|
| <b>Thiazides and Thiazide-Like Diuretics (continued)</b> |      |   |
| <i>methyclothiazide tablet 5 mg oral</i>                 | 1    | PS Expanded NCDL, Incentive, VBP Drug List      |
| <i>metolazone tablet 10 mg oral</i>                      | 1    | PS Expanded NCDL, Incentive, VBP Drug List      |
| <i>metolazone tablet 2.5 mg oral</i>                     | 1    | PS Expanded NCDL, Incentive, VBP Drug List      |
| <i>metolazone tablet 5 mg oral</i>                       | 1    | PS Expanded NCDL, Incentive, VBP Drug List      |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>            |      |   |
| <b>ATP-Sensitive Potassium Channel Activators</b>        |      |   |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL     | 4    | LA, PA, QL 90/30 days, SP                       |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL      | 4    | LA, PA, QL 90/30 days, SP                       |
| VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL      | 4    | LA, PA, QL 90/30 days, SP                       |
| <b>Bisphosphonates</b>                                   |      |   |
| <i>alendronate sodium tablet 10 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                 |
| <i>alendronate sodium tablet 35 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                 |
| <i>alendronate sodium tablet 40 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                 |
| <i>alendronate sodium tablet 5 mg oral</i>               | 1    | QL 1.50/1 days, PS Expanded NCDL, VBP Drug List |
| <i>alendronate sodium tablet 70 mg oral</i>              | 1    | PS Expanded NCDL, VBP Drug List                 |
| <i>etidronate disodium tablet 200 mg oral</i>            | 1    |   |
| <i>etidronate disodium tablet 400 mg oral</i>            | 1    |   |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Bisphosphonates (continued)</b>                                   |      |                                 |
| FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL                           | 3    | PA, Medical Necessity PA        |
| FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL                           | 3    | PA, Medical Necessity PA        |
| <i>ibandronate sodium solution 3 mg/3ml intravenous</i>              | 1    | Medical Benefit only.           |
| <i>ibandronate sodium tablet 150 mg oral</i>                         | 1    | PS Expanded NCDL, VBP Drug List |
| <i>pamidronate disodium solution 30 mg/10ml intravenous</i>          | 1    | Medical Benefit only.           |
| <i>pamidronate disodium solution 6 mg/ml intravenous</i>             | 3    | Medical Benefit only.           |
| <i>pamidronate disodium solution 90 mg/10ml intravenous</i>          | 1    | Medical Benefit only.           |
| <i>pamidronate disodium solution reconstituted 30 mg intravenous</i> | 1    | Medical Benefit only.           |
| <i>pamidronate disodium solution reconstituted 90 mg intravenous</i> | 1    | Medical Benefit only.           |
| <i>risedronate sodium tablet 150 mg oral</i>                         | 1    |                                 |
| <i>risedronate sodium tablet 30 mg oral</i>                          | 1    |                                 |
| <i>risedronate sodium tablet 35 mg oral</i>                          | 1    |                                 |
| <i>risedronate sodium tablet 5 mg oral</i>                           | 1    |                                 |
| <i>risedronate sodium tablet delayed release 35 mg oral</i>          | 1    |                                 |
| <i>zoledronic acid concentrate 4 mg/5ml intravenous</i>              | 4    | SP, Prudent                     |
| <i>zoledronic acid solution 4 mg/100ml intravenous</i>               | 4    | SP, Prudent                     |
| <i>zoledronic acid solution 5 mg/100ml intravenous</i>               | 4    | SP, Prudent                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS        |
|---|------|----------------------------|
| <b>Calcimimetic Agents</b>  |      |                            |
| <i>cinacalcet hcl tablet 30 mg oral</i>                           | 4    | SP, Prudent                |
| <i>cinacalcet hcl tablet 60 mg oral</i>                           | 4    | SP, Prudent                |
| <i>cinacalcet hcl tablet 90 mg oral</i>                           | 4    | SP, Prudent                |
| <b>Calcitonins</b>  |      |                            |
| <i>calcitonin (salmon) solution 200 unit/act nasal</i>            | 1    |                            |
| <b>Carnitine Replenisher - Agents</b>                             |      |                            |
| <i>levocarnitine solution 1 gm/10ml oral</i>                      | 1    |                            |
| <i>levocarnitine tablet 330 mg oral</i>                           | 1    |                            |
| <b>CKD Agent-Sodium/Hydrogen Exchanger 3 (NHE3) Inhibitor</b>     |      |                            |
| XPHOZAH TABLET 20 MG ORAL   | 3    | PA, QL 60/30 days          |
| XPHOZAH TABLET 30 MG ORAL   | 3    | PA, QL 60/30 days          |
| <b>Corticotropin-Releasing Factor (CRF) Receptor Type 1 Antag</b> |      |                            |
| CRENESSITY CAPSULE 100 MG ORAL                                    | 4    | LA, PA, QL 60/30 days, SP  |
| CRENESSITY CAPSULE 50 MG ORAL                                     | 4    | LA, PA, QL 60/30 days, SP  |
| CRENESSITY SOLUTION 50 MG/ML ORAL                                 | 4    | LA, PA, QL 120/30 days, SP |
| <b>Cortisol Synthesis Inhibitors</b>                              |      |                            |
| ISTURISA TABLET 1 MG ORAL   | 4    | LA, PA, QL 180/30 days, SP |
| ISTURISA TABLET 10 MG ORAL  | 4    | LA, PA, QL 180/30 days, SP |
| ISTURISA TABLET 5 MG ORAL   | 4    | LA, PA, QL 180/30 days, SP |
| RECORLEV TABLET 150 MG ORAL                                       | 4    | LA, PA, QL 240/30 days, SP |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS           |
|--|------|-------------------------------|
| <b>Dopamine Receptor Agonists</b>                  |      |                               |
| <i>cabergoline tablet 0.5 mg oral</i>              | 1    | QL 16/28 days                 |
| <b>Fabry Disease - Agents</b>                      |      |                               |
| ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS           | 4    | PA, SP, Prudent               |
| FABRAZYME SOLUTION RECONSTITUTED 35 MG INTRAVENOUS | 4    | PA, SP, Prudent               |
| FABRAZYME SOLUTION RECONSTITUTED 5 MG INTRAVENOUS  | 4    | PA, SP, Prudent               |
| GALAFOLD CAPSULE 123 MG ORAL                       | 4    | LA, PA, QL 14/28 days, SP     |
| <b>GAA Deficiency Treatment - Agents</b>           |      |                               |
| OPFOLDA CAPSULE 65 MG ORAL                         | 4    | PA, QL 8/28 days, SP, Prudent |
| <b>GnRH/LHRH Antagonists</b>                       |      |                               |
| ORILISSA TABLET 150 MG ORAL                        | 2    | PA, QL 28/28 days             |
| ORILISSA TABLET 200 MG ORAL                        | 2    | PA, QL 56/28 days             |
| <b>Growth Hormone Receptor Antagonists</b>         |      |                               |
| SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS | 4    | PA, SP, Prudent               |
| SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS | 4    | PA, SP, Prudent               |
| SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS | 4    | PA, SP, Prudent               |
| SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS | 4    | PA, SP, Prudent               |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Growth Hormone Receptor Antagonists (continued)</b>          |      |                     |
| SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS              | 4    | PA, SP, Prudent     |
| <b>Growth Hormones</b>  |      |                     |
| GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS                          | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS        | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS        | 4    | PA, SP, Prudent     |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.2 MG SUBCUTANEOUS | 4    | PA, SP              |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Growth Hormones (continued)</b>                              |      |                     |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.6 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 0.8 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1 MG SUBCUTANEOUS   | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.4 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.6 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 1.8 MG SUBCUTANEOUS | 4    | PA, SP              |
| GENOTROPIN MINIQUICK SOLUTION RECONSTITUTED 2 MG SUBCUTANEOUS   | 4    | PA, SP              |
| GENOTROPIN SOLUTION RECONSTITUTED 12 MG SUBCUTANEOUS            | 4    | PA, SP              |
| GENOTROPIN SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS             | 4    | PA, SP, Prudent     |
| HUMATROPE CARTRIDGE 12 MG INJECTION                             | 4    | PA, SP, Prudent     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Growth Hormones (continued)</b>                    |      |                     |
| HUMATROPE CARTRIDGE 24 MG INJECTION                   | 4    | PA, SP, Prudent     |
| HUMATROPE CARTRIDGE 6 MG INJECTION                    | 4    | PA, SP, Prudent     |
| HUMATROPE SOLUTION RECONSTITUTED 12 MG INJECTION      | 4    | PA, SP              |
| HUMATROPE SOLUTION RECONSTITUTED 24 MG INJECTION      | 4    | PA, SP              |
| HUMATROPE SOLUTION RECONSTITUTED 6 MG INJECTION       | 4    | PA, SP              |
| NGENLA SOLUTION PEN-INJECTOR 24 MG/1.2ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| NGENLA SOLUTION PEN-INJECTOR 60 MG/1.2ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| NORDITROPIN FLEXPPO SOLUTION 10 MG/1.5ML SUBCUTANEOUS | 4    | PA, SP              |
| NORDITROPIN FLEXPPO SOLUTION 15 MG/1.5ML SUBCUTANEOUS | 4    | PA, SP              |
| NORDITROPIN FLEXPPO SOLUTION 30 MG/3ML SUBCUTANEOUS   | 4    | PA, SP              |
| NORDITROPIN FLEXPPO SOLUTION 5 MG/1.5ML SUBCUTANEOUS  | 4    | PA, SP              |
| NUTROPIN AQ NUSPIN 10 SOLUTION 10 MG/2ML SUBCUTANEOUS | 4    | PA, SP              |
| NUTROPIN AQ NUSPIN 20 SOLUTION 20 MG/2ML SUBCUTANEOUS | 4    | PA, SP              |
| NUTROPIN AQ NUSPIN 5 SOLUTION 5 MG/2ML SUBCUTANEOUS   | 4    | PA, SP              |
| OMNITROPE SOLUTION 10 MG/1.5ML SUBCUTANEOUS           | 4    | PA, SP              |
| OMNITROPE SOLUTION 5 MG/1.5ML SUBCUTANEOUS            | 4    | PA, SP              |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Growth Hormones (continued)</b>                        |      |                     |
| OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| SAIZEN CLICK.EASY SOLUTION RECONSTITUTED 8.8 MG INJECTION | 4    | PA, SP              |
| SAIZEN SOLUTION RECONSTITUTED 5 MG INJECTION              | 4    | PA, SP, Prudent     |
| SAIZEN SOLUTION RECONSTITUTED 8.8 MG INJECTION            | 4    | PA, SP              |
| SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS         | 4    | PA, SP, Prudent     |
| SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS         | 4    | PA, SP, Prudent     |
| SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 0.7 MG SUBCUTANEOUS                    | 4    | PA, Prudent         |
| SKYTROFA CARTRIDGE 1.4 MG SUBCUTANEOUS                    | 4    | PA, Prudent         |
| SKYTROFA CARTRIDGE 1.8 MG SUBCUTANEOUS                    | 4    | PA, Prudent         |
| SKYTROFA CARTRIDGE 11 MG SUBCUTANEOUS                     | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 13.3 MG SUBCUTANEOUS                   | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 2.1 MG SUBCUTANEOUS                    | 4    | PA, Prudent         |
| SKYTROFA CARTRIDGE 2.5 MG SUBCUTANEOUS                    | 4    | PA, Prudent         |
| SKYTROFA CARTRIDGE 3 MG SUBCUTANEOUS                      | 4    | PA, SP, Prudent     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Growth Hormones (continued)</b>                             |      |                     |
| SKYTROFA CARTRIDGE 3.6 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 4.3 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 5.2 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 6.3 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 7.6 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SKYTROFA CARTRIDGE 9.1 MG SUBCUTANEOUS                         | 4    | PA, SP, Prudent     |
| SOGROYA SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS         | 4    | PA, SP              |
| SOGROYA SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS         | 4    | PA, SP              |
| SOGROYA SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS          | 4    | PA, SP              |
| <b>Hereditary Orotic Aciduria Treatment - Agents</b>           |      |                     |
| XURIDEN PACKET 2 GM ORAL                                       | 3    | PA, QL 4/1 days     |
| <b>Hereditary Tyrosinemia Type 1 (HT-1) Treatment - Agents</b> |      |                     |
| <i>nitisinone capsule 10 mg oral</i>                           | 4    | LA, PA, SP, Prudent |
| <i>nitisinone capsule 2 mg oral</i>                            | 4    | LA, PA, SP, Prudent |
| <i>nitisinone capsule 5 mg oral</i>                            | 4    | LA, PA, SP, Prudent |
| <b>Homocystinuria Treatment - Agents</b>                       |      |                     |
| <i>betaine powder oral</i>                                     | 4    | LA, PA, SP, Prudent |
| <b>Hyperammonemia Treatment - Agents</b>                       |      |                     |
| <i>carglumic acid tablet soluble 200 mg oral</i>               | 4    | LA, PA, SP, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Hyperparathyroid Treatment - Vitamin D Analogs</b>          |      |                             |
| <i>calcitriol capsule 0.25 mcg oral</i>                        | 1    |                             |
| <i>calcitriol capsule 0.5 mcg oral</i>                         | 1    |                             |
| <i>calcitriol solution 1 mcg/ml intravenous</i>                | 1    | Medical Benefit only.       |
| <i>calcitriol solution 1 mcg/ml oral</i>                       | 1    |                             |
| <i>doxercalciferol capsule 0.5 mcg oral</i>                    | 1    |                             |
| <i>doxercalciferol capsule 1 mcg oral</i>                      | 1    |                             |
| <i>doxercalciferol capsule 2.5 mcg oral</i>                    | 1    |                             |
| <i>doxercalciferol solution 4 mcg/2ml intravenous</i>          | 1    |                             |
| <i>paricalcitol capsule 1 mcg oral</i>                         | 1    |                             |
| <i>paricalcitol capsule 2 mcg oral</i>                         | 1    |                             |
| <i>paricalcitol capsule 4 mcg oral</i>                         | 1    |                             |
| RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL                  | 3    | PA, QL 30/30 days           |
| ZEMPLAR SOLUTION 2 MCG/ML INTRAVENOUS                          | 3    | Medical Benefit only.       |
| ZEMPLAR SOLUTION 5 MCG/ML INTRAVENOUS                          | 3    | Medical Benefit only.       |
| <b>Hypoparathyroid Treatment - Parathyroid Hormone Analogs</b> |      |                             |
| YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS    | 4    | LA, PA, QL 1.12/28 days, SP |
| YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS    | 4    | LA, PA, QL 1.96/28 days, SP |
| YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS     | 4    | LA, PA, QL 2.80/28 days, SP |
| <b>Hypophosphatasia (HPP) Agents</b>                           |      |                             |
| STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS                    | 4    | LA, PA, SP, Prudent         |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Hypophosphatasia (HPP) Agents (continued)</b>       |      |                     |
| STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS             | 4    | LA, PA, SP, Prudent |
| STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS                | 4    | LA, PA, SP, Prudent |
| STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS             | 4    | LA, PA, SP, Prudent |
| <b>Insulin-Like Growth Factors (Somatomedins)</b>      |      |                     |
| INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS               | 4    | PA, SP              |
| <b>LHRH/GnRH Agonist Analog Combinations</b>           |      |                     |
| LUPANETA PACK KIT 11.25 & 5 MG COMBINATION             | 4    | PA, SP              |
| LUPANETA PACK KIT 3.75 & 5 MG COMBINATION              | 4    | PA, SP              |
| <b>LHRH/GnRH Agonist Analog Pituitary Suppressants</b> |      |                     |
| LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR  | 4    | PA, SP, Prudent     |
| LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR     | 4    | PA, SP, Prudent     |
| LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR    | 4    | PA, SP, Prudent     |
| LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR  | 4    | PA, SP, Prudent     |
| LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR     | 4    | PA, SP, Prudent     |
| LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR     | 4    | PA, SP, Prudent     |
| SYNAREL SOLUTION 2 MG/ML NASAL                         | 3    | PA, QL 48/180 days  |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                 |
|---|------|-------------------------------------|
| <b>Lipoprotein Lipase Deficiency (LPLD) Deficiency - Agents</b> |      |                                     |
| REDEMPLO SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS    | 4    | PA, QL 0.50/84 days                 |
| TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS       | 4    | LA, PA, QL 0.80/28 days, SP         |
| <b>Mitochondrial Cardioliipin Binders</b>                       |      |                                     |
| FORZINITY SOLUTION 280 MG/3.5ML SUBCUTANEOUS                    | 4    | LA, PA, QL 14/28 days, SP           |
| <b>Mucopolysaccharidosis I (MPS I) - Agents</b>                 |      |                                     |
| ALDURAZYME SOLUTION 2.9 MG/5ML INTRAVENOUS                      | 4    | PA, SP, Medical Benefit only.       |
| <b>Mucopolysaccharidosis II (MPS II) - Agents</b>               |      |                                     |
| ELAPRASE SOLUTION 6 MG/3ML INTRAVENOUS                          | 4    | PA, SP, Medical Benefit only.       |
| <b>Mucopolysaccharidosis VI (MPS VI) - Agents</b>               |      |                                     |
| NAGLAZYME SOLUTION 1 MG/ML INTRAVENOUS                          | 4    | PA, SP, Prudent                     |
| <b>Natriuretic Peptides</b>                                     |      |                                     |
| VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS              | 4    | PA, QL 30/30 days, SP, Prudent      |
| VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS             | 4    | PA, QL 30/30 days, SP, Prudent      |
| VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS              | 4    | PA, QL 30/30 days, SP, Prudent      |
| <b>Neurokinin 3 (NK3) Receptor Antagonists</b>                  |      |                                     |
| VEOZAH TABLET 45 MG ORAL  | 3    | QL 30/30 days, Medical Necessity PA |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Non-steroidal Mineralocorticoid Receptor Antagonists</b>                   |      |                     |
| KERENDIA TABLET 10 MG ORAL  | 3    | PA, QL 30/30 days   |
| KERENDIA TABLET 20 MG ORAL  | 3    | PA, QL 30/30 days   |
| KERENDIA TABLET 40 MG ORAL  | 3    | PA, QL 30/30 days   |
| <b>Ovulation Stimulants-Gonadotropins</b>                                     |      |                     |
| <i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i> | 4    | PA, SP              |
| NOVAREL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR                       | 4    | PA, SP              |
| PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR                       | 4    | PA, SP              |
| <b>Parathyroid Hormone And Derivatives</b>                                    |      |                     |
| <i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>         | 4    | PA, SP, Prudent     |
| <i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>          | 4    | PA, SP, Prudent     |
| <i>teriparatide solution pen-injector 600 mcg/2.4ml subcutaneous</i>          | 4    | PA, SP, Prudent     |
| <i>teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous</i>         | 4    | PA, SP, Prudent     |
| TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent     |
| <b>Phenylketonuria Treatment - Agents</b>                                     |      |                     |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS                  | 4    | PA, SP, Prudent     |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML SUBCUTANEOUS                 | 4    | PA, SP, Prudent     |
| PALYNZIQ SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Phenylketonuria Treatment - Agents (continued)</b>         |      |                     |
| <i>sapropterin dihydrochloride packet 100 mg oral</i>         | 4    | PA, SP, Prudent     |
| <i>sapropterin dihydrochloride packet 500 mg oral</i>         | 4    | PA, SP, Prudent     |
| <b>RANK Ligand (RANKL) Inhibitors</b>                         |      |                     |
| BILDYOS SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS      | 4    | PA, SP              |
| BILPREVDA SOLUTION 120 MG/1.7ML SUBCUTANEOUS                  | 4    | PA, SP              |
| BOMYNTRA SOLUTION 120 MG/1.7ML SUBCUTANEOUS                   | 4    | PA, SP, Prudent     |
| BOMYNTRA SOLUTION PREFILLED SYRINGE 120 MG/1.7ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| CONEXXENCE SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS   | 4    | PA, SP, Prudent     |
| JUBBONTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS     | 4    | PA, SP              |
| OSEVELT SOLUTION 120 MG/1.7ML SUBCUTANEOUS                    | 4    | PA, SP, Prudent     |
| OSPOMYV SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS                         | 4    | SP                  |
| PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS       | 4    | SP, Prudent         |
| STOBOCLO SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS     | 4    | PA, SP, Prudent     |
| WYOST SOLUTION 120 MG/1.7ML SUBCUTANEOUS                      | 4    | PA, SP              |
| XGEVA SOLUTION 120 MG/1.7ML SUBCUTANEOUS                      | 4    | PA, SP, Prudent     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                |
|---|------|------------------------------------|
| <b>Sclerostin Inhibitors</b>                                  |      |                                    |
| EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS | 4    | PA, SP, Prudent                    |
| <b>Selective Estrogen Receptor Modulators (SERMs)</b>         |      |                                    |
| <i>raloxifene hcl tablet 60 mg oral</i>                       | 0    | ACA NCDL, limitations may apply    |
| <b>Selective Vasopressin V2-Receptor Antagonists</b>          |      |                                    |
| JYNARQUE TABLET 15 MG ORAL                                    | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| JYNARQUE TABLET 30 MG ORAL                                    | 4    | LA, PA, QL 60/30 days, SP, Prudent |
| JYNARQUE TABLET THERAPY PACK 15 MG ORAL                       | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| JYNARQUE TABLET THERAPY PACK 30 & 15 MG ORAL                  | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| JYNARQUE TABLET THERAPY PACK 45 & 15 MG ORAL                  | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| JYNARQUE TABLET THERAPY PACK 60 & 30 MG ORAL                  | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| JYNARQUE TABLET THERAPY PACK 90 & 30 MG ORAL                  | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| <i>tolvaptan tablet 15 mg oral</i>                            | 4    | PA, QL 30/30 days, SP, Prudent     |
| <i>tolvaptan tablet 30 mg oral</i>                            | 4    | PA, QL 60/30 days, SP, Prudent     |
| <b>Somatostatic Agents</b>                                    |      |                                    |
| <i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>  | 4    | PA, SP, Prudent                    |
| <i>octreotide acetate solution 100 mcg/ml injection</i>       | 4    | PA, SP, Prudent                    |
| <i>octreotide acetate solution 1000 mcg/ml injection</i>      | 4    | PA, SP, Prudent                    |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Somatostatic Agents (continued)</b>                                       |      |                     |
| <i>octreotide acetate solution 200 mcg/ml injection</i>                      | 4    | PA, SP, Prudent     |
| <i>octreotide acetate solution 50 mcg/ml injection</i>                       | 4    | PA, SP, Prudent     |
| <i>octreotide acetate solution 500 mcg/ml injection</i>                      | 4    | PA, SP, Prudent     |
| <i>octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous</i> | 4    | PA, SP, Prudent     |
| <i>octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous</i>  | 4    | PA, SP, Prudent     |
| <i>octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous</i> | 4    | PA, SP, Prudent     |
| SANDOSTATIN LAR DEPOT KIT 10 MG INTRAMUSCULAR                                | 4    | PA, SP, Prudent     |
| SANDOSTATIN LAR DEPOT KIT 20 MG INTRAMUSCULAR                                | 4    | PA, SP, Prudent     |
| SANDOSTATIN LAR DEPOT KIT 30 MG INTRAMUSCULAR                                | 4    | PA, SP, Prudent     |
| SIGNIFOR SOLUTION 0.3 MG/ML SUBCUTANEOUS                                     | 4    | LA, PA, SP, Prudent |
| SIGNIFOR SOLUTION 0.6 MG/ML SUBCUTANEOUS                                     | 4    | LA, PA, SP, Prudent |
| SIGNIFOR SOLUTION 0.9 MG/ML SUBCUTANEOUS                                     | 4    | LA, PA, SP, Prudent |
| SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS                          | 4    | PA, SP, Prudent     |
| SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS                           | 4    | PA, SP, Prudent     |
| SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS                           | 4    | PA, SP, Prudent     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Urea Cycle Disorder - Agents</b>                        |      |                     |
| <i>sodium phenylbutyrate powder 3 gm/tsp oral</i>          | 1    | PA, Prudent         |
| <i>sodium phenylbutyrate tablet 500 mg oral</i>            | 3    | PA, SP, Prudent     |
| <b>Vasopressin</b>   |      |                     |
| <i>desmopressin ace spray refrig solution 0.01 % nasal</i> | 1    |                     |
| <i>desmopressin acetate solution 1.5 mg/ml nasal</i>       | 4    | SP                  |
| <i>desmopressin acetate solution 4 mcg/ml injection</i>    | 1    |                     |
| <i>desmopressin acetate spray solution 0.01 % nasal</i>    | 1    |                     |
| <i>desmopressin acetate tablet 0.1 mg oral</i>             | 1    |                     |
| <i>desmopressin acetate tablet 0.2 mg oral</i>             | 1    |                     |
| STIMATE SOLUTION 1.5 MG/ML NASAL                           | 4    | SP                  |
| <b>ESTROGENS</b>   |      |                     |
| <b>Estrogen &amp; Progestin</b>                            |      |                     |
| AMABELZ TABLET 0.5-0.1 MG ORAL                             | 1    |                     |
| AMABELZ TABLET 1-0.5 MG ORAL                               | 1    |                     |
| CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL    | 2    |                     |
| <i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i> | 1    |                     |
| <i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i>   | 1    |                     |
| FEMHRT LOW DOSE TABLET 0.5-2.5 MG-MCG ORAL                 | 2    |                     |
| FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL                         | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Estrogen &amp; Progestin (continued)</b>                   |      |                     |
| FYAVOLV TABLET 1-5 MG-MCG ORAL                                | 1    |                     |
| <i>jevantique lo tablet 0.5-2.5 mg-mcg oral</i>               | 1    |                     |
| JINTELI TABLET 1-5 MG-MCG ORAL                                | 1    |                     |
| LOPREEZA TABLET 0.5-0.1 MG ORAL                               | 1    |                     |
| LOPREEZA TABLET 1-0.5 MG ORAL                                 | 1    |                     |
| MIMVEY LO TABLET 0.5-0.1 MG ORAL                              | 1    |                     |
| MIMVEY TABLET 1-0.5 MG ORAL                                   | 1    |                     |
| <i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i> | 1    |                     |
| <i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>     | 1    |                     |
| <b>Estrogen-Progestin-GnRH Antagonist</b>                     |      |                     |
| ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL          | 3    | PA, QL 56/28 days   |
| <b>Estrogens</b>  |      |                     |
| DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR                      | 2    |                     |
| DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL            | 1    |                     |
| DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL           | 1    |                     |
| DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL             | 1    |                     |
| DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL            | 1    |                     |
| DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL              | 1    |                     |
| ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL              | 3    |                     |
| <i>estradiol gel 0.25 mg/0.25gm transdermal</i>               | 1    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Estrogens (continued)</b>                                   |      |                     |
| <i>estradiol gel 0.5 mg/0.5gm transdermal</i>                  | 1    |                     |
| <i>estradiol gel 0.75 mg/0.75gm transdermal</i>                | 1    |                     |
| <i>estradiol gel 1 mg/gm transdermal</i>                       | 1    |                     |
| <i>estradiol gel 1.25 mg/1.25gm transdermal</i>                | 1    |                     |
| <i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>  | 1    |                     |
| <i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i> | 1    |                     |
| <i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>   | 1    |                     |
| <i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>  | 1    |                     |
| <i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>    | 1    |                     |
| <i>estradiol patch weekly 0.025 mg/24hr transdermal</i>        | 1    |                     |
| <i>estradiol patch weekly 0.0375 mg/24hr transdermal</i>       | 1    |                     |
| <i>estradiol patch weekly 0.05 mg/24hr transdermal</i>         | 1    |                     |
| <i>estradiol patch weekly 0.06 mg/24hr transdermal</i>         | 1    |                     |
| <i>estradiol patch weekly 0.075 mg/24hr transdermal</i>        | 1    |                     |
| <i>estradiol patch weekly 0.1 mg/24hr transdermal</i>          | 1    |                     |
| <i>estradiol tablet 0.5 mg oral</i>                            | 1    |                     |
| <i>estradiol tablet 1 mg oral</i>                              | 1    |                     |
| <i>estradiol tablet 2 mg oral</i>                              | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                      |
|---|------|--|
| <b>Estrogens (continued)</b>                          |      |  |
| <i>estradiol valerate oil 20 mg/ml intramuscular</i>  | 1    |  |
| <i>estradiol valerate oil 40 mg/ml intramuscular</i>  | 1    |  |
| ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL      | 3    |  |
| EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL            | 3    | PA, PA applies to age 17 years and younger, PA may apply |
| LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL  | 1    |  |
| LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL | 1    |  |
| LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL   | 1    |  |
| LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL  | 1    |  |
| LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL    | 1    |  |
| MENEST TABLET 0.3 MG ORAL                             | 3    |  |
| MENEST TABLET 0.625 MG ORAL                           | 3    |  |
| MENEST TABLET 1.25 MG ORAL                            | 3    |  |
| MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL         | 3    |  |
| PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION       | 3    |  |
| PREMARIN TABLET 0.3 MG ORAL                           | 3    |  |
| PREMARIN TABLET 0.45 MG ORAL                          | 3    |  |
| PREMARIN TABLET 0.625 MG ORAL                         | 3    |  |
| PREMARIN TABLET 0.9 MG ORAL                           | 3    |  |
| PREMARIN TABLET 1.25 MG ORAL                          | 3    |  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Estrogen-Selective Estrogen Receptor Modulator Comb</b>                         |      |                             |
| DUAVEE TABLET 0.45-20 MG ORAL  | 3    |                             |
| <b>FLUOROQUINOLONES</b>  |      |                             |
| <b>Fluoroquinolones</b>  |      |                             |
| BAXDELA SOLUTION RECONSTITUTED 300 MG INTRAVENOUS                                  | 3    | PA, Medical Necessity<br>PA |
| CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL                                | 2    |                             |
| CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL                               | 2    |                             |
| <i>ciprofloxacin hcl tablet 100 mg oral</i>  | 1    |                             |
| <i>ciprofloxacin hcl tablet 250 mg oral</i>  | 1    |                             |
| <i>ciprofloxacin hcl tablet 500 mg oral</i>  | 1    |                             |
| <i>ciprofloxacin hcl tablet 750 mg oral</i>  | 1    |                             |
| <i>ciprofloxacin in d5w solution 200 mg/100ml intravenous</i>                      | 1    |                             |
| <i>ciprofloxacin in d5w solution 400 mg/200ml intravenous</i>                      | 1    |                             |
| <i>ciprofloxacin solution 400 mg/40ml intravenous</i>                              | 1    |                             |
| <i>ciprofloxacin suspension reconstituted 500 mg/5ml (10%) oral</i>                | 1    |                             |
| <i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 1000 mg oral</i> | 1    |                             |
| <i>ciprofloxacin-ciproflox hcl er tablet extended release 24 hour 500 mg oral</i>  | 1    |                             |
| FACTIVE TABLET 320 MG ORAL   | 3    |                             |
| <i>levofloxacin in d5w solution 250 mg/50ml intravenous</i>                        | 1    |                             |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Fluoroquinolones (continued)</b>                          |      |                                |
| <i>levofloxacin in d5w solution 500 mg/100ml intravenous</i> | 1    |                                |
| <i>levofloxacin in d5w solution 750 mg/150ml intravenous</i> | 1    |                                |
| <i>levofloxacin solution 25 mg/ml intravenous</i>            | 1    |                                |
| <i>levofloxacin solution 25 mg/ml oral</i>                   | 1    |                                |
| <i>levofloxacin tablet 250 mg oral</i>                       | 1    |                                |
| <i>levofloxacin tablet 500 mg oral</i>                       | 1    |                                |
| <i>levofloxacin tablet 750 mg oral</i>                       | 1    |                                |
| <i>moxifloxacin hcl tablet 400 mg oral</i>                   | 1    |                                |
| <i>ofloxacin tablet 300 mg oral</i>                          | 1    | PA, Medical Necessity<br>PA    |
| <i>ofloxacin tablet 400 mg oral</i>                          | 1    | PA, Medical Necessity<br>PA    |
| <b>GASTROINTESTINAL AGENTS - MISC.</b>                       |      |                                |
| <b>5-HT4 Receptor Agonists</b>                               |      |                                |
| <i>prucalopride succinate tablet 1 mg oral</i>               | 1    | QL 30/30 days                  |
| <i>prucalopride succinate tablet 2 mg oral</i>               | 1    | QL 30/30 days                  |
| <b>Bile Acid Synthesis Disorder Agents</b>                   |      |                                |
| CHOLBAM CAPSULE 250 MG ORAL                                  | 4    | LA, PA, QL 4/1 days, SP        |
| CHOLBAM CAPSULE 50 MG ORAL                                   | 4    | LA, PA, QL 5/1 days, SP        |
| CTEXLI TABLET 250 MG ORAL                                    | 4    | LA, PA, QL 90/30 days, SP      |
| <b>Farnesoid X Receptor (FXR) Agonists</b>                   |      |                                |
| OCALIVA TABLET 10 MG ORAL                                    | 4    | PA, QL 30/30 days, SP, Prudent |
| OCALIVA TABLET 5 MG ORAL                                     | 4    | PA, QL 30/30 days, SP, Prudent |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS         |
|---|------|-----------------------------|
| <b>Gallstone Solubilizing Agents</b>                          |      |                             |
| <i>ursodiol capsule 300 mg oral</i>                           | 1    |                             |
| <i>ursodiol tablet 250 mg oral</i>                            | 1    |                             |
| <i>ursodiol tablet 500 mg oral</i>                            | 1    |                             |
| <b>Gastrointestinal Antiallergy Agents</b>                    |      |                             |
| <i>cromolyn sodium concentrate 100 mg/5ml oral</i>            | 1    |                             |
| <b>Gastrointestinal Chloride Channel Activators</b>           |      |                             |
| <i>lubiprostone capsule 24 mcg oral</i>                       | 1    | QL 60/30 days               |
| <i>lubiprostone capsule 8 mcg oral</i>                        | 1    | QL 60/30 days               |
| <b>Gastrointestinal Stimulants</b>                            |      |                             |
| <i>metoclopramide hcl solution 5 mg/5ml oral</i>              | 1    |                             |
| <i>metoclopramide hcl solution 5 mg/ml injection</i>          | 1    |                             |
| <i>metoclopramide hcl tablet 10 mg oral</i>                   | 1    |                             |
| <i>metoclopramide hcl tablet 5 mg oral</i>                    | 1    |                             |
| <i>metoclopramide hcl tablet dispersible 5 mg oral</i>        | 1    | PA, Medical Necessity<br>PA |
| <b>Glucagon-Like Peptide-2 (GLP-2) Analogs</b>                |      |                             |
| GATTEX KIT 5 MG SUBCUTANEOUS                                  | 4    | PA, SP, Prudent             |
| <b>Hepatotropics - Thyroid Hormone Receptor-Beta Agonists</b> |      |                             |
| REZDIFFRA TABLET 100 MG ORAL                                  | 4    | PA, QL 30/30 days, SP       |
| REZDIFFRA TABLET 60 MG ORAL                                   | 4    | PA, QL 30/30 days, SP       |
| REZDIFFRA TABLET 80 MG ORAL                                   | 4    | PA, QL 30/30 days, SP       |
| <b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists</b>        |      |                             |
| LINZESS CAPSULE 145 MCG ORAL                                  | 2    | QL 30/30 days               |
| LINZESS CAPSULE 290 MCG ORAL                                  | 2    | QL 30/30 days               |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS          |
|--|------|------------------------------|
| <b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists (continued)</b> |      |                              |
| LINZESS CAPSULE 72 MCG ORAL  | 2    | QL 30/30 days                |
| <b>IBS Agent - Selective 5-HT3 Receptor Antagonists</b>            |      |                              |
| <i>alosetron hcl tablet 0.5 mg oral</i>                            | 1    | PA, QL 120/30 days           |
| <i>alosetron hcl tablet 1 mg oral</i>                              | 1    | PA, QL 60/30 days            |
| <b>Ileal Bile Acid Transporter (IBAT) Inhibitors</b>               |      |                              |
| BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL                     | 4    | LA, PA, SP                   |
| BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL                     | 4    | LA, PA, SP                   |
| BYLVAY CAPSULE 1200 MCG ORAL                                       | 4    | LA, PA, SP                   |
| BYLVAY CAPSULE 400 MCG ORAL  | 4    | LA, PA, SP                   |
| LIVMARLI SOLUTION 19 MG/ML ORAL                                    | 4    | LA, PA, QL 60/30 days,<br>SP |
| LIVMARLI SOLUTION 9.5 MG/ML ORAL                                   | 4    | LA, PA, QL 90/30 days,<br>SP |
| LIVMARLI TABLET 10 MG ORAL   | 4    | LA, PA, QL 30/28 days,<br>SP |
| LIVMARLI TABLET 15 MG ORAL   | 4    | LA, PA, QL 30/28 days,<br>SP |
| LIVMARLI TABLET 20 MG ORAL   | 4    | LA, PA, QL 30/28 days,<br>SP |
| LIVMARLI TABLET 30 MG ORAL   | 4    | LA, PA, QL 30/28 days,<br>SP |
| <b>Inflammatory Bowel Agents</b>                                   |      |                              |
| <i>balsalazide disodium capsule 750 mg oral</i>                    | 1    | QL 270/30 days               |
| CANASA SUPPOSITORY 1000 MG RECTAL                                  | 2    | QL 30/30 days                |
| DIPENTUM CAPSULE 250 MG ORAL                                       | 3    | QL 120/30 days               |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Inflammatory Bowel Agents (continued)</b>                            |      |                                  |
| <i>mesalamine capsule delayed release 400 mg oral</i>                   | 1    | QL 180/30 days                   |
| <i>mesalamine enema 4 gm rectal</i>                                     | 1    |                                  |
| <i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>     | 1    | QL 120/30 days                   |
| <i>mesalamine suppository 1000 mg rectal</i>                            | 1    | QL 30/30 days                    |
| <i>mesalamine tablet delayed release 1.2 gm oral</i>                    | 1    | QL 120/30 days                   |
| <i>mesalamine-cleanser kit 4 gm rectal</i>                              | 1    |                                  |
| PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL                            | 2    | QL 240/30 days                   |
| PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL                            | 2    | QL 240/30 days                   |
| <i>sulfasalazine tablet 500 mg oral</i>                                 | 1    |                                  |
| <i>sulfasalazine tablet delayed release 500 mg oral</i>                 | 1    |                                  |
| SULFAZINE TABLET 500 MG ORAL  | 1    |                                  |
| <b>Integrin Receptor Antagonists</b>                                    |      |                                  |
| ENTYVIO SOLUTION RECONSTITUTED 300 MG INTRAVENOUS                       | 4    | PA, Medical Benefit only.        |
| <b>Interleukin Antagonists</b>  |      |                                  |
| SKYRIZI SOLUTION 600 MG/10ML INTRAVENOUS                                | 4    | PA, SP, Prudent                  |
| SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS                    | 4    | PA, QL 1.20/56 days, SP, Prudent |
| SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS                    | 4    | PA, QL 2.40/56 days, SP, Prudent |
| TREMFYA CROHNS INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS | 4    | PA, QL 2/28 days, SP, Prudent    |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS           |
|--|------|-------------------------------|
| <b>Interleukin Antagonists (continued)</b>                             |      |                               |
| TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS             | 4    | PA, QL 2/28 days, SP, Prudent |
| TREMFYA SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS                 | 4    | PA, QL 2/28 days, SP, Prudent |
| TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS             | 4    | PA, QL 2/28 days, SP, Prudent |
| TREMFYA-CD/UC INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS | 4    | PA, QL 2/28 days, SP, Prudent |
| <b>Intestinal Acidifiers</b>   |      |                               |
| <i>enulose solution 10 gm/15ml oral</i>                                | 1    |                               |
| <i>generlac solution 10 gm/15ml oral</i>                               | 1    |                               |
| <b>Live Fecal Microbiota (Human)</b>                                   |      |                               |
| VOWST CAPSULE ORAL   | 4    | LA, PA, QL 12/365 days, SP    |
| <b>Peripheral Opioid Receptor Antagonists</b>                          |      |                               |
| MOVANTIK TABLET 12.5 MG ORAL   | 2    | PA, QL 1/1 days               |
| MOVANTIK TABLET 25 MG ORAL   | 2    | PA, QL 1/1 days               |
| RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS                             | 3    | PA                            |
| RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS                              | 3    | PA                            |
| RELISTOR SOLUTION PREFILLED SYRINGE 12 MG/0.6ML SUBCUTANEOUS           | 3    | PA                            |
| RELISTOR SOLUTION PREFILLED SYRINGE 8 MG/0.4ML SUBCUTANEOUS            | 3    | PA                            |
| RELISTOR TABLET 150 MG ORAL  | 3    | PA, QL 90/30 days             |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS            |
|---|------|--------------------------------|
| <b>Peroxisome Proliferator-Activated Receptor Agonists</b>    |      |                                |
| IQIRVO TABLET 80 MG ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent |
| LIVDELZI CAPSULE 10 MG ORAL                                   | 4    | LA, PA, QL 30/30 days, SP      |
| <b>Phosphate Binder Agents</b>                                |      |                                |
| AURYXIA TABLET 1 GM 210 MG(Fe) ORAL                           | 3    | QL 180/30 days                 |
| <i>calcium acetate (phos binder) tablet 667 mg oral</i>       | 1    |                                |
| <i>lanthanum carbonate tablet chewable 1000 mg oral</i>       | 1    | QL 60/30 days                  |
| <i>lanthanum carbonate tablet chewable 500 mg oral</i>        | 1    | QL 90/30 days                  |
| <i>lanthanum carbonate tablet chewable 750 mg oral</i>        | 1    | QL 60/30 days                  |
| PHOSLYRA SOLUTION 667 MG/5ML ORAL                             | 3    |                                |
| RENVELA PACKET 0.8 GM ORAL                                    | 2    |                                |
| RENVELA PACKET 2.4 GM ORAL                                    | 2    |                                |
| <i>sevelamer carbonate packet 0.8 gm oral</i>                 | 1    |                                |
| <i>sevelamer carbonate packet 2.4 gm oral</i>                 | 1    |                                |
| <i>sevelamer carbonate tablet 800 mg oral</i>                 | 1    | QL 180/30 days                 |
| <i>sevelamer hcl tablet 400 mg oral</i>                       | 1    | QL 180/30 days                 |
| <i>sevelamer hcl tablet 800 mg oral</i>                       | 1    | QL 180/30 days                 |
| VELPHORO TABLET CHEWABLE 500 MG ORAL                          | 3    | QL 90/30 days                  |
| <b>Sphingosine 1-Phosphate (S1P) Receptor Modulators (GI)</b> |      |                                |
| VELSIPITY TABLET 2 MG ORAL                                    | 4    | PA, QL 30/30 days, SP          |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS       |
|---|------|---------------------------|
| <b>Tumor Necrosis Factor Alpha Blockers</b>                               |      |                           |
| INFLECTRA SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                       | 4    | PA, Medical Benefit only. |
| RENFLEXIS SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                       | 4    | PA, Medical Benefit only. |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS</b>                               |      |                           |
| <b>5-Alpha Reductase Inhibitors</b>                                       |      |                           |
| <i>dutasteride capsule 0.5 mg oral</i>                                    | 1    |                           |
| <i>finasteride tablet 5 mg oral</i>                                       | 1    |                           |
| <b>Alpha 1-Adrenoceptor Antagonists</b>                                   |      |                           |
| <i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>        | 1    |                           |
| CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL                      | 3    | ST                        |
| CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL                      | 3    | ST                        |
| <i>silodosin capsule 4 mg oral</i>  | 1    | QL 60/30 days             |
| <i>silodosin capsule 8 mg oral</i>  | 1    | QL 30/30 days             |
| <i>tamsulosin hcl capsule 0.4 mg oral</i>                                 | 1    |                           |
| <b>Citrates</b>   |      |                           |
| <i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i> | 1    |                           |
| <i>potassium citrate er tablet extended release 15 meq (1620 mg) oral</i> | 1    |                           |
| <i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i>   | 1    |                           |
| <i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>        | 1    |                           |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                |
|---|------|------------------------------------|
| <b>Cystinosis Agents</b>  |      |                                    |
| CYSTAGON CAPSULE 150 MG ORAL  | 4    | SP, Prudent                        |
| CYSTAGON CAPSULE 50 MG ORAL   | 4    | SP, Prudent                        |
| PROCYSBI CAPSULE DELAYED RELEASE 25 MG ORAL                         | 4    | LA, PA, QL 60/30 days, SP          |
| PROCYSBI CAPSULE DELAYED RELEASE 75 MG ORAL                         | 4    | LA, PA, SP                         |
| PROCYSBI PACKET 300 MG ORAL   | 4    | LA, PA, SP                         |
| PROCYSBI PACKET 75 MG ORAL  | 4    | LA, PA, SP                         |
| <b>Genitourinary Irrigants</b>                                      |      |                                    |
| <i>sodium chloride solution 0.9 % irrigation</i>                    | 1    |                                    |
| <b>IgAN Agents - Endothelin &amp; Angiotensin II Receptor Antag</b> |      |                                    |
| FILSPARI TABLET 200 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| FILSPARI TABLET 400 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| <b>IgAN Agents - Endothelin Receptor Antagonist</b>                 |      |                                    |
| VANRAFIA TABLET 0.75 MG ORAL  | 4    | LA, PA, QL 30/30 days, SP          |
| <b>Interstitial Cystitis Agents</b>                                 |      |                                    |
| ELMIRON CAPSULE 100 MG ORAL   | 3    |                                    |
| <b>Prostatic Hypertrophy Agent Combinations</b>                     |      |                                    |
| <i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>           | 1    | ST                                 |
| JALYN CAPSULE 0.5-0.4 MG ORAL                                       | 3    | ST                                 |
| <b>Small Interfering Ribonucleic Acid Agents (siRNA)</b>            |      |                                    |
| RIVFLOZA SOLUTION 80 MG/0.5ML SUBCUTANEOUS                          | 4    | PA, QL 1/28 days, SP, Prudent      |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS              |
|--|------|----------------------------------|
| <b>Small Interfering Ribonucleic Acid Agents (siRNA) (continued)</b> |      |                                  |
| RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS        | 4    | PA, QL 0.80/28 days, SP, Prudent |
| RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS           | 4    | PA, QL 1/28 days, SP, Prudent    |
| <b>Urinary Stone Agents</b>  |      |                                  |
| LITHOSTAT TABLET 250 MG ORAL   | 3    | PA, Medical Necessity PA         |
| <b>GOUT AGENTS</b>   |      |                                  |
| <b>Gout Agent Combinations</b>                                       |      |                                  |
| <i>colchicine-probenecid tablet 0.5-500 mg oral</i>                  | 1    |                                  |
| <b>Gout Agents</b>   |      |                                  |
| <i>allopurinol tablet 100 mg oral</i>                                | 1    |                                  |
| <i>allopurinol tablet 300 mg oral</i>                                | 1    |                                  |
| <i>colchicine capsule 0.6 mg oral</i>                                | 1    |                                  |
| <i>colchicine tablet 0.6 mg oral</i>                                 | 1    |                                  |
| <i>febuxostat tablet 40 mg oral</i>                                  | 1    | QL 90/30 days                    |
| <i>febuxostat tablet 80 mg oral</i>                                  | 1    | QL 30/30 days                    |
| <b>Uricosurics</b>   |      |                                  |
| <i>probenecid tablet 500 mg oral</i>                                 | 1    |                                  |
| <b>HEMATOLOGICAL AGENTS - MISC.</b>                                  |      |                                  |
| <b>Antihemophilic Products</b>                                       |      |                                  |
| ADVATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS                  | 4    | PA, SP                           |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                    |      |                     |
| ADVATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS           | 4    | PA, SP              |
| ADVATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS           | 4    | PA, SP              |
| ADVATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS            | 4    | PA, SP              |
| ADVATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS           | 4    | PA, SP              |
| ADVATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS           | 4    | PA, SP              |
| ADVATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS            | 4    | PA, SP              |
| <i>adynovate solution reconstituted 1000 unit intravenous</i> | 4    | PA, SP              |
| <i>adynovate solution reconstituted 1500 unit intravenous</i> | 4    | PA, SP              |
| <i>adynovate solution reconstituted 2000 unit intravenous</i> | 4    | PA, SP              |
| <i>adynovate solution reconstituted 250 unit intravenous</i>  | 4    | PA, SP              |
| <i>adynovate solution reconstituted 500 unit intravenous</i>  | 4    | PA, SP              |
| <i>adynovate solution reconstituted 750 unit intravenous</i>  | 4    | PA, SP              |
| AFSTYLA KIT 1000 UNIT INTRAVENOUS                             | 4    | PA, SP              |
| AFSTYLA KIT 2000 UNIT INTRAVENOUS                             | 4    | PA, SP              |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                               |      |                     |
| AFSTYLA KIT 250 UNIT INTRAVENOUS   | 4    | PA, SP              |
| AFSTYLA KIT 3000 UNIT INTRAVENOUS  | 4    | PA, SP              |
| AFSTYLA KIT 500 UNIT INTRAVENOUS   | 4    | PA, SP              |
| ALPHANATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPHANATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPHANATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPHANATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS                    | 4    | PA, SP              |
| ALPHANATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS                    | 4    | PA, SP              |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | 4    | PA, SP              |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS  | 4    | PA, SP              |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                              |      |                     |
| ALPHANATE/VWF COMPLEX/HUMAN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS | 4    | PA, SP              |
| ALPHANINE SD SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS               | 4    | PA, SP              |
| ALPHANINE SD SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS               | 4    | PA, SP              |
| ALPHANINE SD SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS                | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS                    | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| ALPROLIX SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS                    | 4    | PA, SP              |
| ALTUVIIIIO SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS                 | 4    | PA, SP, Prudent     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>              |      |                     |
| ALTUVIIIIO SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |
| ALTUVIIIIO SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS  | 4    | PA, SP, Prudent     |
| ALTUVIIIIO SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |
| ALTUVIIIIO SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |
| ALTUVIIIIO SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS  | 4    | PA, SP, Prudent     |
| BENEFIX KIT 1000 UNIT INTRAVENOUS                       | 4    | PA, SP, Prudent     |
| BENEFIX KIT 2000 UNIT INTRAVENOUS                       | 4    | PA, SP, Prudent     |
| BENEFIX KIT 250 UNIT INTRAVENOUS                        | 4    | PA, SP, Prudent     |
| BENEFIX KIT 3000 UNIT INTRAVENOUS                       | 4    | PA, SP, Prudent     |
| BENEFIX KIT 500 UNIT INTRAVENOUS                        | 4    | PA, SP, Prudent     |
| CORIFACT KIT 1000-1600 UNIT INTRAVENOUS                 | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS   | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS   | 4    | PA, SP              |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>            |      |                     |
| ELOCTATE SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS  | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS  | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 5000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 6000 UNIT INTRAVENOUS | 4    | PA, SP              |
| ELOCTATE SOLUTION RECONSTITUTED 750 UNIT INTRAVENOUS  | 4    | PA, SP              |
| ESPEROCT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |
| ESPEROCT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |
| ESPEROCT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | 4    | PA, SP, Prudent     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                 |      |                     |
| ESPEROCT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| ESPEROCT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS       | 4    | PA, SP, Prudent     |
| FEIBA SOLUTION RECONSTITUTED INTRAVENOUS                   | 4    | PA, SP              |
| HELIXATE FS KIT 1000 UNIT INTRAVENOUS                      | 4    | PA, SP              |
| HELIXATE FS KIT 2000 UNIT INTRAVENOUS                      | 4    | PA, SP              |
| HELIXATE FS KIT 250 UNIT INTRAVENOUS                       | 4    | PA, SP              |
| HELIXATE FS KIT 3000 UNIT INTRAVENOUS                      | 4    | PA, SP              |
| HELIXATE FS KIT 500 UNIT INTRAVENOUS                       | 4    | PA, SP              |
| HEMOFIL M SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS     | 4    | PA, SP              |
| HEMOFIL M SOLUTION RECONSTITUTED 1700 UNIT INTRAVENOUS     | 4    | PA, SP              |
| HEMOFIL M SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS      | 4    | PA, SP              |
| HEMOFIL M SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS      | 4    | PA, SP              |
| HUMATE-P SOLUTION RECONSTITUTED 1000-2400 UNIT INTRAVENOUS | 4    | PA, SP              |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                |      |                     |
| HUMATE-P SOLUTION RECONSTITUTED 250-600 UNIT INTRAVENOUS  | 4    | PA, SP              |
| HUMATE-P SOLUTION RECONSTITUTED 500-1200 UNIT INTRAVENOUS | 4    | PA, SP              |
| IDELVION SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS     | 4    | PA, SP, Prudent     |
| IDELVION SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS     | 4    | PA, SP, Prudent     |
| IDELVION SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IDELVION SOLUTION RECONSTITUTED 3500 UNIT INTRAVENOUS     | 4    | PA, SP, Prudent     |
| IDELVION SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS       | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS       | 4    | PA, SP, Prudent     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>             |      |                     |
| JIVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| JIVI SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| JIVI SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| JIVI SOLUTION RECONSTITUTED 4000 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| JIVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS       | 4    | PA, SP, Prudent     |
| KOATE SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS     | 4    | PA, SP              |
| KOATE SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS      | 4    | PA, SP              |
| KOATE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS      | 4    | PA, SP              |
| KOATE-DVI SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | 4    | PA, SP              |
| KOATE-DVI SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS  | 4    | PA, SP              |
| KOATE-DVI SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS  | 4    | PA, SP              |
| KOGENATE FS BIO-SET KIT 1000 UNIT INTRAVENOUS          | 4    | PA, SP              |
| KOGENATE FS BIO-SET KIT 2000 UNIT INTRAVENOUS          | 4    | PA, SP              |
| KOGENATE FS BIO-SET KIT 250 UNIT INTRAVENOUS           | 4    | PA, SP              |
| KOGENATE FS BIO-SET KIT 3000 UNIT INTRAVENOUS          | 4    | PA, SP              |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>             |      |                     |
| KOGENATE FS BIO-SET KIT 500 UNIT INTRAVENOUS           | 4    | PA, SP              |
| KOGENATE FS KIT 1000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| KOGENATE FS KIT 2000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| KOGENATE FS KIT 250 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| KOGENATE FS KIT 3000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| KOGENATE FS KIT 500 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| KOVALTRY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS  | 4    | PA, SP              |
| KOVALTRY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS  | 4    | PA, SP              |
| KOVALTRY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS   | 4    | PA, SP              |
| KOVALTRY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS  | 4    | PA, SP              |
| KOVALTRY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS   | 4    | PA, SP              |
| NOVOEIGHT SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS | 4    | PA, SP              |
| NOVOEIGHT SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS | 4    | PA, SP              |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>             |      |                     |
| NOVOEIGHT SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS | 4    | PA, SP              |
| NOVOEIGHT SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS  | 4    | PA, SP              |
| NOVOEIGHT SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS | 4    | PA, SP              |
| NOVOEIGHT SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS  | 4    | PA, SP              |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS   | 4    | PA, SP              |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 2 MG INTRAVENOUS   | 4    | PA, SP              |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS   | 4    | PA, SP              |
| NOVOSEVEN RT SOLUTION RECONSTITUTED 8 MG INTRAVENOUS   | 4    | PA, SP              |
| NUWIQ KIT 1000 UNIT INTRAVENOUS                        | 4    | PA, SP              |
| NUWIQ KIT 2000 UNIT INTRAVENOUS                        | 4    | PA, SP              |
| NUWIQ KIT 250 UNIT INTRAVENOUS                         | 4    | PA, SP              |
| NUWIQ KIT 500 UNIT INTRAVENOUS                         | 4    | PA, SP              |
| NUWIQ SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS     | 4    | PA, SP              |
| NUWIQ SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS     | 4    | PA, SP              |
| NUWIQ SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS      | 4    | PA, SP              |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                  |      |                     |
| NUWIQ SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS           | 4    | PA, SP              |
| <i>obizur solution reconstituted 500 unit intravenous</i>   | 4    | PA, SP              |
| REBINYN SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS        | 4    | PA, SP, Prudent     |
| REBINYN SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS        | 4    | PA, SP, Prudent     |
| REBINYN SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS        | 4    | PA, SP, Prudent     |
| REBINYN SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS         | 4    | PA, SP, Prudent     |
| <i>rixubis solution reconstituted 1000 unit intravenous</i> | 4    | PA, SP, Prudent     |
| <i>rixubis solution reconstituted 2000 unit intravenous</i> | 4    | PA, SP, Prudent     |
| <i>rixubis solution reconstituted 250 unit intravenous</i>  | 4    | PA, SP, Prudent     |
| <i>rixubis solution reconstituted 3000 unit intravenous</i> | 4    | PA, SP, Prudent     |
| <i>rixubis solution reconstituted 500 unit intravenous</i>  | 4    | PA, SP, Prudent     |
| SEVENFACT SOLUTION RECONSTITUTED 1 MG INTRAVENOUS           | 4    | PA, SP              |
| SEVENFACT SOLUTION RECONSTITUTED 5 MG INTRAVENOUS           | 4    | PA, SP              |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antihemophilic Products (continued)</b>                 |      |                     |
| TRETTEEN SOLUTION RECONSTITUTED 2000-3125 UNIT INTRAVENOUS | 4    | PA, SP              |
| TRETTEEN SOLUTION RECONSTITUTED 2500 UNIT INTRAVENOUS      | 4    | PA, SP              |
| VONVENDI SOLUTION RECONSTITUTED 1300 UNIT INTRAVENOUS      | 4    | PA, SP, Prudent     |
| VONVENDI SOLUTION RECONSTITUTED 650 UNIT INTRAVENOUS       | 4    | PA, SP, Prudent     |
| WILATE KIT 1000-1000 UNIT INTRAVENOUS                      | 4    | PA, SP              |
| WILATE KIT 500-500 UNIT INTRAVENOUS                        | 4    | PA, SP              |
| XYNTHA KIT 1000 UNIT INTRAVENOUS                           | 4    | PA, SP              |
| XYNTHA KIT 2000 UNIT INTRAVENOUS                           | 4    | PA, SP              |
| XYNTHA KIT 250 UNIT INTRAVENOUS                            | 4    | PA, SP              |
| XYNTHA KIT 500 UNIT INTRAVENOUS                            | 4    | PA, SP              |
| XYNTHA SOLOFUSE KIT 1000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| XYNTHA SOLOFUSE KIT 2000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| XYNTHA SOLOFUSE KIT 250 UNIT INTRAVENOUS                   | 4    | PA, SP              |
| XYNTHA SOLOFUSE KIT 3000 UNIT INTRAVENOUS                  | 4    | PA, SP              |
| XYNTHA SOLOFUSE KIT 500 UNIT INTRAVENOUS                   | 4    | PA, SP              |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS           |
|--|------|-------------------------------|
| <b>Antihemophilic Products - Monoclonal Antibodies</b>                     |      |                               |
| ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent               |
| ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS                       | 4    | PA, SP, Prudent               |
| ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS                      | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS                                | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS                                 | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS                                   | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS                                    | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS                                  | 4    | PA, SP, Prudent               |
| HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS                                 | 4    | PA, SP, Prudent               |
| HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS                     | 4    | PA, QL 4/28 days, SP, Prudent |
| <b>Anti-von Willebrand Factor Agents</b>                                   |      |                               |
| CABLIVI KIT 11 MG INJECTION  | 4    | LA, PA                        |
| <b>Bradykinin B2 Receptor Antagonists</b>                                  |      |                               |
| <i>icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous</i> | 4    | PA, SP, Prudent               |
| SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS                  | 4    | LA, PA, SP, Prudent           |
| <b>Bruton's Tyrosine Kinase (BTK) Inhibitors</b>                           |      |                               |
| WAYRILZ TABLET 400 MG ORAL   | 4    | LA, PA, QL 60/30 days, SP     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS          |
|--|------|------------------------------|
| <b>C1 Esterase Inhibitors</b>                                    |      |                              |
| BERINERT KIT 500 UNIT INTRAVENOUS                                | 4    | PA, SP, Prudent              |
| CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS              | 4    | PA, SP, Prudent              |
| HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS           | 4    | PA, SP, Prudent              |
| HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS           | 4    | PA, SP, Prudent              |
| RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS            | 4    | PA, SP, Prudent              |
| <b>Complement C3 Inhibitors</b>                                  |      |                              |
| EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS                      | 4    | PA, SP, Prudent              |
| <b>Complement C5 Inhibitors</b>                                  |      |                              |
| VEOPOZ SOLUTION 400 MG/2ML INJECTION                             | 4    | LA, PA, SP                   |
| ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS | 4    | LA, PA, QL 11.65/28 days, SP |
| ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS   | 4    | LA, PA, QL 16.07/28 days, SP |
| ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS  | 4    | LA, PA, QL 22.68/28 days, SP |
| <b>Complement C5a Receptor Inhibitors</b>                        |      |                              |
| TAVNEOS CAPSULE 10 MG ORAL                                       | 4    | LA, PA, QL 180/30 days, SP   |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Complement Factor B Inhibitors</b>                         |      |                                  |
| FABHALTA CAPSULE 200 MG ORAL                                  | 4    | LA, PA, QL 60/30 days, SP        |
| <b>Complement Factor D Inhibitors</b>                         |      |                                  |
| VOYDEYA TABLET 100 MG ORAL                                    | 4    | LA, PA, QL 180/30 days, SP       |
| VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL                  | 4    | LA, PA, QL 180/30 days, SP       |
| <b>Direct-Acting P2Y12 Inhibitors</b>                         |      |                                  |
| KENGREAL SOLUTION RECONSTITUTED 50 MG INTRAVENOUS             | 4    | Medical Benefit only.            |
| <i>ticagrelor tablet 60 mg oral</i>                           | 1    |                                  |
| <i>ticagrelor tablet 90 mg oral</i>                           | 1    |                                  |
| <b>Glycoprotein IIb/IIIa Receptor Inhibitors</b>              |      |                                  |
| AGGRASTAT CONCENTRATE 3.75 MG/15ML INTRAVENOUS                | 4    | Medical Benefit only.            |
| <b>Hematorheologic Agents</b>                                 |      |                                  |
| <i>pentoxifylline er tablet extended release 400 mg oral</i>  | 1    |                                  |
| <b>Phosphodiesterase III Inhibitors</b>                       |      |                                  |
| <i>cilostazol tablet 100 mg oral</i>                          | 1    |                                  |
| <i>cilostazol tablet 50 mg oral</i>                           | 1    |                                  |
| <b>Plasma Factor XIIIa Inhibitors - Monoclonal Antibodies</b> |      |                                  |
| ANDEMBRY SOLUTION AUTO-INJECTOR 200 MG/1.2ML SUBCUTANEOUS     | 4    | PA, QL 1.20/28 days, SP, Prudent |
| <b>Plasma Kallikrein Inhibitors</b>                           |      |                                  |
| EKTERLY TABLET 300 MG ORAL                                    | 4    | LA, PA, QL 8/30 days, SP         |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Plasma Kallikrein Inhibitors (continued)</b>                                |      |                                    |
| KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS  | 4    | PA, SP, Prudent                    |
| ORLADEYO CAPSULE 110 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| ORLADEYO CAPSULE 150 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| <b>Plasma Kallikrein Inhibitors - Monoclonal Antibodies</b>                    |      |                                    |
| TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS                                      | 4    | PA, SP, Prudent                    |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent                    |
| TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS                    | 4    | PA, SP, Prudent                    |
| <b>Platelet Aggregation Inhibitor Combinations</b>                             |      |                                    |
| <i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i> | 1    |                                    |
| <b>Platelet Aggregation Inhibitors</b>   |      |                                    |
| <i>dipyridamole tablet 25 mg oral</i>  | 1    |                                    |
| <i>dipyridamole tablet 50 mg oral</i>  | 1    |                                    |
| <i>dipyridamole tablet 75 mg oral</i>  | 1    |                                    |
| <b>Prekallikrein-Directed Antisense Oligonucleotides (ASO)</b>                 |      |                                    |
| DAWNZERA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS                       | 4    | PA, QL 0.80/28 days, SP            |
| <b>Protease-Activated Receptor-1 (PAR-1) Antagonists</b>                       |      |                                    |
| ZONTIVITY TABLET 2.08 MG ORAL  | 3    | QL 30/30 days                      |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Pyruvate Kinase Activators</b>                                  |      |                                    |
| PYRUKYND TABLET 20 MG ORAL   | 4    | LA, PA, QL 56/28 days, SP          |
| PYRUKYND TABLET 5 MG ORAL  | 4    | LA, PA, QL 56/28 days, SP          |
| PYRUKYND TABLET 50 MG ORAL   | 4    | LA, PA, QL 56/28 days, SP          |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL                  | 4    | LA, PA, QL 7/7 days, SP            |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL  | 4    | LA, PA, QL 14/14 days, SP          |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL | 4    | LA, PA, QL 14/14 days, SP          |
| <b>Quinazoline Agents</b>  |      |                                    |
| <i>anagrelide hcl capsule 0.5 mg oral</i>                          | 1    |                                    |
| <i>anagrelide hcl capsule 1 mg oral</i>                            | 1    |                                    |
| <b>Spleen Tyrosine Kinase (SYK) Inhibitors</b>                     |      |                                    |
| TAVALISSE TABLET 100 MG ORAL                                       | 4    | LA, PA, QL 60/30 days, SP, Prudent |
| TAVALISSE TABLET 150 MG ORAL                                       | 4    | LA, PA, QL 60/30 days, SP, Prudent |
| <b>Thienopyridine Derivatives</b>                                  |      |                                    |
| <i>clopidogrel bisulfate tablet 300 mg oral</i>                    | 1    |                                    |
| <i>clopidogrel bisulfate tablet 75 mg oral</i>                     | 1    |                                    |
| <i>prasugrel hcl tablet 10 mg oral</i>                             | 1    |                                    |
| <i>prasugrel hcl tablet 5 mg oral</i>                              | 1    |                                    |
| <b>HEMATOPOIETIC AGENTS</b>  |      |                                    |
| <b>Agents for Gaucher Disease</b>                                  |      |                                    |
| CERDELGA CAPSULE 84 MG ORAL  | 4    | PA, SP, Prudent                    |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS           |
|--|------|-------------------------------|
| <b>Agents for Gaucher Disease (continued)</b>                      |      |                               |
| CEREZYME SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS               | 4    | PA, SP, Medical Benefit only. |
| ELELYSO SOLUTION RECONSTITUTED 200 UNIT INTRAVENOUS                | 4    | PA, SP, Medical Benefit only. |
| <i>miglustat capsule 100 mg oral</i>                               | 4    | PA, SP, Prudent               |
| VPRIV SOLUTION RECONSTITUTED 400 UNIT INTRAVENOUS                  | 4    | PA, SP, Medical Benefit only. |
| <b>Amino Acids</b>   |      |                               |
| <i>l-glutamine packet 5 gm oral</i>                                | 3    | QL 180/30 days, SP, ST        |
| <b>Cobalamins</b>  |      |                               |
| <i>cyanocobalamin solution 1000 mcg/ml injection</i>               | 1    |                               |
| <i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i> | 1    |                               |
| <b>CXCR4 Receptor Antagonist</b>                                   |      |                               |
| <i>plerixafor solution 24 mg/1.2ml subcutaneous</i>                | 4    | SP, Prudent                   |
| XOLREMDI CAPSULE 100 MG ORAL                                       | 4    | LA, PA, QL 120/30 days, SP    |
| <b>Cytotoxic Agents</b>  |      |                               |
| DROXIA CAPSULE 200 MG ORAL   | 2    |                               |
| DROXIA CAPSULE 300 MG ORAL   | 2    |                               |
| DROXIA CAPSULE 400 MG ORAL   | 2    |                               |
| <b>Erythropoiesis-Stimulating Agents (ESAs)</b>                    |      |                               |
| ARANESP (ALBUMIN FREE) SOLUTION 100 MCG/ML INJECTION               | 4    | SP, Prudent                   |
| ARANESP (ALBUMIN FREE) SOLUTION 200 MCG/ML INJECTION               | 4    | SP, Prudent                   |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Erythropoiesis-Stimulating Agents (ESAs) (continued)</b> |      |                     |
| ARANESP (ALBUMIN FREE) SOLUTION 25 MCG/ML INJECTION         | 4    | SP, Prudent         |
| ARANESP (ALBUMIN FREE) SOLUTION 40 MCG/ML INJECTION         | 4    | SP, Prudent         |
| ARANESP (ALBUMIN FREE) SOLUTION 60 MCG/ML INJECTION         | 4    | SP, Prudent         |
| EPOGEN SOLUTION 10000 UNIT/ML INJECTION                     | 4    | SP, Prudent         |
| EPOGEN SOLUTION 2000 UNIT/ML INJECTION                      | 4    | SP, Prudent         |
| EPOGEN SOLUTION 20000 UNIT/ML INJECTION                     | 4    | SP, Prudent         |
| EPOGEN SOLUTION 3000 UNIT/ML INJECTION                      | 4    | SP, Prudent         |
| EPOGEN SOLUTION 4000 UNIT/ML INJECTION                      | 4    | SP, Prudent         |
| PROCRIT SOLUTION 10000 UNIT/ML INJECTION                    | 4    | SP, Prudent         |
| PROCRIT SOLUTION 2000 UNIT/ML INJECTION                     | 4    | SP, Prudent         |
| PROCRIT SOLUTION 20000 UNIT/ML INJECTION                    | 4    | SP, Prudent         |
| PROCRIT SOLUTION 3000 UNIT/ML INJECTION                     | 4    | SP, Prudent         |
| PROCRIT SOLUTION 4000 UNIT/ML INJECTION                     | 4    | SP, Prudent         |
| PROCRIT SOLUTION 40000 UNIT/ML INJECTION                    | 4    | SP, Prudent         |
| RETACRIT SOLUTION 10000 UNIT/ML INJECTION                   | 4    | SP, Prudent         |
| RETACRIT SOLUTION 2000 UNIT/ML INJECTION                    | 4    | SP, Prudent         |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Erythropoiesis-Stimulating Agents (ESAs) (continued)</b>       |      |                     |
| RETACRIT SOLUTION 20000 UNIT/ML INJECTION                         | 4    | SP, Prudent         |
| RETACRIT SOLUTION 3000 UNIT/ML INJECTION                          | 4    | SP, Prudent         |
| RETACRIT SOLUTION 4000 UNIT/ML INJECTION                          | 4    | SP, Prudent         |
| RETACRIT SOLUTION 40000 UNIT/ML INJECTION                         | 4    | SP, Prudent         |
| <b>Folic Acid/Folates</b>   |      |                     |
| <i>folic acid tablet 1 mg oral</i>                                | 1    |                     |
| <b>Granulocyte Colony-Stimulating Factors (G-CSF)</b>             |      |                     |
| FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS       | 4    | PA, SP, Prudent     |
| NEULASTA ONPRO PREFILLED SYRINGE KIT 6 MG/0.6ML SUBCUTANEOUS      | 4    | PA, SP, Prudent     |
| NEULASTA ONPRO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS       | 4    | PA, SP, Prudent     |
| NIVESTYM SOLUTION 300 MCG/ML INJECTION                            | 4    | PA, SP, Prudent     |
| NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION                         | 4    | PA, SP, Prudent     |
| NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION       | 4    | PA, SP, Prudent     |
| NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION       | 4    | PA, SP, Prudent     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS            |
|---|------|--------------------------------|
| <b>Granulocyte Colony-Stimulating Factors (G-CSF) (continued)</b> |      |                                |
| NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS       | 4    | PA, SP, Prudent                |
| RYZNEUTA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS         | 4    | PA, SP                         |
| STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS      | 4    | PA, SP, Prudent                |
| UDENYCA ONBODY SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS | 4    | PA, SP, Prudent                |
| UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS            | 4    | PA, SP, Prudent                |
| UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS        | 4    | PA, SP, Prudent                |
| ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS      | 4    | PA, SP, Prudent                |
| <b>Iron</b>   |      |                                |
| ACCRUFER CAPSULE 30 MG ORAL                                       | 3    | QL 180/365 days                |
| <b>Thrombopoietin (TPO) Receptor Agonists</b>                     |      |                                |
| ALVAIZ TABLET 18 MG ORAL  | 4    | PA, QL 30/30 days, SP          |
| ALVAIZ TABLET 36 MG ORAL  | 4    | PA, QL 60/30 days, SP          |
| ALVAIZ TABLET 54 MG ORAL  | 4    | PA, QL 60/30 days, SP          |
| ALVAIZ TABLET 9 MG ORAL   | 4    | PA, QL 30/30 days, SP          |
| DOPTELET SPRINKLE CAPSULE SPRINKLE 10 MG ORAL                     | 4    | PA, QL 60/30 days, SP          |
| DOPTELET TABLET 20 MG ORAL  | 4    | PA, QL 15/35 days, SP, Prudent |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Thrombopoietin (TPO) Receptor Agonists (continued)</b> |      |                               |
| <i>eltrombopag olamine packet 12.5 mg oral</i>            | 4    | PA, QL 30/30 days, SP         |
| <i>eltrombopag olamine packet 25 mg oral</i>              | 4    | PA, QL 30/30 days, SP         |
| <i>eltrombopag olamine tablet 12.5 mg oral</i>            | 4    | PA, QL 30/30 days, SP         |
| <i>eltrombopag olamine tablet 25 mg oral</i>              | 4    | PA, QL 30/30 days, SP         |
| <i>eltrombopag olamine tablet 50 mg oral</i>              | 4    | PA, QL 30/30 days, SP         |
| <i>eltrombopag olamine tablet 75 mg oral</i>              | 4    | PA, QL 30/30 days, SP         |
| MULPLETA TABLET 3 MG ORAL                                 | 4    | PA, QL 7/30 days, SP, Prudent |
| <b>HEMOSTATICS</b>  |      |                               |
| <b>Hemostatics - Systemic</b>                             |      |                               |
| <i>aminocaproic acid solution 0.25 gm/ml oral</i>         | 1    |                               |
| <i>aminocaproic acid tablet 1000 mg oral</i>              | 1    |                               |
| <i>aminocaproic acid tablet 500 mg oral</i>               | 1    |                               |
| <i>tranexamic acid tablet 650 mg oral</i>                 | 1    |                               |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>          |      |                               |
| <b>Barbiturate Hypnotics</b>                              |      |                               |
| BUTISOL SODIUM TABLET 30 MG ORAL                          | 3    | PA, Medical Necessity PA      |
| <i>phenobarbital elixir 20 mg/5ml oral</i>                | 1    |                               |
| <i>phenobarbital elixir 30 mg/7.5ml oral</i>              | 1    |                               |
| <i>phenobarbital elixir 60 mg/15ml oral</i>               | 1    |                               |
| <i>phenobarbital tablet 100 mg oral</i>                   | 1    |                               |
| <i>phenobarbital tablet 15 mg oral</i>                    | 1    |                               |
| <i>phenobarbital tablet 16.2 mg oral</i>                  | 1    |                               |
| <i>phenobarbital tablet 30 mg oral</i>                    | 1    |                               |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Barbiturate Hypnotics (continued)</b>           |      |                                |
| <i>phenobarbital tablet 32.4 mg oral</i>           | 1    | PDRX Pharm Product not covered |
| <i>phenobarbital tablet 60 mg oral</i>             | 1    |                                |
| <i>phenobarbital tablet 64.8 mg oral</i>           | 1    |                                |
| <i>phenobarbital tablet 97.2 mg oral</i>           | 1    |                                |
| SECONAL CAPSULE 100 MG ORAL                        | 3    | PA, Medical Necessity<br>PA    |
| <b>Benzodiazepine Hypnotics</b>                    |      |                                |
| <i>estazolam tablet 1 mg oral</i>                  | 1    |                                |
| <i>estazolam tablet 2 mg oral</i>                  | 1    |                                |
| <i>flurazepam hcl capsule 15 mg oral</i>           | 1    |                                |
| <i>flurazepam hcl capsule 30 mg oral</i>           | 1    |                                |
| <i>midazolam hcl solution 10 mg/10ml injection</i> | 1    |                                |
| <i>midazolam hcl solution 10 mg/2ml injection</i>  | 1    |                                |
| <i>midazolam hcl solution 2 mg/2ml injection</i>   | 1    |                                |
| <i>midazolam hcl solution 25 mg/5ml injection</i>  | 1    |                                |
| <i>midazolam hcl solution 5 mg/5ml injection</i>   | 1    |                                |
| <i>midazolam hcl solution 5 mg/ml injection</i>    | 1    |                                |
| <i>midazolam hcl solution 50 mg/10ml injection</i> | 1    |                                |
| <i>midazolam hcl syrup 2 mg/ml oral</i>            | 1    |                                |
| <i>temazepam capsule 15 mg oral</i>                | 1    | QL 60/30 days                  |
| <i>temazepam capsule 22.5 mg oral</i>              | 1    | QL 30/30 days                  |
| <i>temazepam capsule 30 mg oral</i>                | 1    | QL 30/30 days                  |
| <i>temazepam capsule 7.5 mg oral</i>               | 1    | QL 60/30 days                  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Benzodiazepine Hypnotics (continued)</b>                      |      |                                    |
| <i>triazolam tablet 0.125 mg oral</i>                            | 1    |                                    |
| <i>triazolam tablet 0.25 mg oral</i>                             | 1    |                                    |
| <b>Hypnotics - Tricyclic Agents</b>                              |      |                                    |
| <i>doxepin hcl tablet 3 mg oral</i>                              | 1    | QL 30/30 days                      |
| <i>doxepin hcl tablet 6 mg oral</i>                              | 1    | QL 30/30 days                      |
| <b>Non-Benzodiazepine - GABA-Receptor Modulators</b>             |      |                                    |
| <i>eszopiclone tablet 1 mg oral</i>                              | 1    | QL 90/30 days                      |
| <i>eszopiclone tablet 2 mg oral</i>                              | 1    | QL 30/30 days                      |
| <i>eszopiclone tablet 3 mg oral</i>                              | 1    | QL 30/30 days                      |
| <i>zaleplon capsule 10 mg oral</i>                               | 1    |                                    |
| <i>zaleplon capsule 5 mg oral</i>                                | 1    |                                    |
| <i>zolpidem tartrate er tablet extended release 12.5 mg oral</i> | 1    | QL 30/30 days                      |
| <i>zolpidem tartrate er tablet extended release 6.25 mg oral</i> | 1    | QL 60/30 days                      |
| <i>zolpidem tartrate tablet 10 mg oral</i>                       | 1    | QL 30/30 days                      |
| <i>zolpidem tartrate tablet 5 mg oral</i>                        | 1    | QL 60/30 days                      |
| <b>Orexin Receptor Antagonists</b>                               |      |                                    |
| DAYVIGO TABLET 10 MG ORAL  | 3    | QL 30/30 days, ST                  |
| DAYVIGO TABLET 5 MG ORAL   | 3    | QL 30/30 days, ST                  |
| <b>Selective Melatonin Receptor Agonists</b>                     |      |                                    |
| HETLIOZ LQ SUSPENSION 4 MG/ML ORAL                               | 4    | LA, PA, QL 158/30 days, SP         |
| <i>ramelteon tablet 8 mg oral</i>                                | 1    | QL 30/30 days                      |
| <i>tasimelteon capsule 20 mg oral</i>                            | 4    | LA, PA, QL 30/30 days, SP, Prudent |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>LAXATIVES</b>   |      |                     |
| <b>Bowel Evacuant Combinations</b>                                       |      |                     |
| CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/160ML ORAL                          | 0    |                     |
| CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/175ML ORAL                          | 0    |                     |
| COLYTE WITH FLAVOR PACKS SOLUTION RECONSTITUTED 240 GM ORAL              | 3    |                     |
| GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL                            | 1    |                     |
| GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL                            | 1    |                     |
| GAVILYTE-H KIT 5-210 MG-GM ORAL  | 0    |                     |
| GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL           | 1    |                     |
| GOLYTELY SOLUTION RECONSTITUTED 227.1 GM ORAL                            | 2    |                     |
| <i>na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral</i> | 0    |                     |
| <i>peg 3350/electrolytes solution reconstituted 240 gm oral</i>          | 1    |                     |
| <i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>    | 1    |                     |
| <i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>          | 1    |                     |
| <i>peg-3350/electrolytes/ascorbat solution reconstituted 100 gm oral</i> | 0    |                     |
| <i>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</i>   | 0    |                     |
| PLENVU SOLUTION RECONSTITUTED 140 GM ORAL                                | 0    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Bowel Evacuant Combinations (continued)</b>            |      |                                 |
| PREPOPIK PACKET 10-3.5-12 MG-GM-GM ORAL                   | 0    |                                 |
| SUCLEAR KIT ORAL  | 0    |                                 |
| SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL              | 0    | ACA NCDL, limitations may apply |
| SUTAB TABLET 1479-225-188 MG ORAL                         | 0    |                                 |
| TRILYTE SOLUTION RECONSTITUTED 420 GM ORAL                | 1    |                                 |
| <b>Laxatives - Miscellaneous</b>                          |      |                                 |
| <i>constulose solution 10 gm/15ml oral</i>                | 1    |                                 |
| KRISTALOSE PACKET 20 GM ORAL                              | 3    |                                 |
| <i>lactulose solution 10 gm/15ml oral</i>                 | 1    |                                 |
| <b>Saline Laxative Mixtures</b>                           |      |                                 |
| OSMOPREP TABLET 1.102-0.398 GM ORAL                       | 3    |                                 |
| <b>LOCAL ANESTHETICS-Parenteral</b>                       |      |                                 |
| <b>Local Anesthetic &amp; Sympathomimetic</b>             |      |                                 |
| XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION | 3    |                                 |
| <b>Local Anesthetics - Amides</b>                         |      |                                 |
| <i>lidocaine hcl (pf) solution 0.5 % injection</i>        | 1    |                                 |
| <i>lidocaine hcl (pf) solution 1 % injection</i>          | 1    |                                 |
| <i>lidocaine hcl (pf) solution 2 % injection</i>          | 1    |                                 |
| <i>lidocaine hcl solution 0.5 % injection</i>             | 1    |                                 |
| <i>lidocaine hcl solution 1 % injection</i>               | 1    |                                 |
| <i>lidocaine hcl solution 2 % injection</i>               | 1    |                                 |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>MACROLIDES</b>  |      |                     |
| <b>Azithromycin</b>  |      |                     |
| <i>azithromycin packet 1 gm oral</i>                                 | 1    |                     |
| <i>azithromycin solution reconstituted 500 mg intravenous</i>        | 1    |                     |
| <i>azithromycin suspension reconstituted 100 mg/5ml oral</i>         | 1    |                     |
| <i>azithromycin suspension reconstituted 200 mg/5ml oral</i>         | 1    |                     |
| <i>azithromycin tablet 250 mg oral</i>                               | 1    |                     |
| <i>azithromycin tablet 500 mg oral</i>                               | 1    |                     |
| <i>azithromycin tablet 600 mg oral</i>                               | 1    |                     |
| ZMAX SUSPENSION RECONSTITUTED 2 GM ORAL                              | 3    |                     |
| <b>Clarithromycin</b>  |      |                     |
| <i>clarithromycin er tablet extended release 24 hour 500 mg oral</i> | 1    |                     |
| <i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>       | 1    |                     |
| <i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>       | 1    |                     |
| <i>clarithromycin tablet 250 mg oral</i>                             | 1    |                     |
| <i>clarithromycin tablet 500 mg oral</i>                             | 1    |                     |
| <b>Erythromycins</b>   |      |                     |
| E.E.S. 400 TABLET 400 MG ORAL  | 1    |                     |
| ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL                           | 1    |                     |
| ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL                           | 1    |                     |
| ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL                           | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                            |
|---|------|--|
| <b>Erythromycins (continued)</b>  |      |  |
| ERYTHROCIN LACTOBIONATE SOLUTION RECONSTITUTED 500 MG INTRAVENOUS           | 3    |  |
| ERYTHROCIN STEARATE TABLET 250 MG ORAL                                      | 1    |  |
| <i>erythromycin base capsule delayed release particles 250 mg oral</i>      | 1    |  |
| <i>erythromycin base tablet 250 mg oral</i>                                 | 1    |  |
| <i>erythromycin base tablet 500 mg oral</i>                                 | 1    |  |
| <i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i> | 1    |  |
| <i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i> | 1    |  |
| <i>erythromycin ethylsuccinate tablet 400 mg oral</i>                       | 1    |  |
| <i>erythromycin tablet delayed release 250 mg oral</i>                      | 1    |  |
| <i>erythromycin tablet delayed release 333 mg oral</i>                      | 1    |  |
| <i>erythromycin tablet delayed release 500 mg oral</i>                      | 1    |  |
| <b>Fidaxomicin</b>  |      |  |
| DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL                              | 3    | QL 136/60 days                                 |
| <i>fidaxomicin tablet 200 mg oral</i>                                       | 1    | QL 20/60 days                                  |
| <b>MEDICAL DEVICES AND SUPPLIES</b>   |      |  |
| <b>Cervical Caps</b>  |      |  |
| FEMCAP DEVICE 22 MM VAGINAL   | 0    | QL 1/300 days, ACA NCDL, limitations may apply |

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| DRUG NAME                                    | TIER | REQUIREMENTS/LIMITS                            |
|--|------|--|
| <b>Cervical Caps (continued)</b>             |      |  |
| FEMCAP DEVICE 26 MM VAGINAL                  | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| FEMCAP DEVICE 30 MM VAGINAL                  | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| <b>Diaphragms</b>                            |      |  |
| CAYA DIAPHRAGM VAGINAL                       | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL         | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |

| DRUG NAME                                    | TIER | REQUIREMENTS/LIMITS                            |
|--|------|--|
| <b>Diaphragms (continued)</b>                |      |  |
| WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL | 0    | QL 1/300 days, ACA NCDL, limitations may apply |
| <b>Glucose Monitoring Test Supplies</b>      |      |  |
| DEXCOM G6 RECEIVER DEVICE                    | 2    | PA, QL 1/365 days, VBP Drug List               |
| DEXCOM G6 SENSOR                             | 2    | PA, QL 3/30 days, VBP Drug List                |
| DEXCOM G6 TRANSMITTER                        | 2    | PA, QL 1/84 days, VBP Drug List                |
| DEXCOM G7 15 DAY SENSOR                      | 2    | PA, QL 2/30 days, VBP Drug List                |
| DEXCOM G7 RECEIVER DEVICE                    | 2    | PA, QL 1/365 days, VBP Drug List               |
| DEXCOM G7 SENSOR                             | 2    | PA, QL 3/30 days, VBP Drug List                |
| FREESTYLE LIBRE 14 DAY READER DEVICE         | 2    | PA, QL 1/365 days, VBP Drug List               |
| FREESTYLE LIBRE 14 DAY SENSOR                | 2    | PA, QL 2/28 days, VBP Drug List                |
| FREESTYLE LIBRE 2 PLUS SENSOR                | 2    | PA, QL 2/30 days, VBP Drug List                |
| FREESTYLE LIBRE 2 READER DEVICE              | 2    | PA, QL 1/365 days, VBP Drug List               |
| FREESTYLE LIBRE 2 READER SYSTM DEVICE        | 2    | PA, QL 1/365 days, VBP Drug List               |
| FREESTYLE LIBRE 2 SENSOR                     | 2    | PA, QL 3/30 days, VBP Drug List                |
| FREESTYLE LIBRE 2 SENSOR SYSTM               | 2    | PA, QL 3/30 days, VBP Drug List                |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Glucose Monitoring Test Supplies (continued)</b> |      |                                  |
| FREESTYLE LIBRE 3 PLUS SENSOR                       | 2    | PA, QL 2/30 days, VBP Drug List  |
| FREESTYLE LIBRE 3 READER DEVICE                     | 2    | PA, QL 1/365 days, VBP Drug List |
| FREESTYLE LIBRE 3 SENSOR                            | 2    | PA, QL 2/28 days, VBP Drug List  |
| FREESTYLE LIBRE READER DEVICE                       | 2    | PA, QL 1/365 days, VBP Drug List |
| FREESTYLE LIBRE SENSOR SYSTEM                       | 2    | PA, QL 3/30 days, VBP Drug List  |
| ONETOUCH DELICA PLUS LANCING                        | 2    | VBP Drug List                    |
| ONETOUCH DELICA SAFETY LANCING                      | 2    | VBP Drug List                    |
| ONETOUCH ULTRASOFT LANCETS                          | 2    | VBP Drug List                    |
| <b>Insulin Administration Supplies</b>              |      |                                  |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT                   | 2    | QL 1/30 days, VBP Drug List      |
| OMNIPOD 5 DEXG7G6 PODS GEN 5                        | 2    | QL 10/30 days, VBP Drug List     |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT                  | 2    | QL 1/30 days, VBP Drug List      |
| OMNIPOD 5 LIBRE2 PLUS G6 KIT                        | 2    | QL 1/30 days, VBP Drug List      |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS                       | 2    | QL 10/30 days, VBP Drug List     |
| OMNIPOD DASH INTRO (GEN 4) KIT                      | 2    | QL 1/30 days, VBP Drug List      |
| OMNIPOD DASH PDM (GEN 4) KIT                        | 2    | QL 1/30 days, VBP Drug List      |
| OMNIPOD DASH PODS (GEN 4)                           | 2    | QL 10/30 days, VBP Drug List     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS      |
|---|------|--------------------------|
| <b>Needles &amp; Syringes</b>                         |      |                          |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML                    | 2    | Incentive                |
| BD PEN NEEDLE NANO U/F 32G X 4 MM                     | 2    | Incentive, VBP Drug List |
| NOVOPEN ECHO DEVICE                                   | 3    | QL 1/90 days             |
| ULTICARE PEN NEEDLES 29G X 12.7MM                     | 2    | Incentive                |
| <b>Spacer/Aerosol-Holding Chambers &amp; Supplies</b> |      |                          |
| AEROCHAMBER MINI CHAMBER DEVICE                       | 3    |                          |
| AEROCHAMBER MV  | 3    |                          |
| AEROCHAMBER PLUS                                      | 3    |                          |
| AEROCHAMBER PLUS FLO-VU                               | 3    |                          |
| AEROCHAMBER PLUS FLO-VU LARGE                         | 3    |                          |
| AEROCHAMBER PLUS FLO-VU MEDIUM                        | 3    |                          |
| AEROCHAMBER PLUS FLO-VU SMALL                         | 3    |                          |
| AEROCHAMBER PLUS FLO-VU W/MASK                        | 3    |                          |
| AEROCHAMBER PLUS FLOW VU                              | 3    |                          |
| AEROCHAMBER PLUS W/MASK SMALL                         | 3    |                          |
| AEROCHAMBER W/FLOWSIGNAL                              | 3    |                          |
| AEROCHAMBER Z-STAT PLUS                               | 3    |                          |
| AEROCHAMBER Z-STAT PLUS CHAMBR                        | 3    |                          |
| AEROCHAMBER Z-STAT PLUS/LARGE                         | 3    |                          |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</b> |      |                     |
| AEROCHAMBER Z-STAT PLUS/MEDIUM                                    | 3    |                     |
| AEROCHAMBER Z-STAT PLUS/SMALL                                     | 3    |                     |
| EASIVENT  | 3    |                     |
| EASIVENT MASK LARGE   | 3    |                     |
| EASIVENT MASK MEDIUM  | 3    |                     |
| EASIVENT MASK SMALL   | 3    |                     |
| MICROCHAMBER  | 3    |                     |
| MICROSPACER   | 3    |                     |
| OPTICHAMBER ADVANTAGE-LG MASK                                     | 3    |                     |
| OPTICHAMBER ADVANTAGE-MED MASK                                    | 3    |                     |
| OPTICHAMBER ADVANTAGE-SM MASK                                     | 3    |                     |
| OPTICHAMBER DIAMOND   | 3    |                     |
| OPTICHAMBER DIAMOND-LG MASK DEVICE                                | 3    |                     |
| OPTICHAMBER DIAMOND-MD MASK                                       | 3    |                     |
| OPTICHAMBER DIAMOND-SM MASK                                       | 3    |                     |
| OPTIHALER   | 3    |                     |
| OPTIHALER DEVICE  | 3    |                     |
| POCKET CHAMBER DEVICE   | 3    |                     |
| POCKET SPACER DEVICE  | 3    |                     |
| <i>prochamber vhc device</i>                                      | 3    |                     |
| RITEFLO DEVICE  | 3    |                     |
| <i>valved holding chamber device</i>                              | 3    |                     |
| VORTEX VALVED HOLDING CHAMBER DEVICE                              | 3    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                     |
|--|------|---|
| <b>Spacer/Aerosol-Holding Chambers &amp; Supplies (continued)</b>        |      |   |
| WATCHHALER DEVICE  | 3    |   |
| <b>MIGRAINE PRODUCTS</b>   |      |   |
| <b>Calcitonin Gene-Related Peptide Receptor Antag (CGRP)</b>             |      |   |
| UBRELVY TABLET 100 MG ORAL   | 3    | PA, QL 16/30 days                       |
| UBRELVY TABLET 50 MG ORAL  | 3    | PA, QL 16/30 days                       |
| <b>CGRP Receptor Antagonists - Monoclonal Antibodies</b>                 |      |   |
| EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS | 3    | PA, QL 3/28 days                        |
| EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS                   | 3    | PA, QL 1/28 days                        |
| EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS               | 3    | PA, QL 1/28 days                        |
| <b>Ergot Combinations</b>  |      |   |
| <i>ergotamine-caffeine tablet 1-100 mg oral</i>                          | 1    | QL 20/30 days                           |
| <b>Migraine Products</b>   |      |   |
| <i>dihydroergotamine mesylate solution 1 mg/ml injection</i>             | 1    | PA, QL 12/30 days                       |
| <i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>                 | 1    | PA, QL 8/28 days                        |
| ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL                                | 3    | PA, QL 20/30 days, Medical Necessity PA |
| <b>Migraine Products - NSAIDs</b>  |      |   |
| <i>diclofenac potassium(migraine) packet 50 mg oral</i>                  | 1    | PA, QL 9/30 days, Medical Necessity PA  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                     |
|--|------|---|
| <b>Selective Serotonin Agonist-NSAID Combinations</b>                          |      |   |
| <i>sumatriptan-naproxen sodium tablet 85-500 mg oral</i>                       | 1    | PA, QL 18/25 days, Medical Necessity PA |
| <b>Selective Serotonin Agonists 5-HT(1)</b>                                    |      |   |
| <i>almotriptan malate tablet 12.5 mg oral</i>                                  | 1    | QL 12/30 days                           |
| <i>almotriptan malate tablet 6.25 mg oral</i>                                  | 1    | QL 12/25 days                           |
| <i>eletriptan hydrobromide tablet 20 mg oral</i>                               | 1    | QL 12/25 days                           |
| <i>eletriptan hydrobromide tablet 40 mg oral</i>                               | 1    | QL 12/25 days                           |
| <i>frovatriptan succinate tablet 2.5 mg oral</i>                               | 1    | QL 18/25 days, ST                       |
| <i>naratriptan hcl tablet 1 mg oral</i>  | 1    | QL 18/25 days                           |
| <i>naratriptan hcl tablet 2.5 mg oral</i>                                      | 1    | QL 18/25 days                           |
| <i>rizatriptan benzoate tablet 10 mg oral</i>                                  | 1    | QL 18/25 days                           |
| <i>rizatriptan benzoate tablet 5 mg oral</i>                                   | 1    | QL 18/25 days                           |
| <i>rizatriptan benzoate tablet dispersible 10 mg oral</i>                      | 1    | QL 18/25 days                           |
| <i>rizatriptan benzoate tablet dispersible 5 mg oral</i>                       | 1    | QL 18/25 days                           |
| <i>sumatriptan solution 20 mg/act nasal</i>                                    | 1    | QL 12/25 days                           |
| <i>sumatriptan solution 5 mg/act nasal</i>                                     | 1    | QL 12/25 days                           |
| <i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i> | 1    | QL 6/25 days                            |
| <i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i> | 1    | QL 6/25 days                            |
| <i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>                  | 1    | QL 6/25 days                            |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>    | 1    | QL 3/30 days                            |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>    | 1    | QL 6/25 days                            |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Selective Serotonin Agonists 5-HT(1) (continued)</b>                         |      |                     |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml subcutaneous</i> | 1    | QL 6/25 days        |
| <i>sumatriptan succinate tablet 100 mg oral</i>                                 | 1    | QL 18/25 days       |
| <i>sumatriptan succinate tablet 25 mg oral</i>                                  | 1    | QL 18/25 days       |
| <i>sumatriptan succinate tablet 50 mg oral</i>                                  | 1    | QL 18/25 days       |
| <i>zolmitriptan solution 2.5 mg nasal</i>                                       | 1    | QL 12/25 days, ST   |
| <i>zolmitriptan solution 5 mg nasal</i>   | 1    | QL 12/25 days, ST   |
| <i>zolmitriptan tablet 2.5 mg oral</i>  | 1    | QL 12/25 days       |
| <i>zolmitriptan tablet 5 mg oral</i>  | 1    | QL 12/25 days       |
| <i>zolmitriptan tablet dispersible 2.5 mg oral</i>                              | 1    | QL 12/25 days       |
| <i>zolmitriptan tablet dispersible 5 mg oral</i>                                | 1    | QL 12/25 days       |
| <b>MINERALS &amp; ELECTROLYTES</b>  |      |                     |
| <b>Electrolytes Parenteral</b>  |      |                     |
| ISOLYTE-S SOLUTION INTRAVENOUS  | 3    |                     |
| <i>kcl (0.149%) in nacl solution 20-0.45 meq/l-% intravenous</i>                | 1    |                     |
| <i>kcl (0.149%) in nacl solution 20-0.9 meq/l-% intravenous</i>                 | 1    |                     |
| <i>kcl (0.298%) in nacl solution 40-0.9 meq/l-% intravenous</i>                 | 1    |                     |
| NORMOSOL-R SOLUTION INTRAVENOUS   | 3    |                     |
| PLASMA-LYTE 148 SOLUTION INTRAVENOUS  | 3    |                     |
| PLASMA-LYTE A SOLUTION INTRAVENOUS  | 3    |                     |
| <i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>          | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|---|
| <b>Electrolytes Parenteral (continued)</b>                            |      |   |
| <i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i> | 1    |   |
| <i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i> | 1    |   |
| <b>Fluoride</b>   |      |   |
| FLUORABON SOLUTION 0.55 (0.25 F) MG/0.6ML ORAL                        | 0    | ACA NCDL, limitations may apply - Tier 2 for ages 6 years and older |
| <i>fluoritab solution 0.275 (0.125 f) mg/drop oral</i>                | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| <i>fluoritab tablet chewable 1.1 (0.5 f) mg oral</i>                  | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| <i>fluoritab tablet chewable 2.2 (1 f) mg oral</i>                    | 1    |   |
| FLURA-DROPS SOLUTION 0.55 (0.25 F) MG/DROP ORAL                       | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 0.55 (0.25 F) MG ORAL                          | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 1.1 (0.5 F) MG ORAL                            | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| LUDENT TABLET CHEWABLE 2.2 (1 F) MG ORAL                              | 1    |   |
| NAFRINSE TABLET CHEWABLE 2.2 (1 F) MG ORAL                            | 1    |   |
| <i>sodium fluoride solution 1.1 (0.5 f) mg/ml oral</i>                | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|---|
| <b>Fluoride (continued)</b>   |      |   |
| <i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>                     | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| <i>sodium fluoride tablet 2.2 (1 f) mg oral</i>                       | 1    |   |
| <i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>          | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| <i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>            | 0    | ACA NCDL, limitations may apply - Tier 1 for ages 6 years and older |
| <i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>              | 1    |   |
| <b>Potassium</b>  |      |   |
| KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL                       | 1    |   |
| KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL                      | 1    |   |
| KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL                      | 1    |   |
| KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL                      | 1    |   |
| KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL                           | 1    |   |
| K-TAB TABLET EXTENDED RELEASE 10 MEQ ORAL                             | 2    |   |
| K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL                             | 2    |   |
| K-TAB TABLET EXTENDED RELEASE 8 MEQ ORAL                              | 2    |   |
| <i>potassium chloride crys er tablet extended release 10 meq oral</i> | 1    |   |
| <i>potassium chloride crys er tablet extended release 15 meq oral</i> | 1    |   |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Potassium (continued)</b>   |      |                     |
| <i>potassium chloride cycler tablet extended release 20 meq oral</i> | 1    |                     |
| <i>potassium chloride er capsule extended release 10 meq oral</i>    | 1    |                     |
| <i>potassium chloride er capsule extended release 8 meq oral</i>     | 1    |                     |
| <i>potassium chloride er tablet extended release 10 meq oral</i>     | 1    |                     |
| <i>potassium chloride er tablet extended release 20 meq oral</i>     | 1    |                     |
| <i>potassium chloride er tablet extended release 8 meq oral</i>      | 1    |                     |
| <i>potassium chloride packet 20 meq oral</i>                         | 1    |                     |
| <i>potassium chloride solution 0.4 meq/ml intravenous</i>            | 1    |                     |
| <i>potassium chloride solution 10 % oral</i>                         | 1    |                     |
| <i>potassium chloride solution 10 meq/100ml intravenous</i>          | 1    |                     |
| <i>potassium chloride solution 10 meq/50ml intravenous</i>           | 1    |                     |
| <i>potassium chloride solution 2 meq/ml intravenous</i>              | 1    |                     |
| <i>potassium chloride solution 20 meq/100ml intravenous</i>          | 1    |                     |
| <i>potassium chloride solution 20 meq/15ml (10%) oral</i>            | 1    |                     |
| <i>potassium chloride solution 40 meq/100ml intravenous</i>          | 1    |                     |
| <i>potassium chloride solution 40 meq/15ml (20%) oral</i>            | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Sodium</b>   |      |                               |
| <i>sodium chloride solution 3 % intravenous</i>                 | 1    |                               |
| <i>sodium chloride solution 5 % intravenous</i>                 | 1    |                               |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                        |      |                               |
| <b>Activated Phosphoinositide 3-kinase Delta Syndrome Agent</b> |      |                               |
| JOENJA TABLET 70 MG ORAL  | 4    | LA, PA, QL 60/30 days, SP     |
| <b>Antileptics</b>  |      |                               |
| THALOMID CAPSULE 100 MG ORAL                                    | 4    | PA, SP, Prudent               |
| THALOMID CAPSULE 150 MG ORAL                                    | 4    | PA, SP                        |
| THALOMID CAPSULE 200 MG ORAL                                    | 4    | PA, SP                        |
| THALOMID CAPSULE 50 MG ORAL                                     | 4    | PA, SP, Prudent               |
| <b>B-Lymphocyte Stimulator (BLyS)-Specific Inhibitors</b>       |      |                               |
| BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS          | 4    | PA, QL 4/28 days, SP, Prudent |
| BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS      | 4    | PA, QL 4/28 days, SP          |
| BENLYSTA SOLUTION RECONSTITUTED 120 MG INTRAVENOUS              | 4    | PA, SP, Medical Benefit only. |
| BENLYSTA SOLUTION RECONSTITUTED 400 MG INTRAVENOUS              | 4    | PA, SP, Medical Benefit only. |
| <b>Chelating Agents</b>   |      |                               |
| CUVRIOR TABLET 300 MG ORAL                                      | 4    | PA, SP                        |
| <i>penicillamine capsule 250 mg oral</i>                        | 1    | PA, Prudent                   |
| <i>trientine hcl capsule 250 mg oral</i>                        | 1    | PA, Prudent                   |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS        |
|--|------|----------------------------|
| <b>Cyclosporine Analogs</b>                          |      |                            |
| <i>cyclosporine capsule 100 mg oral</i>              | 1    |                            |
| <i>cyclosporine capsule 25 mg oral</i>               | 1    |                            |
| <i>cyclosporine modified capsule 100 mg oral</i>     | 1    |                            |
| <i>cyclosporine modified capsule 25 mg oral</i>      | 1    |                            |
| <i>cyclosporine modified capsule 50 mg oral</i>      | 1    |                            |
| <i>cyclosporine modified solution 100 mg/ml oral</i> | 1    |                            |
| <i>cyclosporine solution 50 mg/ml intravenous</i>    | 1    | Medical Benefit only.      |
| GENGRAF CAPSULE 100 MG ORAL                          | 1    |                            |
| GENGRAF CAPSULE 25 MG ORAL                           | 1    |                            |
| GENGRAF CAPSULE 50 MG ORAL                           | 1    |                            |
| GENGRAF SOLUTION 100 MG/ML ORAL                      | 1    |                            |
| LUPKYNIS CAPSULE 7.9 MG ORAL                         | 4    | LA, PA, QL 180/30 days, SP |
| SANDIMMUNE SOLUTION 100 MG/ML ORAL                   | 3    |                            |
| <b>Enzymes</b>                                       |      |                            |
| XIAFLEX SOLUTION RECONSTITUTED 0.9 MG INJECTION      | 4    | LA, PA, Prudent            |
| <b>Farnesyltransferase Inhibitors</b>                |      |                            |
| ZOKINVY CAPSULE 50 MG ORAL                           | 4    | LA, PA, SP                 |
| ZOKINVY CAPSULE 75 MG ORAL                           | 4    | LA, PA, SP                 |
| <b>Immune Globulin Immunosuppressants</b>            |      |                            |
| ATGAM INJECTABLE 50 MG/ML INTRAVENOUS                | 3    | Medical Benefit only.      |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS            |
|---|------|--------------------------------|
| <b>Immune Globulin Immunosuppressants (continued)</b>                         |      |                                |
| ATGAM SOLUTION 50 MG/ML INTRAVENOUS   | 3    | Medical Benefit only.          |
| THYMOGLOBULIN SOLUTION RECONSTITUTED 25 MG INTRAVENOUS                        | 3    |                                |
| <b>Immunomodulators - Combinations</b>  |      |                                |
| VYVGART HYTRULO SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML SUBCUTANEOUS | 4    | PA, QL 20/28 days, SP, Prudent |
| <b>Immunomodulators for Myelodysplastic Syndromes</b>                         |      |                                |
| <i>lenalidomide capsule 10 mg oral</i>  | 4    | PA-NSO, SP, Prudent            |
| <i>lenalidomide capsule 15 mg oral</i>  | 4    | PA-NSO, SP, Prudent            |
| <i>lenalidomide capsule 2.5 mg oral</i>                                       | 4    | PA-NSO, SP, Prudent            |
| <i>lenalidomide capsule 20 mg oral</i>  | 4    | PA-NSO, SP, Prudent            |
| <i>lenalidomide capsule 25 mg oral</i>  | 4    | PA-NSO, SP, Prudent            |
| <i>lenalidomide capsule 5 mg oral</i>   | 4    | PA-NSO, SP, Prudent            |
| REVLIMID CAPSULE 10 MG ORAL   | 4    | PA, SP, Prudent                |
| REVLIMID CAPSULE 15 MG ORAL   | 4    | PA, SP, Prudent                |
| REVLIMID CAPSULE 2.5 MG ORAL  | 4    | PA, SP, Prudent                |
| REVLIMID CAPSULE 20 MG ORAL   | 4    | PA, SP, Prudent                |
| REVLIMID CAPSULE 25 MG ORAL   | 4    | PA, SP, Prudent                |
| REVLIMID CAPSULE 5 MG ORAL  | 4    | PA, SP, Prudent                |
| <b>Inosine Monophosphate Dehydrogenase Inhibitors</b>                         |      |                                |
| CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL                              | 2    |                                |
| <i>mycophenolate mofetil capsule 250 mg oral</i>                              | 1    |                                |
| <i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>          | 1    |                                |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|-----------------------|
| <b>Inosine Monophosphate Dehydrogenase Inhibitors (continued)</b> |      |                       |
| <i>mycophenolate mofetil tablet 500 mg oral</i>                   | 1    |                       |
| <i>mycophenolate sodium tablet delayed release 180 mg oral</i>    | 1    |                       |
| <i>mycophenolate sodium tablet delayed release 360 mg oral</i>    | 1    |                       |
| <b>Interleukin-6 (IL-6) Antagonists</b>                           |      |                       |
| SYLVANT SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                 | 4    | LA, PA, SP, Prudent   |
| SYLVANT SOLUTION RECONSTITUTED 400 MG INTRAVENOUS                 | 4    | LA, PA, SP, Prudent   |
| <b>Irrigation Solutions</b>                                       |      |                       |
| PHYSIOLYTE SOLUTION IRRIGATION                                    | 1    |                       |
| PHYSIOSOL IRRIGATION SOLUTION IRRIGATION                          | 1    |                       |
| TIS-U-SOL SOLUTION IRRIGATION                                     | 1    |                       |
| <b>Macrolide Immunosuppressants</b>                               |      |                       |
| <i>everolimus tablet 0.25 mg oral</i>                             | 1    | QL 60/30 days         |
| <i>everolimus tablet 0.5 mg oral</i>                              | 1    | QL 60/30 days         |
| <i>everolimus tablet 0.75 mg oral</i>                             | 1    | QL 60/30 days         |
| <i>everolimus tablet 1 mg oral</i>                                | 1    | QL 60/30 days         |
| PROGRAF SOLUTION 5 MG/ML INTRAVENOUS                              | 3    | Medical Benefit only. |
| RAPAMUNE TABLET 1 MG ORAL   | 2    |                       |
| RAPAMUNE TABLET 2 MG ORAL   | 2    |                       |
| <i>sirolimus solution 1 mg/ml oral</i>                            | 1    |                       |
| <i>sirolimus tablet 0.5 mg oral</i>                               | 1    |                       |
| <i>sirolimus tablet 1 mg oral</i>                                 | 1    |                       |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS           |
|---|------|-------------------------------|
| <b>Macrolide Immunosuppressants (continued)</b>               |      |                               |
| <i>sirolimus tablet 2 mg oral</i>                             | 1    |                               |
| <i>tacrolimus capsule 0.5 mg oral</i>                         | 1    |                               |
| <i>tacrolimus capsule 1 mg oral</i>                           | 1    |                               |
| <i>tacrolimus capsule 5 mg oral</i>                           | 1    |                               |
| <b>Monoclonal Antibodies</b>                                  |      |                               |
| ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS    | 4    | PA, QL 1/28 days, SP, Prudent |
| GAMIFANT SOLUTION 10 MG/2ML INTRAVENOUS                       | 4    | LA, PA, SP, Prudent           |
| GAMIFANT SOLUTION 100 MG/20ML INTRAVENOUS                     | 4    | LA, PA, SP, Prudent           |
| GAMIFANT SOLUTION 50 MG/10ML INTRAVENOUS                      | 4    | LA, PA, SP, Prudent           |
| SIMULECT SOLUTION RECONSTITUTED 10 MG INTRAVENOUS             | 3    | Medical Benefit only.         |
| SIMULECT SOLUTION RECONSTITUTED 20 MG INTRAVENOUS             | 3    | Medical Benefit only.         |
| <b>PI3KCA-Related Overgrowth Spectrum Agents - PI3K Inhib</b> |      |                               |
| VIJOICE PACKET 50 MG ORAL                                     | 4    | PA, QL 28/28 days, SP         |
| VIJOICE TABLET THERAPY PACK 125 MG ORAL                       | 4    | PA, QL 28/28 days, SP         |
| VIJOICE TABLET THERAPY PACK 200 & 50 MG ORAL                  | 4    | PA, QL 56/28 days, SP         |
| VIJOICE TABLET THERAPY PACK 50 MG ORAL                        | 4    | PA, QL 28/28 days, SP         |
| <b>Potassium Removing Agents</b>                              |      |                               |
| KIONEX SUSPENSION 15 GM/60ML COMBINATION                      | 1    |                               |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                |
|---|------|------------------------------------|
| <b>Potassium Removing Agents (continued)</b>                      |      |                                    |
| KIONEX SUSPENSION 15 GM/60ML ORAL                                 | 1    |                                    |
| LOKELMA PACKET 10 GM ORAL   | 3    | QL 30/30 days                      |
| LOKELMA PACKET 5 GM ORAL  | 3    | QL 90/30 days                      |
| <i>sodium polystyrene sulfonate powder oral</i>                   | 1    |                                    |
| <i>sodium polystyrene sulfonate suspension 15 gm/60ml oral</i>    | 1    |                                    |
| <i>sodium polystyrene sulfonate suspension 30 gm/120ml rectal</i> | 1    |                                    |
| SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION   | 1    |                                    |
| SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL       | 1    |                                    |
| SPS SUSPENSION 15 GM/60ML ORAL                                    | 1    |                                    |
| <b>Purine Analogs</b>   |      |                                    |
| AZASAN TABLET 100 MG ORAL   | 3    |                                    |
| AZASAN TABLET 75 MG ORAL  | 3    |                                    |
| <i>azathioprine tablet 50 mg oral</i>                             | 1    |                                    |
| <b>ROCK Inhibitors</b>  |      |                                    |
| REZUROCK TABLET 200 MG ORAL                                       | 4    | LA, PA, QL 30/30 days, SP, Prudent |
| <b>Selective T-Cell Costimulation Blockers</b>                    |      |                                    |
| NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS                 | 3    | Medical Benefit only.              |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                 |      |                                    |
| <b>Anesthetics Topical Oral</b>                                   |      |                                    |
| <i>lidocaine hcl solution 4 % mouth/throat</i>                    | 1    |                                    |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Anesthetics Topical Oral (continued)</b>                    |      |                     |
| <i>lidocaine viscous solution 2 % mouth/throat</i>             | 1    |                     |
| <b>Anti-infectives - Throat</b>                                |      |                     |
| <i>clotrimazole troche 10 mg mouth/throat</i>                  | 1    |                     |
| <i>nystatin suspension 100000 unit/ml mouth/throat</i>         | 1    |                     |
| ORAVIG TABLET 50 MG BUCCAL                                     | 3    |                     |
| <b>Antiseptics - Mouth/Throat</b>                              |      |                     |
| <i>chlorhexidine gluconate solution 0.12 % mouth/throat</i>    | 1    |                     |
| PAROEX SOLUTION 0.12 % MOUTH/THROAT                            | 1    |                     |
| PERIOGARD SOLUTION 0.12 % MOUTH/THROAT                         | 1    |                     |
| <b>Saliva Stimulants</b>                                       |      |                     |
| <i>cevimeline hcl capsule 30 mg oral</i>                       | 1    |                     |
| <i>pilocarpine hcl tablet 5 mg oral</i>                        | 1    |                     |
| <i>pilocarpine hcl tablet 7.5 mg oral</i>                      | 1    |                     |
| <b>Steroids - Mouth/Throat/Dental</b>                          |      |                     |
| ORALONE PASTE 0.1 % MOUTH/THROAT                               | 1    |                     |
| <i>triamcinolone acetate paste 0.1 % mouth/throat</i>          | 1    |                     |
| <b>MULTIVITAMINS</b>   |      |                     |
| <b>Ped Multi Vitamins w/Fl &amp; FE</b>                        |      |                     |
| <i>multi-vit/fluoride/iron solution 0.25-10 mg/ml oral</i>     | 1    |                     |
| <i>multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral</i> | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Ped MV w/ Fluoride</b>                                 |      |                                  |
| <i>multi-vit/fluoride solution 0.25 mg/ml oral</i>        | 1    |                                  |
| <i>multi-vit/fluoride solution 0.5 mg/ml oral</i>         | 1    |                                  |
| <i>multivitamin/fluoride tablet chewable 0.25 mg oral</i> | 1    |                                  |
| <i>multivitamin/fluoride tablet chewable 0.5 mg oral</i>  | 1    |                                  |
| <i>multivitamin/fluoride tablet chewable 1 mg oral</i>    | 1    |                                  |
| <b>Ped Vitamins ACD Fluoride &amp; Iron</b>               |      |                                  |
| <i>tri-vit/fluoride/iron solution 0.25-10 mg/ml oral</i>  | 1    |                                  |
| <b>Ped Vitamins ACD w/ Fluoride</b>                       |      |                                  |
| <i>tri-vit/fluoride solution 0.25 mg/ml oral</i>          | 1    |                                  |
| <i>tri-vit/fluoride solution 0.5 mg/ml oral</i>           | 1    |                                  |
| <i>tri-vitamin/fluoride solution 0.25 mg/ml oral</i>      | 1    |                                  |
| <b>Prenatal MV &amp; Min w/FE-FA</b>                      |      |                                  |
| CITRANATAL B-CALM 20-1 MG & 2 X 25 MG ORAL                | 3    |                                  |
| CITRANATAL RX TABLET 27-1 MG ORAL                         | 3    |                                  |
| CO-NATAL FA TABLET ORAL                                   | 0    | Female age between 15 to 50 only |
| <i>m-natal plus tablet 27-1 mg oral</i>                   | 0    | Female age between 15 to 50 only |
| M-VIT TABLET ORAL   | 0    | Female age between 15 to 50 only |
| NIVA-PLUS TABLET 27-1 MG ORAL                             | 0    | Female age between 15 to 50 only |
| O-CAL FA TABLET 27-1 MG ORAL                              | 0    | Female age between 15 to 50 only |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS              |
|---|------|----------------------------------|
| <b>Prenatal MV &amp; Min w/FE-FA (continued)</b>          |      |                                  |
| <i>pnv prenatal plus multivitamin tablet 27-1 mg oral</i> | 0    | Female age between 15 to 50 only |
| <i>prenatal 19 tablet 29-1 mg oral</i>                    | 0    | Female age between 15 to 50 only |
| <i>prenatal 19 tablet chewable 29-1 mg oral</i>           | 1    |                                  |
| <i>prenatal low iron tablet 27-1 mg oral</i>              | 0    | Female age between 15 to 50 only |
| <i>prenatal plus tablet 27-1 mg oral</i>                  | 0    | Female age between 15 to 50 only |
| <i>prenatal plus vitamin/mineral tablet 27-1 mg oral</i>  | 0    | Female age between 15 to 50 only |
| <i>prenatal plus/iron tablet 27-1 mg oral</i>             | 0    | Female age between 15 to 50 only |
| <i>prenatal tablet 27-0.8 mg oral</i>                     | 0    | Female age between 15 to 50 only |
| <i>prenatal tablet 27-1 mg oral</i>                       | 0    | Female age between 15 to 50 only |
| <i>trinatal rx 1 tablet 60-1 mg oral</i>                  | 0    | Female age between 15 to 50 only |
| TRINATE TABLET ORAL                                       | 0    | Female age between 15 to 50 only |
| VINATE ONE TABLET 60-1 MG ORAL                            | 0    | Female age between 15 to 50 only |
| <b>Prenatal MV &amp; Min w/FE-FA-DHA</b>                  |      |                                  |
| CITRANATAL 90 DHA 90-1 & 300 MG ORAL                      | 3    |                                  |
| CITRANATAL DHA 27-1 & 250 MG ORAL                         | 3    |                                  |
| <i>pnv ob+dha 27-1 &amp; 250 mg oral</i>                  | 3    |                                  |
| <i>pnv-dha capsule 27-0.6-0.4-300 mg oral</i>             | 0    | Female age between 15 to 50 only |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS  |
|--|------|----------------------|
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                      |      |                      |
| <b>Central Muscle Relaxants</b>  |      |                      |
| <i>baclofen tablet 10 mg oral</i>  | 1    |                      |
| <i>baclofen tablet 20 mg oral</i>  | 1    |                      |
| <i>baclofen tablet 5 mg oral</i>   | 1    |                      |
| <i>carisoprodol tablet 250 mg oral</i>                                     | 1    |                      |
| <i>carisoprodol tablet 350 mg oral</i>                                     | 1    |                      |
| <i>chlorzoxazone tablet 500 mg oral</i>                                    | 1    |                      |
| <i>cyclobenzaprine hcl tablet 10 mg oral</i>                               | 1    |                      |
| <i>cyclobenzaprine hcl tablet 5 mg oral</i>                                | 1    |                      |
| <i>cyclobenzaprine hcl tablet 7.5 mg oral</i>                              | 1    |                      |
| <i>metaxalone tablet 400 mg oral</i>                                       | 1    | QL 120/30 days       |
| <i>metaxalone tablet 800 mg oral</i>                                       | 1    | QL 120/30 days       |
| <i>methocarbamol tablet 500 mg oral</i>                                    | 1    |                      |
| <i>methocarbamol tablet 750 mg oral</i>                                    | 1    |                      |
| <i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i> | 1    |                      |
| <i>orphenadrine citrate solution 30 mg/ml injection</i>                    | 1    |                      |
| <i>tizanidine hcl capsule 2 mg oral</i>                                    | 1    | Medical Necessity PA |
| <i>tizanidine hcl capsule 4 mg oral</i>                                    | 1    | Medical Necessity PA |
| <i>tizanidine hcl capsule 6 mg oral</i>                                    | 1    | Medical Necessity PA |
| <i>tizanidine hcl tablet 2 mg oral</i>                                     | 1    |                      |
| <i>tizanidine hcl tablet 4 mg oral</i>                                     | 1    |                      |
| <b>Direct Muscle Relaxants</b>   |      |                      |
| <i>dantrolene sodium capsule 100 mg oral</i>                               | 1    |                      |
| <i>dantrolene sodium capsule 25 mg oral</i>                                | 1    |                      |
| <i>dantrolene sodium capsule 50 mg oral</i>                                | 1    |                      |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Muscle Relaxant Combinations</b>                           |      |                                 |
| <i>carisoprodol-aspirin-codeine tablet 200-325-16 mg oral</i> | 1    | PA, Medical Necessity PA        |
| <i>orphenadrine-asa-caffeine tablet 50-770-60 mg oral</i>     | 1    | PA, Medical Necessity PA        |
| <b>Retinoic Acid Receptor Gamma Selective Agonists</b>        |      |                                 |
| SOHONOS CAPSULE 1 MG ORAL                                     | 4    | PA, QL 150/30 days, SP, Prudent |
| SOHONOS CAPSULE 1.5 MG ORAL                                   | 4    | PA, QL 150/30 days, SP, Prudent |
| SOHONOS CAPSULE 10 MG ORAL                                    | 4    | PA, QL 150/30 days, SP, Prudent |
| SOHONOS CAPSULE 2.5 MG ORAL                                   | 4    | PA, QL 150/30 days, SP, Prudent |
| SOHONOS CAPSULE 5 MG ORAL                                     | 4    | PA, QL 150/30 days, SP, Prudent |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>                    |      |                                 |
| <b>Antihistamine-Steroid</b>                                  |      |                                 |
| <i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i> | 1    | QL 23/30 days                   |
| <b>Nasal Anticholinergics</b>                                 |      |                                 |
| <i>ipratropium bromide solution 0.03 % nasal</i>              | 1    |                                 |
| <i>ipratropium bromide solution 0.06 % nasal</i>              | 1    |                                 |
| <b>Nasal Antihistamines</b>                                   |      |                                 |
| <i>azelastine hcl solution 0.1 % nasal</i>                    | 1    | QL 30/25 days                   |
| <i>azelastine hcl solution 0.15 % nasal</i>                   | 1    | QL 30/25 days                   |
| <i>olopatadine hcl solution 0.6 % nasal</i>                   | 1    | QL 31/25 days                   |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Nasal Steroids</b>                                      |      |                                 |
| <i>flunisolide solution 25 mcg/act (0.025%) nasal</i>      | 1    | QL 75/25 days                   |
| <i>fluticasone propionate suspension 50 mcg/act nasal</i>  | 1    | QL 16/25 days                   |
| <i>mometasone furoate suspension 50 mcg/act nasal</i>      | 1    | QL 34/30 days                   |
| <b>Topical Decongestants</b>                               |      |                                 |
| TYZINE SOLUTION 0.05 % NASAL                               | 3    | PA, Medical Necessity<br>PA     |
| <b>NEUROMUSCULAR AGENTS</b>                                |      |                                 |
| <b>ALS Agents - Miscellaneous</b>                          |      |                                 |
| RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL        | 4    | PA, QL 70/365 days, SP, Prudent |
| RADICAVA ORS SUSPENSION 105 MG/5ML ORAL                    | 4    | PA, QL 50/28 days, SP, Prudent  |
| <b>Benzothiazoles</b>                                      |      |                                 |
| <i>riluzole tablet 50 mg oral</i>                          | 1    |                                 |
| <b>Friedrich's Ataxia Agents - Nrf2 Pathway Activators</b> |      |                                 |
| SKYCLARYS CAPSULE 50 MG ORAL                               | 4    | LA, PA, QL 90/30 days, SP       |
| <b>Muscular Dystrophy - Histone Deacetylase Inhibitors</b> |      |                                 |
| DUVYZAT SUSPENSION 8.86 MG/ML ORAL                         | 4    | LA, PA, QL 420/35 days, SP      |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b>          |      |                                 |
| BOTOX SOLUTION RECONSTITUTED 100 UNIT INJECTION            | 4    | PA, SP, Medical Benefit only.   |
| BOTOX SOLUTION RECONSTITUTED 200 UNIT INJECTION            | 4    | PA, SP, Medical Benefit only.   |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                 |
|---|------|-------------------------------------|
| <b>Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs</b>     |      |                                     |
| DAYBUE SOLUTION 200 MG/ML ORAL                                      | 4    | LA, PA, QL 3600/30 days, SP         |
| <b>Spinal Muscular Atrophy-SMN2 Splicing Modifiers</b>              |      |                                     |
| EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL                      | 4    | LA, PA, QL 240/30 days, SP, Prudent |
| EVRYSDI TABLET 5 MG ORAL  | 4    | LA, PA, QL 30/30 days, SP           |
| <b>NUTRIENTS</b>  |      |                                     |
| <b>Lipids</b>   |      |                                     |
| DOJOLVI LIQUID 100 % ORAL   | 4    | PA, SP, Prudent                     |
| <b>OPHTHALMIC AGENTS</b>  |      |                                     |
| <b>Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb</b> |      |                                     |
| SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC                             | 3    |                                     |
| <b>Artificial Tear Inserts</b>                                      |      |                                     |
| LACRISERT INSERT 5 MG OPHTHALMIC                                    | 3    |                                     |
| <b>Beta-blockers - Ophthalmic</b>                                   |      |                                     |
| <i>betaxolol hcl solution 0.5 % ophthalmic</i>                      | 1    |                                     |
| BETOPTIC-S SUSPENSION 0.25 % OPHTHALMIC                             | 2    |                                     |
| <i>carteolol hcl solution 1 % ophthalmic</i>                        | 1    |                                     |
| <i>levobunolol hcl solution 0.5 % ophthalmic</i>                    | 1    |                                     |
| <i>metipranolol solution 0.3 % ophthalmic</i>                       | 1    |                                     |
| <i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i>       | 1    |                                     |
| <i>timolol maleate gel forming solution 0.25 % ophthalmic</i>       | 1    |                                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                           |
|--|------|---|
| <b>Beta-blockers - Ophthalmic (continued)</b>                            |      |   |
| <i>timolol maleate gel forming solution 0.5 % ophthalmic</i>             | 1    |   |
| <i>timolol maleate pf solution 0.5 % ophthalmic</i>                      | 1    |   |
| <i>timolol maleate solution 0.25 % ophthalmic</i>                        | 1    |   |
| <i>timolol maleate solution 0.5 % ophthalmic</i>                         | 1    |   |
| TIMOPTIC OCUDOSE SOLUTION 0.25 % OPTHALMIC                               | 3    |   |
| <b>Beta-blockers - Ophthalmic Combinations</b>                           |      |   |
| <i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i>        | 1    |   |
| <i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i>        | 1    |   |
| <i>dorzolamide hcl-timolol mal pf solution 22.3-6.8 mg/ml ophthalmic</i> | 1    |   |
| <i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>           | 1    |   |
| <b>Cycloplegic Mydratics</b>   |      |   |
| <i>atropine sulfate solution 1 % ophthalmic</i>                          | 3    | Intrntl Medication System Product not covered |
| <i>cyclopentolate hcl solution 0.5 % ophthalmic</i>                      | 1    |   |
| <i>cyclopentolate hcl solution 1 % ophthalmic</i>                        | 1    |   |
| <i>cyclopentolate hcl solution 2 % ophthalmic</i>                        | 1    |   |
| <i>tropicamide solution 0.5 % ophthalmic</i>                             | 1    |   |
| <i>tropicamide solution 1 % ophthalmic</i>                               | 1    |   |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag</b> |      |                     |
| XIIDRA SOLUTION 5 % OPTHALMIC                                 | 2    |                     |
| <b>Miotics - Cholinesterase Inhibitors</b>                    |      |                     |
| PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125 % OPTHALMIC   | 3    |                     |
| <b>Miotics - Direct Acting</b>                                |      |                     |
| <i>pilocarpine hcl solution 1 % ophthalmic</i>                | 1    |                     |
| <i>pilocarpine hcl solution 2 % ophthalmic</i>                | 1    |                     |
| <i>pilocarpine hcl solution 4 % ophthalmic</i>                | 1    |                     |
| <b>Ophthalmic Antiallergic</b>                                |      |                     |
| ALOCRIAL SOLUTION 2 % OPTHALMIC                               | 3    |                     |
| ALOMIDE SOLUTION 0.1 % OPTHALMIC                              | 3    |                     |
| <i>azelastine hcl solution 0.05 % ophthalmic</i>              | 1    |                     |
| <i>bepotastine besilate solution 1.5 % ophthalmic</i>         | 1    |                     |
| BEPREVE SOLUTION 1.5 % OPTHALMIC                              | 3    |                     |
| <i>cromolyn sodium solution 4 % ophthalmic</i>                | 1    |                     |
| EMADINE SOLUTION 0.05 % OPTHALMIC                             | 3    |                     |
| <i>epinastine hcl solution 0.05 % ophthalmic</i>              | 1    |                     |
| <b>Ophthalmic Antibiotics</b>                                 |      |                     |
| AZASITE SOLUTION 1 % OPTHALMIC                                | 3    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Ophthalmic Antibiotics (continued)</b>                           |      |                     |
| <i>bacitracin ointment 500 unit/gm ophthalmic</i>                   | 1    |                     |
| BESIVANCE SUSPENSION 0.6 % OPTHALMIC                                | 3    |                     |
| CILOXAN OINTMENT 0.3 % OPTHALMIC                                    | 2    |                     |
| <i>ciprofloxacin hcl solution 0.3 % ophthalmic</i>                  | 1    |                     |
| <i>erythromycin ointment 5 mg/gm ophthalmic</i>                     | 1    |                     |
| <i>gatifloxacin solution 0.5 % ophthalmic</i>                       | 1    |                     |
| GENTAK OINTMENT 0.3 % OPTHALMIC                                     | 1    |                     |
| <i>gentamicin sulfate solution 0.3 % ophthalmic</i>                 | 1    |                     |
| <i>levofloxacin solution 0.5 % ophthalmic</i>                       | 1    |                     |
| MOXEZA SOLUTION 0.5 % OPTHALMIC                                     | 3    |                     |
| <i>moxifloxacin hcl solution 0.5 % ophthalmic</i>                   | 1    |                     |
| <i>ofloxacin solution 0.3 % ophthalmic</i>                          | 1    |                     |
| <i>tobramycin solution 0.3 % ophthalmic</i>                         | 1    |                     |
| TOBREX OINTMENT 0.3 % OPTHALMIC                                     | 3    |                     |
| <b>Ophthalmic Antifungal</b>  |      |                     |
| NATACYN SUSPENSION 5 % OPTHALMIC                                    | 3    |                     |
| <b>Ophthalmic Anti-infective Combinations</b>                       |      |                     |
| <i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i> | 1    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS    |
|--|------|------------------------|
| <b>Ophthalmic Anti-infective Combinations (continued)</b>                |      |                        |
| <i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i>    | 1    |                        |
| <i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i> | 1    |                        |
| NEO-POLYCIN OINTMENT 3.5-400-10000 OPTHALMIC                             | 1    |                        |
| POLYCIN OINTMENT 500-10000 UNIT/GM OPTHALMIC                             | 1    |                        |
| <i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i>  | 1    |                        |
| <b>Ophthalmic Antivirals</b>   |      |                        |
| <i>trifluridine solution 1 % ophthalmic</i>                              | 1    |                        |
| ZIRGAN GEL 0.15 % OPTHALMIC  | 3    |                        |
| <b>Ophthalmic Carbonic Anhydrase Inhibitors</b>                          |      |                        |
| <i>brinzolamide suspension 1 % ophthalmic</i>                            | 1    |                        |
| <i>dorzolamide hcl solution 2 % ophthalmic</i>                           | 1    |                        |
| <b>Ophthalmic Ectoparasiticide</b>                                       |      |                        |
| XDEMZY SOLUTION 0.25 % OPTHALMIC   | 4    | PA, QL 10/365 days, SP |
| <b>Ophthalmic Immunomodulators</b>                                       |      |                        |
| <i>cyclosporine emulsion 0.05 % ophthalmic</i>                           | 1    |                        |
| <b>Ophthalmic Kinase Inhibitors - Combinations</b>                       |      |                        |
| ROCKLATAN SOLUTION 0.02-0.005 % OPTHALMIC                                | 2    |                        |
| <b>Ophthalmic Local Anesthetics</b>                                      |      |                        |
| <i>proparacaine hcl solution 0.5 % ophthalmic</i>                        | 1    |                        |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Ophthalmic Nerve Growth Factors</b>                          |      |                     |
| OXERVATE SOLUTION 0.002 %<br>OPHTHALMIC                         | 4    | LA, PA              |
| <b>Ophthalmic Nonsteroidal Anti-inflammatory Agents</b>         |      |                     |
| <i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i> | 1    |                     |
| <i>bromfenac sodium solution 0.09 % ophthalmic</i>              | 1    |                     |
| <i>diclofenac sodium solution 0.1 % ophthalmic</i>              | 1    |                     |
| <i>flurbiprofen sodium solution 0.03 % ophthalmic</i>           | 1    |                     |
| <i>ketorolac tromethamine solution 0.4 % ophthalmic</i>         | 1    |                     |
| <i>ketorolac tromethamine solution 0.5 % ophthalmic</i>         | 1    |                     |
| NEVANAC SUSPENSION 0.1 %<br>OPHTHALMIC                          | 3    |                     |
| <b>Ophthalmic Rho Kinase Inhibitors</b>                         |      |                     |
| RHOPRESSA SOLUTION 0.02 %<br>OPHTHALMIC                         | 2    |                     |
| <b>Ophthalmic Selective Alpha Adrenergic Agonists</b>           |      |                     |
| <i>apraclonidine hcl solution 0.5 % ophthalmic</i>              | 1    |                     |
| <i>brimonidine tartrate solution 0.15 % ophthalmic</i>          | 1    |                     |
| <i>brimonidine tartrate solution 0.2 % ophthalmic</i>           | 1    |                     |
| IOPIDINE SOLUTION 1 %<br>OPHTHALMIC                             | 3    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Ophthalmic Steroid Combinations</b>                                 |      |                     |
| <i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>           | 1    |                     |
| BLEPHAMIDE S.O.P. OINTMENT 10-0.2 %<br>OPHTHALMIC                      | 2    |                     |
| BLEPHAMIDE SUSPENSION 10-0.2 %<br>OPHTHALMIC                           | 3    |                     |
| <i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>   | 1    |                     |
| <i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i> | 1    |                     |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>         | 1    |                     |
| NEO-POLYCIN HC OINTMENT 1 %<br>OPHTHALMIC                              | 1    |                     |
| PRED-G S.O.P. OINTMENT 0.3-0.6 %<br>OPHTHALMIC                         | 3    |                     |
| PRED-G SUSPENSION 0.3-1 %<br>OPHTHALMIC                                | 3    |                     |
| <i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>        | 1    |                     |
| TOBRADEX OINTMENT 0.3-0.1 %<br>OPHTHALMIC                              | 3    |                     |
| <i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>        | 1    |                     |
| ZYLET SUSPENSION 0.5-0.3 %<br>OPHTHALMIC                               | 3    |                     |
| <b>Ophthalmic Steroids</b>   |      |                     |
| <i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>        | 1    |                     |
| <i>difluprednate emulsion 0.05 % ophthalmic</i>                        | 1    |                     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Ophthalmic Steroids (continued)</b>                           |      |                     |
| EYSUVIS SUSPENSION 0.25 %<br>OPHTHALMIC                          | 3    |                     |
| FLAREX SUSPENSION 0.1 %<br>OPHTHALMIC                            | 3    |                     |
| <i>fluorometholone suspension 0.1 %<br/>ophthalmic</i>           | 1    |                     |
| FML FORTE SUSPENSION 0.25 %<br>OPHTHALMIC                        | 3    |                     |
| FML OINTMENT 0.1 % OPHTHALMIC                                    | 3    |                     |
| INVELTYS SUSPENSION 1 %<br>OPHTHALMIC                            | 3    |                     |
| LOTEMAX OINTMENT 0.5 %<br>OPHTHALMIC                             | 3    |                     |
| LOTEMAX SM GEL 0.38 %<br>OPHTHALMIC                              | 3    |                     |
| <i>loteprednol etabonate gel 0.5 %<br/>ophthalmic</i>            | 1    |                     |
| <i>loteprednol etabonate suspension 0.2 %<br/>ophthalmic</i>     | 1    |                     |
| <i>loteprednol etabonate suspension 0.5 %<br/>ophthalmic</i>     | 1    |                     |
| MAXIDEX SUSPENSION 0.1 %<br>OPHTHALMIC                           | 3    |                     |
| PRED MILD SUSPENSION 0.12 %<br>OPHTHALMIC                        | 3    |                     |
| <i>prednisolone acetate suspension 1 %<br/>ophthalmic</i>        | 1    |                     |
| <i>prednisolone sodium phosphate solution<br/>1 % ophthalmic</i> | 2    |                     |
| VEXOL SUSPENSION 1 %<br>OPHTHALMIC                               | 3    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Ophthalmic Sulfonamides</b>                               |      |                             |
| <i>sulfacetamide sodium ointment 10 %<br/>ophthalmic</i>     | 1    |                             |
| <i>sulfacetamide sodium solution 10 %<br/>ophthalmic</i>     | 1    |                             |
| <b>Ophthalmics - Cystinosis Agents</b>                       |      |                             |
| CYSTADROPS SOLUTION 0.37 %<br>OPHTHALMIC                     | 4    | LA, PA, SP                  |
| CYSTARAN SOLUTION 0.44 %<br>OPHTHALMIC                       | 4    | LA, PA, SP                  |
| <b>Prostaglandins - Ophthalmic</b>                           |      |                             |
| <i>bimatoprost solution 0.03 % ophthalmic</i>                | 1    |                             |
| <i>latanoprost solution 0.005 % ophthalmic</i>               | 1    |                             |
| LUMIGAN SOLUTION 0.01 %<br>OPHTHALMIC                        | 2    |                             |
| <i>tafluprost (pf) solution 0.0015 %<br/>ophthalmic</i>      | 1    |                             |
| <i>travoprost (bak free) solution 0.004 %<br/>ophthalmic</i> | 1    |                             |
| <b>OTIC AGENTS</b>   |      |                             |
| <b>Otic Agents - Miscellaneous</b>                           |      |                             |
| <i>acetic acid solution 2 % otic</i>                         | 1    |                             |
| <i>acetic acid-aluminum acetate solution 2<br/>% otic</i>    | 1    |                             |
| <b>Otic Anti-infectives</b>                                  |      |                             |
| <i>ciprofloxacin hcl solution 0.2 % otic</i>                 | 1    |                             |
| <i>ofloxacin solution 0.3 % otic</i>                         | 1    |                             |
| <b>Otic Steroid-Anti-infective Combinations</b>              |      |                             |
| CIPRO HC SUSPENSION 0.2-1 %<br>OTIC                          | 3    | PA, Medical Necessity<br>PA |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Otic Steroid-Anti-infective Combinations (continued)</b>    |      |                     |
| <i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i>   | 1    |                     |
| <i>ciprofloxacin-fluocinolone pf solution 0.3-0.025 % otic</i> | 1    |                     |
| COLY-MYCIN S SUSPENSION 3.3-3-10-0.5 MG/ML OTIC                | 3    |                     |
| <i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>         | 1    |                     |
| <i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>       | 1    |                     |
| <b>Otic Steroids</b>   |      |                     |
| FLAC OIL 0.01 % OTIC   | 1    |                     |
| <i>fluocinolone acetonide oil 0.01 % otic</i>                  | 1    |                     |
| <i>hydrocortisone-acetic acid solution 1-2 % otic</i>          | 1    |                     |
| <b>OXYTOCICS</b>   |      |                     |
| <b>Oxytocics</b>   |      |                     |
| <i>methylergonovine maleate tablet 0.2 mg oral</i>             | 1    | QL 120/365 days     |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>                 |      |                     |
| <b>Antiviral Monoclonal Antibodies</b>                         |      |                     |
| BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR   | 0    |                     |
| BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR | 0    |                     |
| SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR                       | 4    | PA, SP, Prudent     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Antiviral Monoclonal Antibodies (continued)</b>   |      |                     |
| SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR           | 4    | PA, SP, Prudent     |
| <b>Immune Serums</b>                                 |      |                     |
| ALYGLO SOLUTION 10 GM/100ML INTRAVENOUS              | 4    | PA, SP, Prudent     |
| ALYGLO SOLUTION 20 GM/200ML INTRAVENOUS              | 4    | PA, SP, Prudent     |
| ALYGLO SOLUTION 5 GM/50ML INTRAVENOUS                | 4    | PA, SP, Prudent     |
| CARIMUNE NF SOLUTION RECONSTITUTED 12 GM INTRAVENOUS | 4    | PA, SP              |
| CARIMUNE NF SOLUTION RECONSTITUTED 6 GM INTRAVENOUS  | 4    | PA, SP              |
| CUTAQUIG SOLUTION 1 GM/6ML SUBCUTANEOUS              | 4    | PA, SP, Prudent     |
| CUTAQUIG SOLUTION 1.65 GM/10ML SUBCUTANEOUS          | 4    | PA, SP, Prudent     |
| CUTAQUIG SOLUTION 2 GM/12ML SUBCUTANEOUS             | 4    | PA, SP, Prudent     |
| CUTAQUIG SOLUTION 3.3 GM/20ML SUBCUTANEOUS           | 4    | PA, SP, Prudent     |
| CUTAQUIG SOLUTION 4 GM/24ML SUBCUTANEOUS             | 4    | PA, SP, Prudent     |
| CUTAQUIG SOLUTION 8 GM/48ML SUBCUTANEOUS             | 4    | PA, SP, Prudent     |
| CUVITRU SOLUTION 1 GM/5ML SUBCUTANEOUS               | 4    | PA, SP, Prudent     |
| CUVITRU SOLUTION 10 GM/50ML SUBCUTANEOUS             | 4    | PA, SP, Prudent     |
| CUVITRU SOLUTION 2 GM/10ML SUBCUTANEOUS              | 4    | PA, SP, Prudent     |

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| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Immune Serums (continued)</b>                |      |                     |
| CUVITRU SOLUTION 4 GM/20ML SUBCUTANEOUS         | 4    | PA, SP, Prudent     |
| CUVITRU SOLUTION 8 GM/40ML SUBCUTANEOUS         | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 10 GM/100ML INTRAVENOUS | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 10 GM/200ML INTRAVENOUS | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 20 GM/200ML INTRAVENOUS | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 20 GM/400ML INTRAVENOUS | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 5 GM/100ML INTRAVENOUS  | 4    | PA, SP, Prudent     |
| FLEBOGAMMA DIF SOLUTION 5 GM/50ML INTRAVENOUS   | 4    | PA, SP, Prudent     |
| GAMASTAN S/D INJECTABLE INTRAMUSCULAR           | 4    | PA, SP              |
| GAMMAGARD SOLUTION 10 GM/100ML INJECTION        | 4    | PA, SP              |
| GAMMAGARD SOLUTION 2.5 GM/25ML INJECTION        | 4    | PA, SP              |
| GAMMAGARD SOLUTION 20 GM/200ML INJECTION        | 4    | PA, SP              |
| GAMMAGARD SOLUTION 30 GM/300ML INJECTION        | 4    | PA, SP              |
| GAMMAGARD SOLUTION 5 GM/50ML INJECTION          | 4    | PA, SP              |
| GAMMAKED SOLUTION 1 GM/10ML INJECTION           | 4    | PA, SP              |
| GAMMAKED SOLUTION 10 GM/100ML INJECTION         | 4    | PA, SP              |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Immune Serums (continued)</b>                            |      |                     |
| GAMMAKED SOLUTION 2.5 GM/25ML INJECTION                     | 4    | PA, SP              |
| GAMMAKED SOLUTION 20 GM/200ML INJECTION                     | 4    | PA, SP              |
| GAMMAKED SOLUTION 5 GM/50ML INJECTION                       | 4    | PA, SP              |
| GAMMAPLEX SOLUTION 10 GM/200ML INTRAVENOUS                  | 4    | PA, SP, Prudent     |
| GAMMAPLEX SOLUTION 5 GM/100ML INTRAVENOUS                   | 4    | PA, SP, Prudent     |
| GAMUNEX-C SOLUTION 10 GM/100ML INJECTION                    | 4    | PA, SP              |
| GAMUNEX-C SOLUTION 2.5 GM/25ML INJECTION                    | 4    | PA, SP              |
| GAMUNEX-C SOLUTION 20 GM/200ML INJECTION                    | 4    | PA, SP              |
| GAMUNEX-C SOLUTION 5 GM/50ML INJECTION                      | 4    | PA, SP              |
| HIZENTRA SOLUTION 1 GM/5ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION 10 GM/50ML SUBCUTANEOUS                   | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION 2 GM/10ML SUBCUTANEOUS                    | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION 4 GM/20ML SUBCUTANEOUS                    | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION PREFILLED SYRINGE 1 GM/5ML SUBCUTANEOUS   | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION PREFILLED SYRINGE 10 GM/50ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Immune Serums (continued)</b>                           |      |                     |
| HIZENTRA SOLUTION PREFILLED SYRINGE 2 GM/10ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| HIZENTRA SOLUTION PREFILLED SYRINGE 4 GM/20ML SUBCUTANEOUS | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 1 GM/20ML INTRAVENOUS                     | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS                   | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS                   | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 2 GM/20ML INTRAVENOUS                     | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS                   | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 25 GM/500ML INTRAVENOUS                   | 4    | PA, SP              |
| OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS                    | 4    | PA, SP, Prudent     |
| OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS                     | 4    | PA, SP, Prudent     |
| PRIVIGEN SOLUTION 10 GM/100ML INTRAVENOUS                  | 4    | PA, SP, Prudent     |
| PRIVIGEN SOLUTION 20 GM/200ML INTRAVENOUS                  | 4    | PA, SP, Prudent     |
| PRIVIGEN SOLUTION 40 GM/400ML INTRAVENOUS                  | 4    | PA, SP, Prudent     |
| PRIVIGEN SOLUTION 5 GM/50ML INTRAVENOUS                    | 4    | PA, SP, Prudent     |
| XEMBIFY SOLUTION 1 GM/5ML SUBCUTANEOUS                     | 4    | PA, SP, Prudent     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|-----------------------|
| <b>Immune Serums (continued)</b>                                 |      |                       |
| XEMBIFY SOLUTION 10 GM/50ML SUBCUTANEOUS                         | 4    | PA, SP, Prudent       |
| XEMBIFY SOLUTION 2 GM/10ML SUBCUTANEOUS                          | 4    | PA, SP, Prudent       |
| XEMBIFY SOLUTION 4 GM/20ML SUBCUTANEOUS                          | 4    | PA, SP, Prudent       |
| <b>PENICILLINS</b>   |      |                       |
| <b>Aminopenicillins</b>  |      |                       |
| <i>amoxicillin capsule 250 mg oral</i>                           | 1    |                       |
| <i>amoxicillin capsule 500 mg oral</i>                           | 1    |                       |
| <i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>      | 1    |                       |
| <i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>      | 1    |                       |
| <i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>      | 1    |                       |
| <i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>      | 1    |                       |
| <i>amoxicillin tablet 500 mg oral</i>                            | 1    |                       |
| <i>amoxicillin tablet 875 mg oral</i>                            | 1    |                       |
| <i>amoxicillin tablet chewable 125 mg oral</i>                   | 1    |                       |
| <i>amoxicillin tablet chewable 250 mg oral</i>                   | 1    |                       |
| <i>ampicillin capsule 250 mg oral</i>                            | 1    |                       |
| <i>ampicillin capsule 500 mg oral</i>                            | 1    |                       |
| <i>ampicillin sodium solution reconstituted 1 gm injection</i>   | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 1 gm intravenous</i> | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 10 gm injection</i>  | 1    | Medical Benefit only. |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|-----------------------|
| <b>Aminopenicillins (continued)</b>                                      |      |                       |
| <i>ampicillin sodium solution reconstituted 10 gm intravenous</i>        | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 125 mg injection</i>         | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 2 gm injection</i>           | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 2 gm intravenous</i>         | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 250 mg injection</i>         | 1    | Medical Benefit only. |
| <i>ampicillin sodium solution reconstituted 500 mg injection</i>         | 1    | Medical Benefit only. |
| <i>ampicillin suspension reconstituted 125 mg/5ml oral</i>               | 1    |                       |
| <i>ampicillin suspension reconstituted 250 mg/5ml oral</i>               | 1    |                       |
| <b>Natural Penicillins</b>   |      |                       |
| BICILLIN L-A SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR                   | 3    | Medical Benefit only. |
| BICILLIN L-A SUSPENSION 2400000 UNIT/4ML INTRAMUSCULAR                   | 3    | Medical Benefit only. |
| BICILLIN L-A SUSPENSION 600000 UNIT/ML INTRAMUSCULAR                     | 3    | Medical Benefit only. |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML INTRAMUSCULAR | 3    | Medical Benefit only. |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML INTRAMUSCULAR | 3    | Medical Benefit only. |
| BICILLIN L-A SUSPENSION PREFILLED SYRINGE 600000 UNIT/ML INTRAMUSCULAR   | 3    | Medical Benefit only. |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|-----------------------|
| <b>Natural Penicillins (continued)</b>  |      |                       |
| <i>penicillin g pot in dextrose solution 20000 unit/ml intravenous</i>                  | 3    | Medical Benefit only. |
| <i>penicillin g pot in dextrose solution 40000 unit/ml intravenous</i>                  | 3    | Medical Benefit only. |
| <i>penicillin g pot in dextrose solution 60000 unit/ml intravenous</i>                  | 3    | Medical Benefit only. |
| <i>penicillin g potassium solution reconstituted 20000000 unit injection</i>            | 1    | Medical Benefit only. |
| <i>penicillin g potassium solution reconstituted 5000000 unit injection</i>             | 1    | Medical Benefit only. |
| <i>penicillin g procaine suspension 600000 unit/ml intramuscular</i>                    | 2    | Medical Benefit only. |
| <i>penicillin g sodium solution reconstituted 5000000 unit injection</i>                | 1    | Medical Benefit only. |
| <i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>                    | 1    |                       |
| <i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>                    | 1    |                       |
| <i>penicillin v potassium tablet 250 mg oral</i>  | 1    |                       |
| <i>penicillin v potassium tablet 500 mg oral</i>  | 1    |                       |
| PFIZERPEN-G SOLUTION RECONSTITUTED 20000000 UNIT INJECTION                              | 1    | Medical Benefit only. |
| <b>Penicillin Combinations</b>  |      |                       |
| <i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i> | 1    |                       |
| <i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i>        | 1    |                       |
| <i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i>        | 1    |                       |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS   |
|--|------|-----------------------|
| <b>Penicillin Combinations (continued)</b>   |      |                       |
| <i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i>       | 1    |                       |
| <i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i>     | 1    |                       |
| <i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i>                            | 1    |                       |
| <i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i>                            | 1    |                       |
| <i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i>                            | 1    |                       |
| <i>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</i>                  | 1    |                       |
| <i>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</i>                    | 1    |                       |
| <i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm injection</i>   | 1    | Medical Benefit only. |
| <i>ampicillin-sulbactam sodium solution reconstituted 1.5 (1-0.5) gm intravenous</i> | 1    | Medical Benefit only. |
| <i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm injection</i>     | 1    | Medical Benefit only. |
| <i>ampicillin-sulbactam sodium solution reconstituted 15 (10-5) gm intravenous</i>   | 1    | Medical Benefit only. |
| <i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection</i>       | 1    | Medical Benefit only. |
| <i>ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm intravenous</i>     | 1    | Medical Benefit only. |
| BICILLIN C-R 900/300 SUSPENSION 900000-300000 UNIT/2ML INTRAMUSCULAR                 | 3    | Medical Benefit only. |
| BICILLIN C-R SUSPENSION 1200000 UNIT/2ML INTRAMUSCULAR                               | 3    | Medical Benefit only. |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|-----------------------|
| <b>Penicillin Combinations (continued)</b>  |      |                       |
| <i>piperacillin sod-tazobactam so solution reconstituted 2.25 (2-0.25) gm intravenous</i>   | 1    | Medical Benefit only. |
| <i>piperacillin sod-tazobactam so solution reconstituted 3.375 (3-0.375) gm intravenous</i> | 1    | Medical Benefit only. |
| <i>piperacillin sod-tazobactam so solution reconstituted 4.5 (4-0.5) gm intravenous</i>     | 1    | Medical Benefit only. |
| <i>piperacillin sod-tazobactam so solution reconstituted 40.5 (36-4.5) gm intravenous</i>   | 1    | Medical Benefit only. |
| ZOSYN SOLUTION 2-0.25 GM/50ML INTRAVENOUS   | 3    | Medical Benefit only. |
| ZOSYN SOLUTION 3-0.375 GM/50ML INTRAVENOUS  | 3    | Medical Benefit only. |
| ZOSYN SOLUTION 4-0.5 GM/100ML INTRAVENOUS   | 3    | Medical Benefit only. |
| <b>Penicillinase-Resistant Penicillins</b>  |      |                       |
| BACTOCILL IN DEXTROSE SOLUTION 1 GM/50ML INTRAVENOUS  | 3    | Medical Benefit only. |
| BACTOCILL IN DEXTROSE SOLUTION 2 GM/50ML INTRAVENOUS  | 3    | Medical Benefit only. |
| <i>dicloxacillin sodium capsule 250 mg oral</i>   | 1    |                       |
| <i>dicloxacillin sodium capsule 500 mg oral</i>   | 1    |                       |
| <i>nafcillin sodium solution reconstituted 1 gm injection</i>                               | 1    | Medical Benefit only. |
| <i>nafcillin sodium solution reconstituted 1 gm intravenous</i>                             | 1    | Medical Benefit only. |
| <i>nafcillin sodium solution reconstituted 2 gm injection</i>                               | 1    | Medical Benefit only. |
| <i>nafcillin sodium solution reconstituted 2 gm intravenous</i>                             | 1    | Medical Benefit only. |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Penicillinase-Resistant Penicillins (continued)</b>         |      |                                |
| <i>oxacillin sodium solution reconstituted 1 gm injection</i>  | 1    | Medical Benefit only.          |
| <i>oxacillin sodium solution reconstituted 10 gm injection</i> | 1    | Medical Benefit only.          |
| <i>oxacillin sodium solution reconstituted 2 gm injection</i>  | 1    | Medical Benefit only.          |
| <b>PROGESTINS</b>  |      |                                |
| <b>Progestins</b>  |      |                                |
| <i>medroxyprogesterone acetate tablet 10 mg oral</i>           | 1    |                                |
| <i>medroxyprogesterone acetate tablet 2.5 mg oral</i>          | 1    |                                |
| <i>medroxyprogesterone acetate tablet 5 mg oral</i>            | 1    |                                |
| <i>megestrol acetate suspension 625 mg/5ml oral</i>            | 1    | ST                             |
| <i>norethindrone acetate tablet 5 mg oral</i>                  | 1    |                                |
| <i>progesterone capsule 100 mg oral</i>                        | 1    |                                |
| <i>progesterone capsule 200 mg oral</i>                        | 1    |                                |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>       |      |                                |
| <b>Alcohol Deterrents</b>                                      |      |                                |
| <i>acamprosate calcium tablet delayed release 333 mg oral</i>  | 1    |                                |
| <i>disulfiram tablet 250 mg oral</i>                           | 1    |                                |
| <i>disulfiram tablet 500 mg oral</i>                           | 1    |                                |
| <b>Anti-Cataleptic Agents</b>                                  |      |                                |
| LUMRYZ PACKET 4.5 GM ORAL                                      | 4    | PA, QL 30/30 days, SP, Prudent |
| LUMRYZ PACKET 6 GM ORAL  | 4    | PA, QL 30/30 days, SP, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                 |
|--|------|-------------------------------------|
| <b>Anti-Cataleptic Agents (continued)</b>                                      |      |                                     |
| LUMRYZ PACKET 7.5 GM ORAL  | 4    | PA, QL 30/30 days, SP, Prudent      |
| LUMRYZ PACKET 9 GM ORAL  | 4    | PA, QL 30/30 days, SP, Prudent      |
| <i>sodium oxybate solution 500 mg/ml oral</i>                                  | 4    | LA, PA, QL 540/30 days, SP, Prudent |
| XYREM SOLUTION 500 MG/ML ORAL  | 4    | LA, PA, QL 540/30 days, SP, Prudent |
| <b>Anti-Cataleptic Combinations</b>  |      |                                     |
| XYWAV SOLUTION 500 MG/ML ORAL  | 4    | LA, PA, QL 540/30 days, SP, Prudent |
| <b>Antisense Oligonucleotide (ASO) Inhibitor Agents</b>                        |      |                                     |
| WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS                         | 4    | LA, PA, QL 0.80/28 days, SP         |
| <b>Benzodiazepines &amp; Tricyclic Agents</b>                                  |      |                                     |
| <i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>                     | 1    |                                     |
| <i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>                    | 1    |                                     |
| <b>Cholinomimetics - ACHE Inhibitors</b>                                       |      |                                     |
| <i>donepezil hcl tablet 10 mg oral</i>   | 1    |                                     |
| <i>donepezil hcl tablet 23 mg oral</i>   | 1    | QL 30/30 days                       |
| <i>donepezil hcl tablet 5 mg oral</i>  | 1    |                                     |
| <i>donepezil hcl tablet dispersible 10 mg oral</i>                             | 1    |                                     |
| <i>donepezil hcl tablet dispersible 5 mg oral</i>                              | 1    | QL 30/30 days                       |
| <i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i> | 1    |                                     |
| <i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i> | 1    |                                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|---|
| <b>Cholinomimetics - ACHE Inhibitors (continued)</b>                          |      |   |
| <i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i> | 1    | QL 30/30 days   |
| <i>galantamine hydrobromide solution 4 mg/ml oral</i>                         | 1    |   |
| <i>galantamine hydrobromide tablet 12 mg oral</i>                             | 1    |   |
| <i>galantamine hydrobromide tablet 4 mg oral</i>                              | 1    |   |
| <i>galantamine hydrobromide tablet 8 mg oral</i>                              | 1    |   |
| <i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>                    | 1    |   |
| <i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>                     | 1    |   |
| <i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>                     | 1    |   |
| <i>rivastigmine tartrate capsule 1.5 mg oral</i>                              | 1    | QL 60/30 days   |
| <i>rivastigmine tartrate capsule 3 mg oral</i>                                | 1    | QL 60/30 days   |
| <i>rivastigmine tartrate capsule 4.5 mg oral</i>                              | 1    | QL 60/30 days   |
| <i>rivastigmine tartrate capsule 6 mg oral</i>                                | 1    | QL 60/30 days   |
| <b>Fibromyalgia Agent - SNRIs</b>   |      |   |
| SAVELLA TABLET 100 MG ORAL  | 3    | QL 60/30 days, ST   |
| SAVELLA TABLET 12.5 MG ORAL   | 3    | QL 60/30 days, ST   |
| SAVELLA TABLET 25 MG ORAL   | 3    | QL 60/30 days, ST   |
| SAVELLA TABLET 50 MG ORAL   | 3    | QL 60/30 days, ST   |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL                                 | 3    | QL 55/28 days, ST   |
| <b>Melanocortin Receptor Agonists</b>   |      |   |
| VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS                     | 3    | PA, QL 2.40/30 days, Initial fill quantity limit 1.2 ml per 15 days |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Movement Disorder Drug Therapy</b>                                |      |                                 |
| AUSTEDO PATIENT TITRATION KIT TABLET THERAPY PACK 6 & 9 & 12 MG ORAL | 4    | PA, SP                          |
| AUSTEDO TABLET 12 MG ORAL  | 4    | PA, QL 120/30 days, SP, Prudent |
| AUSTEDO TABLET 6 MG ORAL   | 4    | PA, QL 90/30 days, SP, Prudent  |
| AUSTEDO TABLET 9 MG ORAL   | 4    | PA, QL 90/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL                | 4    | PA, QL 60/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL                | 4    | PA, QL 30/30 days, SP, Prudent  |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL                 | 4    | PA, QL 90/30 days, SP, Prudent  |
| <i>tetrabenazine tablet 12.5 mg oral</i>                             | 4    | PA, QL 90/30 days, SP, Prudent  |
| <i>tetrabenazine tablet 25 mg oral</i>                               | 4    | PA, QL 120/30 days, SP, Prudent |
| <b>MS Agents - Pyrimidine Synthesis Inhibitors</b>                   |      |                                 |
| <i>teriflunomide tablet 14 mg oral</i>                               | 2    | QL 30/30 days, SP, Prudent      |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                 |
|--|------|-------------------------------------|
| <b>MS Agents - Pyrimidine Synthesis Inhibitors (continued)</b>             |      |                                     |
| <i>teriflunomide tablet 7 mg oral</i>                                      | 2    | QL 30/30 days, SP, Prudent          |
| <b>Multiple Sclerosis Agents</b>   |      |                                     |
| <i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i> | 3    | QL 30/30 days, SP, Prudent          |
| <i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i> | 3    | QL 12/28 days, SP, Prudent          |
| GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS                   | 3    | QL 30/30 days, SP, Prudent          |
| GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS                   | 3    | QL 12/28 days, SP, Prudent          |
| <b>Multiple Sclerosis Agents - Antimetabolites</b>                         |      |                                     |
| MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL                         | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL                          | 4    | LA, PA, QL 20/365 days, SP, Prudent |
| <b>Multiple Sclerosis Agents - Interferons</b>                             |      |                                     |
| AVONEX KIT 30 MCG INTRAMUSCULAR  | 4    | PA, QL 4/28 days, SP                |
| AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR                    | 4    | PA, QL 4/28 days, SP, Prudent       |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS            |
|--|------|--------------------------------|
| <b>Multiple Sclerosis Agents - Interferons (continued)</b>                         |      |                                |
| AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR                  | 4    | PA, QL 4/28 days, SP, Prudent  |
| BETASERON KIT 0.3 MG SUBCUTANEOUS  | 4    | PA, QL 15/30 days, SP, Prudent |
| PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS                         | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY SOLUTION PEN-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS                          | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML INTRAMUSCULAR                    | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS                     | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY STARTER PACK SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS        | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY STARTER PACK SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML SUBCUTANEOUS         | 4    | PA, QL 1/28 days, SP, Prudent  |
| PLEGRIDY STARTER PACK SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML SUBCUTANEOUS    | 4    | PA, QL 1/28 days, SP, Prudent  |
| REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS                    | 4    | PA, QL 6/28 days, SP, Prudent  |
| REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS                    | 4    | PA, QL 6/28 days, SP, Prudent  |
| REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS | 4    | PA, QL 6/28 days, SP, Prudent  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                                    |
|--|------|--|
| <b>Multiple Sclerosis Agents - Interferons (continued)</b>                                       |      |  |
| REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS                                       | 4    | PA, QL 6/28 days, SP, Prudent                          |
| REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS                                       | 4    | PA, QL 6/28 days, SP, Prudent                          |
| REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS                    | 4    | PA, QL 6/28 days, SP, Prudent                          |
| <b>Multiple Sclerosis Agents - Monoclonal Antibodies</b>   |      |  |
| KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS   | 4    | PA, QL 0.40/28 days, SP, Medical Necessity PA, Prudent |
| <b>Multiple Sclerosis Agents - Nrf2 Pathway Activators</b>                                       |      |  |
| BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL   | 4    | PA, QL 120/30 days, SP, Prudent                        |
| <i>dimethyl fumarate capsule delayed release 120 mg oral</i>                                     | 3    | QL 60/30 days, SP, Prudent                             |
| <i>dimethyl fumarate capsule delayed release 240 mg oral</i>                                     | 3    | QL 60/30 days, SP, Prudent                             |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg oral</i>                                      | 3    | QL 60/30 days, SP                                      |
| <i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 &amp; 240 mg oral</i> | 3    | QL 60/30 days, SP, Prudent                             |
| VUMERITY (STARTER) CAPSULE DELAYED RELEASE 231 MG ORAL   | 4    | PA, QL 120/30 days, SP                                 |
| VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL   | 4    | PA, QL 120/30 days, SP, Prudent                        |
| <b>Multiple Sclerosis Agents - Potassium Channel Blockers</b>                                    |      |  |
| <i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>                               | 3    | QL 60/30 days, SP, Prudent                             |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>N-Methyl-D-Aspartate (NMDA) Receptor Antagonists</b>             |      |                     |
| <i>memantine hcl er capsule extended release 24 hour 14 mg oral</i> | 1    | QL 30/30 days       |
| <i>memantine hcl er capsule extended release 24 hour 21 mg oral</i> | 1    | QL 30/30 days       |
| <i>memantine hcl er capsule extended release 24 hour 28 mg oral</i> | 1    | QL 30/30 days       |
| <i>memantine hcl er capsule extended release 24 hour 7 mg oral</i>  | 1    | QL 30/30 days       |
| <i>memantine hcl solution 2 mg/ml oral</i>                          | 1    |                     |
| <i>memantine hcl tablet 10 mg oral</i>                              | 1    |                     |
| <i>memantine hcl tablet 28 x 5 mg &amp; 21 x 10 mg oral</i>         | 1    |                     |
| <i>memantine hcl tablet 5 mg oral</i>                               | 1    |                     |
| NAMENDA TABLET 10 MG ORAL   | 3    |                     |
| NAMENDA TABLET 5 MG ORAL  | 3    |                     |
| <b>Phenothiazines &amp; Tricyclic Agents</b>                        |      |                     |
| <i>perphenazine-amitriptyline tablet 2-10 mg oral</i>               | 1    |                     |
| <i>perphenazine-amitriptyline tablet 2-25 mg oral</i>               | 1    |                     |
| <i>perphenazine-amitriptyline tablet 4-10 mg oral</i>               | 1    |                     |
| <i>perphenazine-amitriptyline tablet 4-25 mg oral</i>               | 1    |                     |
| <i>perphenazine-amitriptyline tablet 4-50 mg oral</i>               | 1    |                     |
| <b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b>         |      |                     |
| <i>gabapentin (once-daily) tablet 300 mg oral</i>                   | 1    | QL 180/30 days, ST  |
| <i>gabapentin (once-daily) tablet 600 mg oral</i>                   | 1    | QL 90/30 days, ST   |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                              |
|---|------|--|
| <b>Pseudobulbar Affect Agent Combinations</b>                                     |      |  |
| NUDEXTA CAPSULE 20-10 MG ORAL   | 4    | PA, QL 2/1 days                                  |
| <b>Psychotherapeutic and Neurological Agents - Misc.</b>                          |      |  |
| AQNEURSA PACKET 1 GM ORAL   | 4    | LA, PA, QL 112/28 days, SP                       |
| <i>ergoloid mesylates tablet 1 mg oral</i>  | 1    |  |
| MIPLYFFA CAPSULE 124 MG ORAL  | 4    | LA, PA, QL 90/30 days, SP                        |
| MIPLYFFA CAPSULE 47 MG ORAL   | 4    | LA, PA, QL 90/30 days, SP                        |
| MIPLYFFA CAPSULE 62 MG ORAL   | 4    | LA, PA, QL 90/30 days, SP                        |
| MIPLYFFA CAPSULE 93 MG ORAL   | 4    | LA, PA, QL 90/30 days, SP                        |
| <i>pimozide tablet 1 mg oral</i>  | 1    |  |
| <i>pimozide tablet 2 mg oral</i>  | 1    |  |
| <b>Restless Leg Syndrome (RLS) Agents</b>   |      |  |
| HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL                                      | 3    | ST   |
| HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL                                      | 3    | ST   |
| <b>Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag</b>                      |      |  |
| ADDYI TABLET 100 MG ORAL  | 3    | PA   |
| <b>Smoking Deterrents</b>   |      |  |
| <i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i> | 0    | QL 168/365 days, ACA NCDL, limitations may apply |
| NICOTROL NS SOLUTION 10 MG/ML NASAL   | 0    | QL 168/365 days, ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                              |
|--|------|--|
| <b>Smoking Deterrents (continued)</b>  |      |  |
| <i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42 oral</i> | 0    | QL 168/365 days, ACA NCDL, limitations may apply |
| <i>varenicline tartrate tablet 0.5 mg oral</i>   | 0    | QL 168/365 days, ACA NCDL, limitations may apply |
| <i>varenicline tartrate tablet 1 mg oral</i>   | 0    | QL 168/365 days, ACA NCDL, limitations may apply |
| <i>varenicline tartrate tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42 oral</i>           | 0    | QL 168/365 days, ACA NCDL, limitations may apply |
| <b>Sphingosine 1-Phosphate (S1P) Receptor Modulators</b>                                   |      |  |
| <i> fingolimod hcl capsule 0.5 mg oral</i>   | 3    | QL 30/30 days, SP, Prudent                       |
| MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL                                 | 3    | LA, PA, SP, Prudent                              |
| MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL                                  | 3    | LA, PA, SP, Prudent                              |
| MAYZENT TABLET 0.25 MG ORAL  | 3    | LA, PA, QL 120/30 days, SP, Prudent              |
| MAYZENT TABLET 1 MG ORAL   | 3    | LA, PA, QL 30/30 days, SP, Prudent               |
| MAYZENT TABLET 2 MG ORAL   | 3    | LA, PA, QL 30/30 days, SP, Prudent               |
| PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL                      | 3    | PA, QL 14/14 days, SP, Prudent                   |
| PONVORY TABLET 20 MG ORAL  | 3    | PA, QL 30/30 days, SP, Prudent                   |
| TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL   | 4    | LA, PA, QL 30/30 days, SP, Medical Necessity PA  |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Sphingosine 1-Phosphate (S1P) Receptor Modulators (continued)</b>         |      |                                    |
| ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL | 4    | PA, QL 7/7 days, SP, Prudent       |
| ZEPOSIA CAPSULE 0.92 MG ORAL   | 4    | PA, QL 30/30 days, SP, Prudent     |
| ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL     | 4    | PA, QL 28/28 days, SP, Prudent     |
| <b>Vasomotor Symptom Agents - SSRIs</b>                                      |      |                                    |
| <i>paroxetine mesylate capsule 7.5 mg oral</i>                               | 1    | QL 30/30 days                      |
| <b>RESPIRATORY AGENTS - MISC.</b>  |      |                                    |
| <b>Alpha-Proteinase Inhibitor (Human)</b>                                    |      |                                    |
| ARALAST NP SOLUTION RECONSTITUTED 500 MG INTRAVENOUS                         | 4    | LA, PA, SP, Medical Benefit only.  |
| GLASSIA SOLUTION 1000 MG/50ML INTRAVENOUS                                    | 4    | PA, SP, Medical Benefit only.      |
| PROLASTIN-C SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS                       | 4    | LA, PA, SP, Medical Benefit only.  |
| ZEMAIRA SOLUTION RECONSTITUTED 1000 MG INTRAVENOUS                           | 4    | PA, SP, Medical Benefit only.      |
| <b>CFTR Potentiators</b>   |      |                                    |
| KALYDECO PACKET 13.4 MG ORAL   | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| KALYDECO PACKET 25 MG ORAL   | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| KALYDECO PACKET 5.8 MG ORAL  | 4    | LA, PA, QL 56/28 days, SP, Prudent |
| KALYDECO PACKET 50 MG ORAL   | 4    | LA, PA, QL 56/28 days, SP, Prudent |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                           |
|--|------|---|
| <b>CFTR Potentiators (continued)</b>                 |      |   |
| KALYDECO PACKET 75 MG ORAL                           | 4    | LA, PA, QL 56/28 days, SP, Prudent            |
| KALYDECO TABLET 150 MG ORAL                          | 4    | LA, PA, QL 60/30 days, SP, Prudent            |
| <b>Cystic Fibrosis Agent - Combinations</b>          |      |   |
| ALYFTREK TABLET 10-50-125 MG ORAL                    | 4    | PA, QL 56/28 days, SP, Prudent                |
| ALYFTREK TABLET 4-20-50 MG ORAL                      | 4    | PA, QL 84/28 days, SP, Prudent                |
| ORKAMBI PACKET 100-125 MG ORAL                       | 4    | LA, PA, QL 56/28 days, Partial Fill, Prudent  |
| ORKAMBI PACKET 150-188 MG ORAL                       | 4    | LA, PA, QL 56/28 days, Partial Fill, Prudent  |
| ORKAMBI PACKET 75-94 MG ORAL                         | 4    | LA, PA, QL 56/28 days, Partial Fill, Prudent  |
| ORKAMBI TABLET 100-125 MG ORAL                       | 4    | LA, PA, QL 112/28 days, Partial Fill, Prudent |
| ORKAMBI TABLET 200-125 MG ORAL                       | 4    | LA, PA, QL 112/28 days, Partial Fill, Prudent |
| SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL    | 4    | LA, PA, QL 56/28 days, SP, Prudent            |
| SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL       | 4    | LA, PA, QL 56/28 days, SP, Prudent            |
| TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL | 4    | PA-NSO, QL 84/28 days, SP, Prudent            |
| TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL | 4    | PA-NSO, QL 84/28 days, SP, Prudent            |
| TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL         | 4    | PA-NSO, QL 56/28 days, SP, Prudent            |
| TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL        | 4    | PA-NSO, QL 56/28 days, SP, Prudent            |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS                |
|--|------|------------------------------------|
| <b>Cystic Fibrosis Agents - Miscellaneous</b>        |      |                                    |
| BRONCHITOL CAPSULE 40 MG INHALATION                  | 4    | PA, QL 560/28 days, Prudent        |
| BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION   | 4    | PA, QL 560/28 days, Prudent        |
| <b>Hydrolytic Enzymes</b>                            |      |                                    |
| PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION           | 4    | PA, SP, Prudent                    |
| <b>Pulmonary Fibrosis Agents</b>                     |      |                                    |
| <i>pirfenidone capsule 267 mg oral</i>               | 4    | PA, QL 180/30 days, SP, Prudent    |
| <i>pirfenidone tablet 267 mg oral</i>                | 4    | PA, QL 180/30 days, SP, Prudent    |
| <i>pirfenidone tablet 801 mg oral</i>                | 4    | PA, QL 90/30 days, SP, Prudent     |
| <b>Pulmonary Fibrosis Agents - Kinase Inhibitors</b> |      |                                    |
| OFEV CAPSULE 100 MG ORAL                             | 4    | LA, PA, QL 60/30 days, SP, Prudent |
| OFEV CAPSULE 150 MG ORAL                             | 4    | LA, PA, QL 60/30 days, SP, Prudent |
| <b>SULFONAMIDES</b>                                  |      |                                    |
| <b>Sulfonamides</b>                                  |      |                                    |
| <i>sulfadiazine tablet 500 mg oral</i>               | 1    |                                    |
| <b>TETRACYCLINES</b>                                 |      |                                    |
| <b>Tetracyclines</b>                                 |      |                                    |
| <i>avidoxy tablet 100 mg oral</i>                    | 1    |                                    |
| <i>demeclocycline hcl tablet 150 mg oral</i>         | 1    |                                    |
| <i>demeclocycline hcl tablet 300 mg oral</i>         | 1    |                                    |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Tetracyclines (continued)</b>                                       |      |                     |
| DOXY 100 SOLUTION RECONSTITUTED 100 MG INTRAVENOUS                     | 1    |                     |
| <i>doxycycline hyclate capsule 100 mg oral</i>                         | 1    |                     |
| <i>doxycycline hyclate capsule 50 mg oral</i>                          | 1    |                     |
| <i>doxycycline hyclate tablet 100 mg oral</i>                          | 1    |                     |
| <i>doxycycline hyclate tablet 20 mg oral</i>                           | 1    |                     |
| <i>doxycycline hyclate tablet delayed release 100 mg oral</i>          | 1    |                     |
| <i>doxycycline hyclate tablet delayed release 150 mg oral</i>          | 1    |                     |
| <i>doxycycline hyclate tablet delayed release 75 mg oral</i>           | 1    |                     |
| <i>doxycycline monohydrate capsule 100 mg oral</i>                     | 1    |                     |
| <i>doxycycline monohydrate capsule 150 mg oral</i>                     | 1    |                     |
| <i>doxycycline monohydrate capsule 50 mg oral</i>                      | 1    |                     |
| <i>doxycycline monohydrate capsule 75 mg oral</i>                      | 1    |                     |
| <i>doxycycline monohydrate suspension reconstituted 25 mg/5ml oral</i> | 1    |                     |
| <i>doxycycline monohydrate tablet 100 mg oral</i>                      | 1    |                     |
| <i>doxycycline monohydrate tablet 150 mg oral</i>                      | 1    |                     |
| <i>doxycycline monohydrate tablet 50 mg oral</i>                       | 1    |                     |
| <i>doxycycline monohydrate tablet 75 mg oral</i>                       | 1    |                     |
| <i>minocycline hcl capsule 100 mg oral</i>                             | 1    |                     |

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| DRUG NAME                                   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Tetracyclines (continued)</b>            |      |                     |
| <i>minocycline hcl capsule 50 mg oral</i>   | 1    |                     |
| <i>minocycline hcl capsule 75 mg oral</i>   | 1    |                     |
| <i>minocycline hcl tablet 100 mg oral</i>   | 1    |                     |
| <i>minocycline hcl tablet 50 mg oral</i>    | 1    |                     |
| <i>minocycline hcl tablet 75 mg oral</i>    | 1    |                     |
| MORGIDOX CAPSULE 100 MG ORAL                | 1    |                     |
| <i>tetracycline hcl capsule 250 mg oral</i> | 1    |                     |
| <i>tetracycline hcl capsule 500 mg oral</i> | 1    |                     |
| <b>THYROID AGENTS</b>                       |      |                     |
| <b>Antithyroid Agents</b>                   |      |                     |
| <i>methimazole tablet 10 mg oral</i>        | 1    |                     |
| <i>methimazole tablet 5 mg oral</i>         | 1    |                     |
| <i>propylthiouracil tablet 50 mg oral</i>   | 1    |                     |
| <b>Thyroid Hormones</b>                     |      |                     |
| ARMOUR THYROID TABLET 120 MG ORAL           | 3    |                     |
| ARMOUR THYROID TABLET 15 MG ORAL            | 3    |                     |
| ARMOUR THYROID TABLET 180 MG ORAL           | 3    |                     |
| ARMOUR THYROID TABLET 240 MG ORAL           | 3    |                     |
| ARMOUR THYROID TABLET 30 MG ORAL            | 3    |                     |
| ARMOUR THYROID TABLET 300 MG ORAL           | 3    |                     |
| ARMOUR THYROID TABLET 60 MG ORAL            | 3    |                     |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Thyroid Hormones (continued)</b>              |      |                     |
| ARMOUR THYROID TABLET 90 MG ORAL                 | 3    |                     |
| EUTHYROX TABLET 100 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 112 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 125 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 137 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 150 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 175 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 200 MCG ORAL                     | 1    |                     |
| EUTHYROX TABLET 25 MCG ORAL                      | 1    |                     |
| EUTHYROX TABLET 50 MCG ORAL                      | 1    |                     |
| EUTHYROX TABLET 75 MCG ORAL                      | 1    |                     |
| EUTHYROX TABLET 88 MCG ORAL                      | 1    |                     |
| <i>levothyroxine sodium capsule 100 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 112 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 125 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 13 mcg oral</i>  | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 137 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 150 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 175 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 200 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 25 mcg oral</i>  | 1    | QL 60/30 days       |

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| DRUG NAME                                       | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>Thyroid Hormones (continued)</b>             |      |                     |
| <i>levothyroxine sodium capsule 50 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 75 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium capsule 88 mcg oral</i> | 1    | QL 60/30 days       |
| <i>levothyroxine sodium tablet 100 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 112 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 125 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 137 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 150 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 175 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 200 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 25 mcg oral</i>  | 1    | Incentive           |
| <i>levothyroxine sodium tablet 300 mcg oral</i> | 1    | Incentive           |
| <i>levothyroxine sodium tablet 50 mcg oral</i>  | 1    | Incentive           |
| <i>levothyroxine sodium tablet 75 mcg oral</i>  | 1    | Incentive           |
| <i>levothyroxine sodium tablet 88 mcg oral</i>  | 1    | Incentive           |
| LEVOXYL TABLET 100 MCG ORAL                     | 1    |                     |
| LEVOXYL TABLET 112 MCG ORAL                     | 1    |                     |
| LEVOXYL TABLET 125 MCG ORAL                     | 1    |                     |
| LEVOXYL TABLET 137 MCG ORAL                     | 1    |                     |
| LEVOXYL TABLET 150 MCG ORAL                     | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS   |
|---|------|-----------------------|
| <b>Thyroid Hormones (continued)</b>                       |      |                       |
| LEVOXYL TABLET 175 MCG ORAL                               | 1    |                       |
| LEVOXYL TABLET 200 MCG ORAL                               | 1    |                       |
| LEVOXYL TABLET 25 MCG ORAL                                | 1    |                       |
| LEVOXYL TABLET 50 MCG ORAL                                | 1    |                       |
| LEVOXYL TABLET 75 MCG ORAL                                | 1    |                       |
| LEVOXYL TABLET 88 MCG ORAL                                | 1    |                       |
| <i>liothyronine sodium solution 10 mcg/ml intravenous</i> | 1    | Medical Benefit only. |
| <i>liothyronine sodium tablet 25 mcg oral</i>             | 1    |                       |
| <i>liothyronine sodium tablet 5 mcg oral</i>              | 1    |                       |
| <i>liothyronine sodium tablet 50 mcg oral</i>             | 1    |                       |
| NP THYROID TABLET 120 MG ORAL                             | 3    |                       |
| NP THYROID TABLET 15 MG ORAL                              | 3    |                       |
| NP THYROID TABLET 30 MG ORAL                              | 3    |                       |
| NP THYROID TABLET 60 MG ORAL                              | 3    |                       |
| NP THYROID TABLET 90 MG ORAL                              | 3    |                       |
| SYNTHROID TABLET 100 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 112 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 125 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 137 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 150 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 175 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 200 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 25 MCG ORAL                              | 2    |                       |
| SYNTHROID TABLET 300 MCG ORAL                             | 2    |                       |
| SYNTHROID TABLET 50 MCG ORAL                              | 2    |                       |
| SYNTHROID TABLET 75 MCG ORAL                              | 2    |                       |
| SYNTHROID TABLET 88 MCG ORAL                              | 2    |                       |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Thyroid Hormones (continued)</b>                                   |      |                                 |
| THYROLAR-1 TABLET 60 (12.5-50) MG (MCG) ORAL                          | 3    |                                 |
| THYROLAR-1/2 TABLET 30 (6.25-25) MG (MCG) ORAL                        | 3    |                                 |
| THYROLAR-1/4 TABLET 15 (3.1-12.5) MG (MCG) ORAL                       | 3    |                                 |
| THYROLAR-2 TABLET 120 (25-100) MG (MCG) ORAL                          | 3    |                                 |
| THYROLAR-3 TABLET 180 (37.5-150) MG (MCG) ORAL                        | 3    |                                 |
| UNITHROID TABLET 100 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 112 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 125 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 137 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 150 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 175 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 200 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 25 MCG ORAL  | 1    |                                 |
| UNITHROID TABLET 300 MCG ORAL   | 1    |                                 |
| UNITHROID TABLET 50 MCG ORAL  | 1    |                                 |
| UNITHROID TABLET 75 MCG ORAL  | 1    |                                 |
| UNITHROID TABLET 88 MCG ORAL  | 1    |                                 |
| <b>TOXOIDS</b>  |      |                                 |
| <b>Toxoid Combinations</b>  |      |                                 |
| ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR                   | 0    | ACA NCDL, limitations may apply |
| ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR | 0    | ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Toxoid Combinations (continued)</b>                                       |      |                                 |
| BOOSTRIX SUSPENSION 5-2.5-18.5 INTRAMUSCULAR                                 | 0    | ACA NCDL, limitations may apply |
| BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR    | 0    | ACA NCDL, limitations may apply |
| DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR                                    | 0    | ACA NCDL, limitations may apply |
| <i>diphtheria-tetanus toxoids dt suspension 25-5 lfu/0.5ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |
| INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR                                   | 0    | ACA NCDL, limitations may apply |
| KINRIX SUSPENSION INTRAMUSCULAR  | 0    | ACA NCDL, limitations may apply |
| KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR                     | 0    | ACA NCDL, limitations may apply |
| PEDIARIX SUSPENSION INTRAMUSCULAR  | 0    | ACA NCDL, limitations may apply |
| PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR                          | 0    | ACA NCDL, limitations may apply |
| PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR                              | 0    | ACA NCDL, limitations may apply |
| QUADRACEL SUSPENSION INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |
| QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR                  | 0    | ACA NCDL, limitations may apply |
| TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR                                  | 0    | ACA NCDL, limitations may apply |
| TENIVAC INJECTABLE 5-2 LFU INTRAMUSCULAR                                     | 0    | ACA NCDL, limitations may apply |
| TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR                                | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Toxoid Combinations (continued)</b>                                      |      |                                 |
| <i>tetanus-diphtheria toxoids td suspension 2-2 If/0.5ml intramuscular</i>  | 0    | ACA NCDL, limitations may apply |
| VAXELIS SUSPENSION INTRAMUSCULAR  | 0    | ACA NCDL, limitations may apply |
| VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR                          | 0    | ACA NCDL, limitations may apply |
| <b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>                          |      |                                 |
| <b>Antispasmodics</b>   |      |                                 |
| <i>dicyclomine hcl capsule 10 mg oral</i>                                   | 1    |                                 |
| <i>dicyclomine hcl solution 10 mg/5ml oral</i>                              | 1    |                                 |
| <i>dicyclomine hcl solution 10 mg/ml intramuscular</i>                      | 1    |                                 |
| <i>dicyclomine hcl tablet 20 mg oral</i>                                    | 1    |                                 |
| <b>Belladonna Alkaloids</b>   |      |                                 |
| <i>ed-spaz tablet dispersible 0.125 mg oral</i>                             | 1    |                                 |
| <i>hyoscyamine sulfate er tablet extended release 12 hour 0.375 mg oral</i> | 1    |                                 |
| <i>hyoscyamine sulfate tablet 0.125 mg oral</i>                             | 1    |                                 |
| <i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>                 | 1    |                                 |
| <i>hyoscyamine sulfate tablet sublingual 0.125 mg sublingual</i>            | 1    |                                 |
| NULEV TABLET DISPERSIBLE 0.125 MG ORAL                                      | 1    |                                 |
| <i>oscimin sr tablet extended release 12 hour 0.375 mg oral</i>             | 1    |                                 |
| <i>oscimin tablet 0.125 mg oral</i>   | 1    |                                 |
| <i>oscimin tablet sublingual 0.125 mg sublingual</i>                        | 1    |                                 |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>Belladonna Alkaloids (continued)</b>                          |      |                     |
| SYMAX-SL TABLET SUBLINGUAL 0.125 MG SUBLINGUAL                   | 1    |                     |
| <b>H-2 Antagonists</b>   |      |                     |
| <i>cimetidine hcl solution 300 mg/5ml oral</i>                   | 1    |                     |
| <i>cimetidine tablet 200 mg oral</i>                             | 1    |                     |
| <i>cimetidine tablet 300 mg oral</i>                             | 1    |                     |
| <i>cimetidine tablet 400 mg oral</i>                             | 1    |                     |
| <i>cimetidine tablet 800 mg oral</i>                             | 1    |                     |
| <i>famotidine (pf) solution 20 mg/2ml intravenous</i>            | 1    |                     |
| <i>famotidine premixed solution 20-0.9 mg/50ml-% intravenous</i> | 1    |                     |
| <i>famotidine solution 20 mg/2ml intravenous</i>                 | 1    |                     |
| <i>famotidine solution 200 mg/20ml intravenous</i>               | 1    |                     |
| <i>famotidine solution 40 mg/4ml intravenous</i>                 | 1    |                     |
| <i>famotidine suspension reconstituted 40 mg/5ml oral</i>        | 1    |                     |
| <i>famotidine tablet 20 mg oral</i>                              | 1    |                     |
| <i>famotidine tablet 40 mg oral</i>                              | 1    |                     |
| <i>nizatidine capsule 150 mg oral</i>                            | 1    |                     |
| <i>nizatidine capsule 300 mg oral</i>                            | 1    |                     |
| <i>nizatidine solution 15 mg/ml oral</i>                         | 1    |                     |
| <b>Misc. Anti-Ulcer</b>  |      |                     |
| <i>sucralfate suspension 1 gm/10ml oral</i>                      | 1    |                     |
| <i>sucralfate tablet 1 gm oral</i>                               | 1    |                     |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                                |
|---|------|--|
| <b>PPI - Potassium-Competitive Acid Blockers (P-CAB)</b>            |      |  |
| VOQUEZNA TABLET 10 MG ORAL  | 3    | QL 180/365 days, ST                                |
| VOQUEZNA TABLET 20 MG ORAL  | 3    | QL 180/365 days, ST                                |
| <b>Proton Pump Inhibitors</b>                                       |      |  |
| <i>dexlansoprazole capsule delayed release 30 mg oral</i>           | 1    | QL 30/30 days                                      |
| <i>dexlansoprazole capsule delayed release 60 mg oral</i>           | 1    | QL 30/30 days                                      |
| <i>esomeprazole magnesium capsule delayed release 40 mg oral</i>    | 1    | QL 60/30 days                                      |
| <i>esomeprazole sodium solution reconstituted 20 mg intravenous</i> | 1    |  |
| <i>esomeprazole sodium solution reconstituted 40 mg intravenous</i> | 1    |  |
| FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL                          | 3    | PA, PA applies to greater than 6 years of age only |
| FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL                            | 3    | QL 300/30 days                                     |
| <i>lansoprazole capsule delayed release 15 mg oral</i>              | 1    | QL 90/30 days                                      |
| <i>lansoprazole capsule delayed release 30 mg oral</i>              | 1    | QL 60/30 days                                      |
| <i>omeprazole capsule delayed release 10 mg oral</i>                | 1    |  |
| <i>omeprazole capsule delayed release 20 mg oral</i>                | 1    |  |
| <i>omeprazole capsule delayed release 40 mg oral</i>                | 1    |  |
| OMEPRAZOLE+SYRSPEND SF ALKA SUSPENSION 2 MG/ML ORAL                 | 3    | QL 300/30 days                                     |
| <i>pantoprazole sodium tablet delayed release 20 mg oral</i>        | 1    |  |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS         |
|--|------|-----------------------------|
| <b>Proton Pump Inhibitors (continued)</b>  |      |                             |
| <i>pantoprazole sodium tablet delayed release 40 mg oral</i>                     | 1    |                             |
| <i>rabeprazole sodium tablet delayed release 20 mg oral</i>                      | 1    | QL 60/30 days               |
| <b>Quaternary Anticholinergics</b>   |      |                             |
| <i>glycopyrrolate solution 0.2 mg/ml injection</i>                               | 1    | Medical Benefit only.       |
| <i>glycopyrrolate solution 0.4 mg/2ml injection</i>                              | 1    | Medical Benefit only.       |
| <i>glycopyrrolate solution 1 mg/5ml injection</i>                                | 1    | Medical Benefit only.       |
| <i>glycopyrrolate solution 4 mg/20ml injection</i>                               | 1    | Medical Benefit only.       |
| <i>glycopyrrolate tablet 1 mg oral</i>   | 1    |                             |
| <i>glycopyrrolate tablet 2 mg oral</i>   | 1    |                             |
| <i>methscopolamine bromide tablet 2.5 mg oral</i>                                | 1    |                             |
| <i>methscopolamine bromide tablet 5 mg oral</i>                                  | 1    |                             |
| <i>propantheline bromide tablet 15 mg oral</i>                                   | 1    |                             |
| <b>Ulcer Anti-Infective w/ Bismuth Combinations</b>                              |      |                             |
| HELIDAC ORAL   | 3    | PA, Medical Necessity<br>PA |
| <b>Ulcer Anti-Infective w/ Proton Pump Inhibitors</b>                            |      |                             |
| <i>amoxicill-clarithro-lansopraz oral</i>  | 1    |                             |
| <i>amoxicill-clarithro-lansopraz therapy pack 500 &amp; 500 &amp; 30 mg oral</i> | 1    |                             |
| <b>Ulcer Drugs - Prostaglandins</b>  |      |                             |
| <i>misoprostol tablet 100 mcg oral</i>   | 1    |                             |
| <i>misoprostol tablet 200 mcg oral</i>   | 1    |                             |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>URINARY ANTISPASMODICS</b>  |      |                     |
| <b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic)</b>                |      |                     |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>  | 1    |                     |
| <i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i> | 1    |                     |
| <i>fesoterodine fumarate er tablet extended release 24 hour 4 mg oral</i>      | 1    | QL 30/30 days, ST   |
| <i>fesoterodine fumarate er tablet extended release 24 hour 8 mg oral</i>      | 1    | QL 30/30 days, ST   |
| GELNIQUE GEL 10 % TRANSDERMAL  | 3    | ST                  |
| <i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>       | 1    |                     |
| <i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>       | 1    |                     |
| <i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>        | 1    |                     |
| <i>oxybutynin chloride solution 5 mg/5ml oral</i>                              | 1    |                     |
| <i>oxybutynin chloride syrup 5 mg/5ml oral</i>                                 | 1    |                     |
| <i>oxybutynin chloride tablet 5 mg oral</i>                                    | 1    |                     |
| OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL                             | 3    | ST                  |
| <i>solifenacin succinate tablet 10 mg oral</i>                                 | 1    |                     |
| <i>solifenacin succinate tablet 5 mg oral</i>                                  | 1    |                     |
| <i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>      | 1    |                     |
| <i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>      | 1    |                     |
| <i>tolterodine tartrate tablet 1 mg oral</i>                                   | 1    |                     |
| <i>tolterodine tartrate tablet 2 mg oral</i>                                   | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Urinary Antispasmodic - Antimuscarinic (Anticholinergic) (continued)</b> |      |                                 |
| <i>tropium chloride er capsule extended release 24 hour 60 mg oral</i>      | 1    |                                 |
| <i>tropium chloride tablet 20 mg oral</i>                                   | 1    |                                 |
| <b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>                  |      |                                 |
| <i>mirabegron er tablet extended release 24 hour 25 mg oral</i>             | 1    | QL 30/30 days, ST               |
| <i>mirabegron er tablet extended release 24 hour 50 mg oral</i>             | 1    | QL 30/30 days, ST               |
| <b>Urinary Antispasmodics - Cholinergic Agonists</b>                        |      |                                 |
| <i>bethanechol chloride tablet 10 mg oral</i>                               | 1    |                                 |
| <i>bethanechol chloride tablet 25 mg oral</i>                               | 1    |                                 |
| <i>bethanechol chloride tablet 5 mg oral</i>                                | 1    |                                 |
| <i>bethanechol chloride tablet 50 mg oral</i>                               | 1    |                                 |
| <b>Urinary Antispasmodics - Direct Muscle Relaxants</b>                     |      |                                 |
| <i>flavoxate hcl tablet 100 mg oral</i>                                     | 1    |                                 |
| <b>VACCINES</b>   |      |                                 |
| <b>Bacterial Vaccines</b>   |      |                                 |
| ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR                                 | 0    | ACA NCDL, limitations may apply |
| BEXSERO SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR                   | 0    | ACA NCDL, limitations may apply |
| CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR                   | 0    | ACA NCDL, limitations may apply |
| HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION                             | 0    | ACA NCDL, limitations may apply |
| MENACTRA INJECTABLE INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |
| MENACTRA SOLUTION INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Bacterial Vaccines (continued)</b>                          |      |                                 |
| MENQUADFI INJECTABLE INTRAMUSCULAR                             | 0    | ACA NCDL, limitations may apply |
| MENQUADFI SOLUTION 0.5 ML INTRAMUSCULAR                        | 0    | ACA NCDL, limitations may apply |
| MENVEO SOLUTION INTRAMUSCULAR                                  | 0    | ACA NCDL, limitations may apply |
| MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR                    | 0    | ACA NCDL, limitations may apply |
| PEDVAX HIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR              | 0    | ACA NCDL, limitations may apply |
| PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR                | 0    | ACA NCDL, limitations may apply |
| PNEUMOVAX 23 INJECTABLE 25 MCG/0.5ML INJECTION                 | 0    | ACA NCDL, limitations may apply |
| PNEUMOVAX 23 SOLUTION 25 MCG/0.5ML INJECTION                   | 0    | ACA NCDL, limitations may apply |
| PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION | 0    | ACA NCDL, limitations may apply |
| PREVNAR 13 SUSPENSION INTRAMUSCULAR                            | 0    | ACA NCDL, limitations may apply |
| PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |
| TRUMENBA SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR     | 0    | ACA NCDL, limitations may apply |
| VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR  | 0    | ACA NCDL, limitations may apply |
| <b>Viral Vaccine Combinations</b>                              |      |                                 |
| M-M-R II INJECTABLE SUBCUTANEOUS                               | 0    | ACA NCDL, limitations may apply |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Viral Vaccine Combinations (continued)</b>                        |      |                                 |
| M-M-R II SOLUTION RECONSTITUTED INJECTION                            | 0    | ACA NCDL, limitations may apply |
| PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS                        | 0    | ACA NCDL, limitations may apply |
| PROQUAD INJECTABLE SUBCUTANEOUS                                      | 0    | ACA NCDL, limitations may apply |
| PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS                        | 0    | ACA NCDL, limitations may apply |
| TWINRIX SUSPENSION 720-20 INTRAMUSCULAR                              | 0    | ACA NCDL, limitations may apply |
| TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR | 0    | ACA NCDL, limitations may apply |
| <b>Viral Vaccines</b>  |      |                                 |
| ABRYSVO SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR           | 0    | ACA NCDL, limitations may apply |
| ACAM2000 SOLUTION RECONSTITUTED INJECTION                            | 0    | ACA NCDL, limitations may apply |
| AFLURIA SUSPENSION INTRAMUSCULAR                                     | 0    | ACA NCDL, limitations may apply |
| AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR          | 0    | ACA NCDL, limitations may apply |
| COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR           | 0    | ACA NCDL, limitations may apply |
| COMIRNATY SUSPENSION 30 MCG/0.3ML INTRAMUSCULAR                      | 0    | ACA NCDL, limitations may apply |
| COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR    | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Viral Vaccines (continued)</b>  |      |                                 |
| ENGERIX-B INJECTABLE 10 MCG/0.5ML INTRAMUSCULAR                                  | 0    | ACA NCDL, limitations may apply |
| ENGERIX-B INJECTABLE 20 MCG/ML INTRAMUSCULAR                                     | 0    | ACA NCDL, limitations may apply |
| ENGERIX-B SUSPENSION 10 MCG/0.5ML INJECTION                                      | 0    | ACA NCDL, limitations may apply |
| ENGERIX-B SUSPENSION 20 MCG/ML INJECTION   | 0    | ACA NCDL, limitations may apply |
| ENGERIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION                    | 0    | ACA NCDL, limitations may apply |
| ENGERIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION                       | 0    | ACA NCDL, limitations may apply |
| FLUAD QUADRIVALENT PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR                        | 0    | ACA NCDL, limitations may apply |
| FLUBLOK QUADRIVALENT SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR             | 0    | ACA NCDL, limitations may apply |
| FLUBLOK SOLUTION INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |
| FLUCELVAX QUADRIVALENT SUSPENSION INTRAMUSCULAR                                  | 0    | ACA NCDL, limitations may apply |
| FLUCELVAX QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR         | 0    | ACA NCDL, limitations may apply |
| FLULAVAL QUADRIVALENT SUSPENSION INTRAMUSCULAR                                   | 0    | ACA NCDL, limitations may apply |
| FLULAVAL QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR          | 0    | ACA NCDL, limitations may apply |
| FLUZONE HIGH-DOSE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.7 ML INTRAMUSCULAR | 0    | ACA NCDL, limitations may apply |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS                            |
|---|------|--|
| <b>Viral Vaccines (continued)</b>                                       |      |  |
| FLUZONE QUADRIVALENT SUSPENSION 0.5 ML INTRAMUSCULAR                    | 0    | ACA NCDL, limitations may apply                |
| FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.25 ML INTRAMUSCULAR | 0    | ACA NCDL, limitations may apply                |
| FLUZONE QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR  | 0    | ACA NCDL, limitations may apply                |
| GARDASIL 9 SUSPENSION 0.5 ML INTRAMUSCULAR                              | 0    | ACA NCDL, limitations may apply, VBP Drug List |
| GARDASIL 9 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR            | 0    | ACA NCDL, limitations may apply, VBP Drug List |
| HAVRIX SUSPENSION 1440 EL U/ML INTRAMUSCULAR                            | 0    | ACA NCDL, limitations may apply                |
| HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR                          | 0    | ACA NCDL, limitations may apply                |
| HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR          | 0    | ACA NCDL, limitations may apply                |
| HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR        | 0    | ACA NCDL, limitations may apply                |
| HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR        | 0    | ACA NCDL, limitations may apply                |
| IPOL INJECTABLE INJECTION   | 0    | ACA NCDL, limitations may apply                |
| IPOL SUSPENSION INJECTION   | 0    | ACA NCDL, limitations may apply                |
| <i>janssen covid-19 vaccine suspension 0.5 ml intramuscular</i>         | 0    | ACA NCDL, limitations may apply                |

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| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Viral Vaccines (continued)</b>   |      |                                 |
| JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS                                      | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 bival 6m-5y suspension 10 mcg/0.2ml intramuscular</i>   | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 bival booster suspension 50 mcg/0.5ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 bivalent suspension 50 mcg/0.5ml intramuscular</i>      | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 vac (booster) suspension 50 mcg/0.5ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 vac (booster) suspension 50 mg/0.5ml intramuscular</i>  | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 vacc 6-11y suspension 50 mcg/0.5ml intramuscular</i>    | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 vacc 6m-5y suspension 25 mcg/0.25ml intramuscular</i>   | 0    | ACA NCDL, limitations may apply |
| <i>moderna covid-19 vaccine suspension 100 mcg/0.5ml intramuscular</i>      | 0    | ACA NCDL, limitations may apply |
| MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR             | 0    | ACA NCDL, limitations may apply |
| <i>novavax covid-19 vaccine suspension 5 mcg/0.5ml intramuscular</i>        | 0    | ACA NCDL, limitations may apply |
| <i>pfizer covid-19 bival 6mo-4yr suspension 3 mcg/0.2ml intramuscular</i>   | 0    | ACA NCDL, limitations may apply |
| <i>pfizer covid-19 vac bival 5-11 suspension 10 mcg/0.2ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |
| <i>pfizer covid-19 vac bivalent suspension 30 mcg/0.3ml intramuscular</i>   | 0    | ACA NCDL, limitations may apply |
| <i>pfizer covid-19 vac-tris 5-11y suspension 10 mcg/0.2ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS             |
|---|------|---------------------------------|
| <b>Viral Vaccines (continued)</b>   |      |                                 |
| <i>pfizer covid-19 vac-tris 6m-4y suspension 3 mcg/0.2ml intramuscular</i>  | 0    | ACA NCDL, limitations may apply |
| <i>pfizer-biont covid-19 vac-tris suspension 30 mcg/0.3ml intramuscular</i> | 0    | ACA NCDL, limitations may apply |
| <i>pfizer-biontech covid-19 vacc suspension 30 mcg/0.3ml intramuscular</i>  | 0    | ACA NCDL, limitations may apply |
| PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR                               | 0    | ACA NCDL, limitations may apply |
| RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION                                | 0    | ACA NCDL, limitations may apply |
| RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION                                | 0    | ACA NCDL, limitations may apply |
| RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION                              | 0    | ACA NCDL, limitations may apply |
| RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION              | 0    | ACA NCDL, limitations may apply |
| RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION            | 0    | ACA NCDL, limitations may apply |
| ROTARIX SUSPENSION RECONSTITUTED ORAL                                       | 0    | ACA NCDL, limitations may apply |
| ROTATEQ SOLUTION ORAL   | 0    | ACA NCDL, limitations may apply |
| SHINGRIX SUSPENSION RECONSTITUTED 50 MCG INTRAMUSCULAR                      | 0    | ACA NCDL, limitations may apply |
| SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR    | 0    | ACA NCDL, limitations may apply |
| SPIKEVAX COVID-19 VACCINE SUSPENSION 100 MCG/0.5ML INTRAMUSCULAR            | 0    | ACA NCDL, limitations may apply |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Viral Vaccines (continued)</b>                                |      |                                 |
| SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR | 0    | ACA NCDL, limitations may apply |
| VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR                     | 0    | ACA NCDL, limitations may apply |
| VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR                        | 0    | ACA NCDL, limitations may apply |
| VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR   | 0    | ACA NCDL, limitations may apply |
| VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR      | 0    | ACA NCDL, limitations may apply |
| VARIVAX INJECTABLE 1350 PFU/0.5ML SUBCUTANEOUS                   | 0    | ACA NCDL, limitations may apply |
| VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION        | 0    | ACA NCDL, limitations may apply |
| <b>VAGINAL AND RELATED PRODUCTS</b>                              |      |                                 |
| <b>Imidazole-Related Antifungals</b>                             |      |                                 |
| GYNAZOLE-1 CREAM 2 % VAGINAL                                     | 3    |                                 |
| <i>miconazole 3 suppository 200 mg vaginal</i>                   | 1    |                                 |
| <i>terconazole cream 0.4 % vaginal</i>                           | 1    |                                 |
| <i>terconazole cream 0.8 % vaginal</i>                           | 1    |                                 |
| <i>terconazole suppository 80 mg vaginal</i>                     | 1    |                                 |
| <b>Vaginal Anti-infectives</b>                                   |      |                                 |
| CLEOCIN SUPPOSITORY 100 MG VAGINAL                               | 2    |                                 |

| DRUG NAME  | TIER | REQUIREMENTS/LIMITS             |
|--|------|---------------------------------|
| <b>Vaginal Anti-infectives (continued)</b>               |      |                                 |
| <i>clindamycin phosphate cream 2 % vaginal</i>           | 1    |                                 |
| <i>metronidazole gel 0.75 % vaginal</i>                  | 1    |                                 |
| VANDAZOLE GEL 0.75 % VAGINAL                             | 2    |                                 |
| <b>Vaginal Contraceptive pH Modulator - Combinations</b> |      |                                 |
| PHEXXI GEL 1.8-1-0.4 % VAGINAL                           | 0    | ACA NCDL, limitations may apply |
| <b>Vaginal Estrogens</b>                                 |      |                                 |
| <i>estradiol cream 0.01 % vaginal</i>                    | 1    |                                 |
| <i>estradiol cream 0.1 mg/gm vaginal</i>                 | 1    |                                 |
| <i>estradiol tablet 10 mcg vaginal</i>                   | 1    |                                 |
| ESTRING RING 2 MG VAGINAL                                | 3    |                                 |
| FEMRING RING 0.05 MG/24HR VAGINAL                        | 3    |                                 |
| FEMRING RING 0.1 MG/24HR VAGINAL                         | 3    |                                 |
| PREMARIN CREAM 0.625 MG/GM VAGINAL                       | 3    |                                 |
| YUVAFEM TABLET 10 MCG VAGINAL                            | 1    |                                 |
| <b>Vaginal Progestins</b>                                |      |                                 |
| CRINONE GEL 4 % VAGINAL                                  | 3    | PA, Medical Necessity PA        |
| FIRST-PROGESTERONE VGS SUPPOSITORY 100 MG VAGINAL        | 3    | PA                              |
| FIRST-PROGESTERONE VGS SUPPOSITORY 200 MG VAGINAL        | 3    | PA                              |

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| DRUG NAME  | TIER | REQUIREMENTS/LIMITS |
|--|------|---------------------|
| <b>VASOPRESSORS</b>  |      |                     |
| <b>Anaphylaxis Therapy Agents</b>                                  |      |                     |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION               | 3    | QL 4/90 days        |
| AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION             | 2    | QL 4/90 days        |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i> | 1    | QL 4/90 days        |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>  | 1    | QL 4/90 days        |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>   | 1    | QL 4/90 days        |
| EIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION          | 2    | QL 4/90 days        |
| NEFFY SOLUTION 1 MG/0.1ML NASAL                                    | 3    | QL 4/90 days        |
| NEFFY SOLUTION 2 MG/0.1ML NASAL                                    | 3    | QL 4/90 days        |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION         | 2    | QL 4/90 days        |
| SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION          | 2    | QL 4/90 days        |
| <b>Neurogenic Orthostatic Hypotension (NOH) - Agents</b>           |      |                     |
| <i>droxidopa capsule 100 mg oral</i>                               | 4    | PA, SP, Prudent     |
| <i>droxidopa capsule 200 mg oral</i>                               | 4    | PA, SP, Prudent     |
| <i>droxidopa capsule 300 mg oral</i>                               | 4    | PA, SP, Prudent     |
| <b>Vasopressors</b>  |      |                     |
| <i>midodrine hcl tablet 10 mg oral</i>                             | 1    |                     |
| <i>midodrine hcl tablet 2.5 mg oral</i>                            | 1    |                     |
| <i>midodrine hcl tablet 5 mg oral</i>                              | 1    |                     |

| DRUG NAME   | TIER | REQUIREMENTS/LIMITS |
|---|------|---------------------|
| <b>VITAMINS</b>   |      |                     |
| <b>Vitamin C</b>  |      |                     |
| <i>ascorbic acid solution 500 mg/ml injection</i>                 | 1    |                     |
| <b>Vitamin D</b>  |      |                     |
| <i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i> | 1    |                     |
| <b>Vitamin K</b>  |      |                     |
| <i>phytonadione tablet 5 mg oral</i>                              | 1    | QL 5/30 days        |

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