



# **AVMED EMPLOYER PLANS 5-TIER PRESCRIPTION DRUG FORMULARY**

**(Effective July – September 2025)**

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

Members must use in-network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

## INTRODUCTION

This formulary was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. This formulary is reflective of current medical practice as of the date of review.

The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. All the information in this formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at [www.ahrq.gov/gam/index.html](http://www.ahrq.gov/gam/index.html) on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

This formulary is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at [www.avmed.org/prescriptions](http://www.avmed.org/prescriptions). AvMed welcomes your input and feedback on the information provided in this document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

### DEFINITIONS

**Brand Medication** - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

**Brand Additional Charge** - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

**Cost-sharing Medications** - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life-threatening conditions. Such medications are subject to coinsurance and coverage is limited

**Generic Medication** - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

**Maintenance Medication** - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

**Participating Pharmacy** - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

**Preferred Medication List** - The listing of preferred medications based on clinical efficacy, relative safety, and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

**Prescription Medication** - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

**Prior Authorization** - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at [www.avmed.org/prescriptions/](http://www.avmed.org/prescriptions/) to obtain the appropriate drug authorization request form.

**Self-Administered Injectable Medication** - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except insulin.

**Specialty Medication** - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The co-payment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate co-payment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

**Quantity Limit** - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, prior authorization will be required.

## **BENEFIT COVERAGE AND LIMITATIONS**

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in this formulary. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment if either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

### **Coverage**

Your prescription medication coverage includes medications that require a prescription, are filled by a participating AvMed pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a

medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used and is subject to a maximum of 13 refills per year. Many plans may provide the option to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

### **Prior Authorization Process**

The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to AvMed by fax to 1-305-671-0200. The pharmacy drug authorization request forms are available at [www.avmed.org/prescriptions](http://www.avmed.org/prescriptions) or [www.avmed.org/forms/provider](http://www.avmed.org/forms/provider).

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 1-3 business days if authorization is deemed urgent and within 10-14 business days if identified as standard or routine.

### **Member Initiated Prior Authorization Process**

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process by logging into [www.avmed.org](http://www.avmed.org) and then clicking the link "Prescriptions".

### **Quantity Limit Exception**

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization for the quantity limit exception as described above.

### **Step Therapy**

Medications that require a trial of one or more first and/or second-line medications for the requested medication to be covered under the pharmacy benefit. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described above.

### **Non-formulary Medication Requests**

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the prescriber through the prior authorization process as described above.

### **Clinically Equivalent Drugs (CED)**

Clinically Equivalent Drugs (CED) are medications that are clinically comparable to a medication that is already covered on the formulary. For this reason, coverage for a CED medication requires the prescriber to submit clinical documentation to establish medical necessity of the CED medication over comparable the formulary alternative(s). Medications labeled as CED on the formulary will also have a prior authorization requirement.

### **Tier Description**

Each copay tier is assigned an established co-payment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific co-payments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

| Tier     | Definition                                                                                                                                                                                                                                                                                                                                                                                               |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | <b>Preferred Generic</b> - These are preferred generic medications and are in the low range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.                                                                                                                                                         |
| <b>2</b> | <b>Generics</b> - These are generic medications or higher cost generic medications and are in the low to midrange for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment. |
| <b>3</b> | <b>Preferred Brands</b> - These are preferred brand medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.      |
| <b>4</b> | <b>Non-Preferred Brands</b> - These are non-preferred brand medications and are in the higher range for out-of-pocket expense.                                                                                                                                                                                                                                                                           |
| <b>5</b> | <b>Specialty Medications</b> - These are brand or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.                                                                                                                                                           |
| <b>9</b> | <b>Zero Cost Share Preventative Drugs</b> - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share (\$0), to you.                                                                                                                                                                                                                                         |

\*Please note that **Brand** products are listed in CAPITALS and **Generic** products are listed in *lowercase italics*.

### **What's Not Covered: Common Exclusions**

Certain items may be excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- Dental-specific medications, including fluoride medications for adults.
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins.
- Nutritional supplements and Medical Foods.
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun

damage and anti-wrinkle medications.

- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

### **Mandated Generic Substitution**

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

### **Health Care Reform – Preventive Medications**

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventative, evidence-based items, and services at no cost to the member with certain stipulations. Examples of categories of medications that may be subject to limited, or \$0 cost share include aspirin, breast cancer preventative, fluoride supplements, folic acid supplements, iron supplements, tobacco cessation products, immunizations, bowel preparation for colonoscopy, and some contraceptive medications and devices.

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

### **Opioid Medication Management**

To combat the national opioid crisis, the Centers for Disease Control and Prevention's (CDC) Guideline for Prescribing Opioids for Chronic Pain updated how health care providers can better manage pain, including safer ways to use opioids. AvMed is taking action based on the CDC guideline to help prevent opioid abuse with our members' utmost safety in mind.

### **How we help members safely use opioid medication**

- Set a coverage limit for up to seven days if you are new to therapy
- Limit opioid medication amounts for new or ongoing therapy covered by your plan
- Ensuring the use of short-acting opioids before using long-acting ones

### **Balancing risks and benefits**

Prescription opioids can manage short-term pain like after a surgery or injury. But they may not work as well in the long-term to manage chronic pain. Plus, you're more

likely to overdose or become addicted from using opioids for a long time. And overdose can cause serious health problems or even death. Other treatments like exercise or non-opioid pain relievers with less serious risks may be an option. Members should work with their doctor to find the safest ways to best manage their condition.

## **HOW CAN I SAVE MONEY ON PRESCRIPTIONS?**

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 or 4 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

## **MAIL-SERVICE PRESCRIPTIONS**

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications. Simply ask your prescriber to write the prescription(s) for a 90-day supply and submit it with your mail-service request forms to the address listed on the form. Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. You should allow up to 14 days for delivery from the time the mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, except for some Schedule III, IV and V medications.) Prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

## **MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY**

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier co-payment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day supplies include: Estrin, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your card for more information on coverage.

## **CONTACT INFORMATION**

This formulary is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card. For additional information, please visit our website at: [www.avmed.org/prescriptions](http://www.avmed.org/prescriptions).

## **NOTICE**

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

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## List of Abbreviations

**1:** Preferred Generics

**2:** Non-Preferred Generics

**3:** Preferred Brands

**4:** Non-Preferred Brands

**5:** Specialty Medications

**9:** Affordable Care Act Drug (ACA) - \$0 copay

**CED:** Clinically Equivalent Drugs (CED) may not be covered under the Plan if you could use a clinically equivalent formulary drug. “Clinically Equivalent Drug” means a drug that for most individuals will give you similar results for a disease or condition. For more information please contact Member Services at the number listed on the back of your member ID card

**ACA:** Affordable Care Act (ACA) preventive prescription drugs and over the counter items identified as an A or B recommendation by the United States Preventive Services Task Force. Please use this link for a list of Covered preventive care services: [healthcare.gov/what-are-my-preventive-care-benefits](https://healthcare.gov/what-are-my-preventive-care-benefits).

**CGM:** Continuous Glucose Monitor

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

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

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

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

**SP:** Specialty Drug

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

| Drug Name                                                      | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------------|-----------|-------------------------|
| <b>ANTI - INFECTIVES</b>                                       |           |                         |
| <b>ANTIFUNGAL AGENTS</b>                                       |           |                         |
| ANCOBON                                                        | 4         | PA                      |
| BREXAFEMME                                                     | 4         | PA                      |
| <i>clotrimazole mucous membrane</i>                            | 1         | QL (5 per 1 day)        |
| CRESEMBA ORAL CAPSULE 186 MG                                   | 4         | PA; QL (2 per 1 day)    |
| CRESEMBA ORAL CAPSULE 74.5 MG                                  | 4         | PA; QL (5 per 1 day)    |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML           | 4         | QL (10 per 1 day)       |
| DIFLUCAN ORAL TABLET 100 MG                                    | 4         | QL (4 per 1 day)        |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | 1         | QL (40 per 1 day)       |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> | 1         | QL (10 per 1 day)       |
| <i>fluconazole oral tablet 100 mg, 200 mg</i>                  | 1         | QL (4 per 1 day)        |
| <i>fluconazole oral tablet 150 mg</i>                          | 1         | QL (4 per 30 days)      |
| <i>fluconazole oral tablet 50 mg</i>                           | 1         | QL (8 per 1 day)        |
| <i>flucytosine</i>                                             | 2         | PA                      |
| <i>griseofulvin microsize oral suspension</i>                  | 1         | QL (40 per 1 day)       |
| <i>griseofulvin microsize oral tablet</i>                      | 1         | QL (2 per 1 day)        |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>  | 1         | QL (3 per 1 day)        |
| <i>griseofulvin ultramicrosize oral tablet 165 mg</i>          | CED       | PA; QL (4 per 1 day)    |
| <i>itraconazole oral capsule</i>                               | 2         | QL (4 per 1 day)        |
| <i>itraconazole oral solution</i>                              | CED       | PA; QL (40 per 1 day)   |
| <i>ketoconazole oral</i>                                       | 1         | QL (2 per 1 day)        |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON                    | 4         | PA; QL (1 per 1 day)    |
| NOXAFIL ORAL SUSPENSION                                        | 4         | PA; QL (20 per 1 day)   |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)                    | 4         | PA; QL (8 per 1 day)    |
| <i>nystatin oral suspension</i>                                | 1         | QL (24 per 1 day)       |
| <i>nystatin oral tablet</i>                                    | 1         | QL (6 per 1 day)        |
| ORAVIG                                                         | CED       | PA; 14 tablets per fill |
| <i>posaconazole oral suspension</i>                            | 2         | PA; QL (20 per 1 day)   |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i>       | 2         | PA; QL (8 per 1 day)    |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------------------------------|-----------|-----------------------------|
| SPORANOX ORAL CAPSULE                                                       | 4         | QL (4 per 1 day)            |
| <i>terbinafine hcl oral</i>                                                 | 1         | QL (1 per 1 day)            |
| TOLSURA                                                                     | CED       | PA; QL (4 per 1 day)        |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION                                    | CED       | PA; QL (10 per 1 day)       |
| VFEND ORAL TABLET 50 MG                                                     | 4         | QL (4 per 1 day)            |
| VIVJOA                                                                      | 4         | PA; QL (18 per 84 days)     |
| <i>voriconazole oral suspension for reconstitution</i>                      | CED       | PA; QL (10 per 1 day)       |
| <i>voriconazole oral tablet 200 mg</i>                                      | 2         | QL (2 per 1 day)            |
| <i>voriconazole oral tablet 50 mg</i>                                       | 2         | QL (4 per 1 day)            |
| <b>ANTIVIRALS</b>                                                           |           |                             |
| <i>abacavir</i>                                                             | 1         | SP                          |
| <i>abacavir-lamivudine</i>                                                  | 2         | SP                          |
| <i>acyclovir oral capsule</i>                                               | 1         |                             |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                                | 1         |                             |
| <i>acyclovir oral tablet</i>                                                | 1         |                             |
| <i>adefovir</i>                                                             | 5         | PA; SP; QL (1 per 1 day)    |
| <i>amantadine hcl</i>                                                       | 1         |                             |
| APRETUDE                                                                    | 5         | SP; ACA; QL (3 per 30 days) |
| APTIVUS                                                                     | 5         | SP                          |
| <i>atazanavir</i>                                                           | 2         | SP                          |
| BARACLUDE ORAL SOLUTION                                                     | 5         | SP; QL (20 per 1 day)       |
| BARACLUDE ORAL TABLET                                                       | 5         | SP; QL (1 per 1 day)        |
| BIKTARVY                                                                    | 5         | SP                          |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML | 5         | PA; SP; QL (4 per 28 days)  |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML | 5         | PA; SP; QL (6 per 28 days)  |
| CIMDUO                                                                      | 5         | SP                          |
| COMPLERA                                                                    | 5         | SP                          |
| <i>darunavir</i>                                                            | 2         | SP                          |
| DELSTRIGO                                                                   | 5         | SP                          |
| DESCOVY                                                                     | 5         | SP; ACA                     |
| DOVATO                                                                      | 5         | SP; QL (1 per 1 day)        |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------|-----------|--------------------------|
| EDURANT                                                                             | 5         | SP                       |
| EDURANT PED                                                                         | 5         | SP; QL (6 per 1 day)     |
| <i>efavirenz oral tablet</i>                                                        | 2         | SP                       |
| <i>efavirenz-emtricitabin-tenofov</i>                                               | 5         | SP                       |
| <i>efavirenz-lamivu-tenofov disop</i>                                               | 1         | SP                       |
| <i>emtricitabine</i>                                                                | 2         | SP                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 5         | SP                       |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 5         | SP; ACA                  |
| EMTRIVA                                                                             | 5         | SP                       |
| <i>entecavir</i>                                                                    | 5         | SP; QL (1 per 1 day)     |
| EPCLUSA                                                                             | 5         | PA; SP; QL (1 per 1 day) |
| EPIVIR                                                                              | 5         | SP                       |
| <i>etravirine</i>                                                                   | 5         | SP                       |
| EVOTAZ                                                                              | 5         | SP                       |
| <i>famciclovir</i>                                                                  | 1         |                          |
| FLUMADINE ORAL TABLET                                                               | 4         |                          |
| <i>fosamprenavir</i>                                                                | 2         | SP                       |
| FUZEON SUBCUTANEOUS RECON SOLN                                                      | 5         | SP                       |
| GENVOYA                                                                             | 5         | SP                       |
| HARVONI                                                                             | 5         | PA; SP                   |
| INTELENCE                                                                           | 5         | SP                       |
| ISENTRESS                                                                           | 5         | SP                       |
| ISENTRESS HD                                                                        | 5         | SP                       |
| JULUCA                                                                              | 5         | SP                       |
| KALETRA                                                                             | 5         | SP                       |
| <i>lamivudine oral solution</i>                                                     | 1         | SP                       |
| <i>lamivudine oral tablet 100 mg</i>                                                | 5         | SP; QL (1 per 1 day)     |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                        | 1         | SP                       |
| <i>lamivudine-zidovudine</i>                                                        | 2         | SP                       |
| LEDIPASVIR-SOFOSBUVIR                                                               | 5         | PA; SP                   |
| LIVTENCITY                                                                          | 5         | PA; SP; QL (4 per 1 day) |
| <i>lopinavir-ritonavir oral tablet</i>                                              | 5         | SP                       |
| <i>maraviroc</i>                                                                    | 5         | SP                       |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------|-----------|--------------------------|
| MAVYRET ORAL PELLETS IN PACKET                             | 5         | PA; SP; QL (6 per 1 day) |
| MAVYRET ORAL TABLET                                        | 5         | PA; SP; QL (3 per 1 day) |
| <i>nevirapine</i>                                          | 2         | SP                       |
| NORVIR ORAL POWDER IN PACKET                               | 5         | SP                       |
| NORVIR ORAL TABLET                                         | 5         | SP                       |
| ODEFSEY                                                    | 5         | SP                       |
| <i>oseltamivir</i>                                         | 1         |                          |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)   | 3         | QL (40 per 365 days)     |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)     | 3         | QL (22 per 365 days)     |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 3         | QL (60 per 365 days)     |
| PIFELTRO                                                   | 5         | SP                       |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG                     | 5         | PA; SP; QL (2 per 1 day) |
| PREVYMIS ORAL PELLETS IN PACKET 20 MG                      | 5         | PA; SP; QL (4 per 1 day) |
| PREVYMIS ORAL TABLET                                       | 5         | PA; SP; QL (1 per 1 day) |
| PREZCOBIX                                                  | 5         | SP                       |
| PREZISTA ORAL SUSPENSION                                   | 5         | SP                       |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG         | 5         | SP                       |
| RELENZA DISKHALER                                          | 4         | QL (20 per 180 days)     |
| RETROVIR ORAL CAPSULE                                      | 5         | SP                       |
| RETROVIR ORAL SYRUP                                        | 5         | SP                       |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG                        | 5         | SP                       |
| REYATAZ ORAL POWDER IN PACKET                              | 5         | SP                       |
| <i>ribavirin inhalation</i>                                | 5         | SP                       |
| <i>ribavirin oral capsule</i>                              | 5         | SP                       |
| <i>ribavirin oral tablet 200 mg</i>                        | 5         | SP                       |
| <i>rimantadine</i>                                         | 1         |                          |
| <i>ritonavir</i>                                           | 1         | SP                       |
| RUKOBIA                                                    | 5         | PA; SP; QL (2 per 1 day) |
| SELZENTRY ORAL SOLUTION                                    | 5         | SP                       |
| SELZENTRY ORAL TABLET 150 MG, 300 MG                       | 5         | SP                       |

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

| Drug Name                                   | Drug Tier | Requirements / Limits            |
|---------------------------------------------|-----------|----------------------------------|
| SOFOSBUVIR-VELPATASVIR                      | 5         | PA; SP; QL (1 per 1 day)         |
| SOVALDI                                     | 5         | PA; SP                           |
| STRIBILD                                    | 5         | SP                               |
| SUNLENCA ORAL                               | 5         | PA; SP; QL (1 per 365 days)      |
| SUNLENCA SUBCUTANEOUS                       | 5         | PA; SP; QL (3 per 126 days)      |
| SYMFI                                       | 5         | SP                               |
| SYMTUZA                                     | 5         | SP                               |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML    | 5         | PA; SP; LA; QL (1 per 28 days)   |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | 5         | PA; SP; LA; QL (0.5 per 28 days) |
| TAMIFLU                                     | 4         |                                  |
| TEMBEXA ORAL SUSPENSION                     | 4         | 65mL per fill                    |
| TEMBEXA ORAL TABLET                         | 4         | 4 tablets per fill               |
| <i>tenofovir disoproxil fumarate</i>        | 2         | SP; QL (1 per 1 day)             |
| TIVICAY ORAL TABLET 50 MG                   | 5         | SP                               |
| TIVICAY PD                                  | 5         | SP; QL (6 per 1 day)             |
| TRIUMEQ                                     | 5         | SP                               |
| TRIUMEQ PD                                  | 5         | SP                               |
| TRUVADA                                     | 5         | SP                               |
| TYBOST                                      | 5         | SP                               |
| <i>valacyclovir</i>                         | 1         |                                  |
| VALCYTE ORAL RECON SOLN                     | 5         | PA for age 18 and older; SP      |
| VALCYTE ORAL TABLET                         | 5         | SP                               |
| <i>valganciclovir oral recon soln</i>       | 5         | PA for age 18 and older; SP      |
| <i>valganciclovir oral tablet</i>           | 5         | SP                               |
| VALTREX                                     | 4         |                                  |
| VEMLIDY                                     | 5         | PA; SP; QL (1 per 1 day)         |
| VIRACEPT ORAL TABLET                        | 5         | SP                               |
| VIREAD ORAL POWDER                          | 5         | SP; QL (8 per 1 day)             |
| VIREAD ORAL TABLET                          | 5         | SP; QL (1 per 1 day)             |
| VOSEVI                                      | 5         | PA; SP                           |
| XOFLUZA ORAL TABLET 40 MG, 80 MG            | 4         | QL (1 per 183 days)              |
| ZEPATIER                                    | 5         | PA; SP                           |
| ZIAGEN ORAL SOLUTION                        | 5         | SP                               |

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

| Drug Name                                                                                | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>zidovudine</i>                                                                        | 1         | SP                      |
| <b>CEPHALOSPORINS</b>                                                                    |           |                         |
| <i>cefactor oral capsule</i>                                                             | 1         |                         |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1         |                         |
| <i>cefactor oral tablet extended release 12 hr</i>                                       | 2         |                         |
| <i>cefadroxil oral capsule</i>                                                           | 1         |                         |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 1         |                         |
| <i>cefadroxil oral tablet</i>                                                            | 1         |                         |
| <i>cefdinir</i>                                                                          | 1         |                         |
| <i>cefixime</i>                                                                          | 2         |                         |
| <i>cefpodoxime</i>                                                                       | 1         |                         |
| <i>cefprozil</i>                                                                         | 1         |                         |
| <i>cefuroxime axetil oral tablet</i>                                                     | 1         |                         |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                            | 1         |                         |
| <i>cephalexin oral capsule 750 mg</i>                                                    | 2         |                         |
| <i>cephalexin oral suspension for reconstitution</i>                                     | 1         |                         |
| <i>cephalexin oral tablet</i>                                                            | CED       | PA                      |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                                              |           |                         |
| <i>azithromycin oral</i>                                                                 | 1         |                         |
| <i>clarithromycin</i>                                                                    | 1         |                         |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION                                               | 4         | PA; 100 ml per fill     |
| DIFICID ORAL TABLET                                                                      | 4         | PA; 20 tablets per fill |
| <i>e.e.s. 400 oral tablet</i>                                                            | 1         |                         |
| E.E.S. GRANULES                                                                          | 4         | PA for age 18 and older |
| ERYPED 200                                                                               | 4         | PA for age 18 and older |
| ERYPED 400                                                                               | 4         | PA for age 18 and older |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>                       | 2         |                         |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG                                      | 4         |                         |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                                       | 2         |                         |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i>                    | 2         | PA for age 18 and older |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits          |
|---------------------------------------------------------------|-----------|--------------------------------|
| <i>erythromycin ethylsuccinate oral tablet</i>                | 1         |                                |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i>     | 1         |                                |
| <i>erythromycin oral tablet</i>                               | 2         |                                |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>      | 2         |                                |
| ZITHROMAX ORAL PACKET                                         | 4         |                                |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION                  | 4         |                                |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG                          | 4         |                                |
| ZITHROMAX TRI-PAK                                             | 4         |                                |
| ZITHROMAX Z-PAK                                               | 4         |                                |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                           |           |                                |
| <i>albendazole</i>                                            | 2         | 4 tablets per fill             |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION                     | 4         | PA; QL (180 per 1 day)         |
| ALINIA ORAL TABLET                                            | 4         | PA; QL (6 per 1 day)           |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 1         |                                |
| ARAKODA                                                       | 4         |                                |
| ARIKAYCE                                                      | 5         | PA; SP; LA; QL (8.4 per 1 day) |
| <i>atovaquone</i>                                             | 2         |                                |
| <i>atovaquone-proguanil</i>                                   | 2         |                                |
| BENZNIDAZOLE                                                  | 4         | PA                             |
| BETHKIS                                                       | 5         | SP                             |
| BILTRICIDE                                                    | 4         |                                |
| CAYSTON                                                       | 5         | SP; LA                         |
| <i>chloroquine phosphate</i>                                  | 1         |                                |
| CLEOCIN HCL                                                   | 4         |                                |
| CLEOCIN PEDIATRIC                                             | 4         |                                |
| <i>clindamycin hcl</i>                                        | 1         |                                |
| <i>clindamycin pediatric</i>                                  | 1         |                                |
| COARTEM                                                       | 4         |                                |
| <i>cycloserine</i>                                            | 2         |                                |
| <i>dapsone oral</i>                                           | 1         |                                |
| DARAPRIM                                                      | 5         | PA; SP; QL (3 per 1 day)       |

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| Drug Name                                       | Drug Tier | Requirements / Limits    |
|-------------------------------------------------|-----------|--------------------------|
| EMVERM                                          | 4         | PA; 2 tablets per fill   |
| <i>ethambutol</i>                               | 1         |                          |
| HUMATIN                                         | 4         |                          |
| <i>hydroxychloroquine</i>                       | 1         |                          |
| IMPAVIDO                                        | 5         | SP                       |
| <i>isoniazid oral</i>                           | 1         |                          |
| <i>ivermectin oral tablet 3 mg</i>              | 1         | PA; QL (20 per 90 days)  |
| KITABIS PAK                                     | 5         | SP                       |
| KRINTAFEL                                       | 4         | QL (2 per 365 days)      |
| LAMPIT                                          | 4         | PA                       |
| LIKMEZ                                          | CED       | PA                       |
| <i>linezolid</i>                                | 1         |                          |
| MALARONE                                        | 4         |                          |
| MALARONE PEDIATRIC                              | 4         |                          |
| <i>mefloquine</i>                               | 1         |                          |
| MEPRON                                          | 4         |                          |
| <i>metronidazole oral capsule</i>               | CED       | PA                       |
| METRONIDAZOLE ORAL TABLET 125 MG                | CED       | PA                       |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1         |                          |
| NEBUPENT                                        | 4         |                          |
| <i>neomycin</i>                                 | 1         |                          |
| <i>nitazoxanide</i>                             | 2         | PA; QL (6 per 1 day)     |
| PASER                                           | 4         |                          |
| <i>pentamidine inhalation</i>                   | 2         |                          |
| PLAQUENIL                                       | 4         |                          |
| <i>praziquantel</i>                             | 2         |                          |
| PRETOMANID                                      | 4         | PA; QL (1 per 1 day)     |
| PRIFTIN                                         | 4         |                          |
| <i>primaquine</i>                               | 1         |                          |
| <i>pyrazinamide</i>                             | 2         |                          |
| <i>pyrimethamine</i>                            | 5         | PA; SP; QL (3 per 1 day) |
| QUALAQUIN                                       | 4         |                          |
| <i>quinine sulfate</i>                          | 2         |                          |
| <i>rifabutin</i>                                | 2         |                          |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------|-----------|--------------------------|
| <i>rifampin oral</i>                                           | 1         |                          |
| SIRTURO                                                        | CED       | PA; LA                   |
| SIVEXTRO ORAL                                                  | 5         | SP                       |
| SOLOSEC                                                        | CED       | PA                       |
| SOVUNA                                                         | CED       | PA                       |
| STROMECTOL                                                     | 4         | PA; QL (20 per 90 days)  |
| <i>tinidazole</i>                                              | 1         |                          |
| TOBI                                                           | 5         | SP                       |
| TOBI PODHALER                                                  | 5         | ST; SP                   |
| <i>tobramycin in 0.225 % nacl</i>                              | 5         | SP                       |
| <i>tobramycin inhalation</i>                                   | 5         | SP                       |
| TOBRAMYCIN WITH NEBULIZER                                      | 5         | SP                       |
| TRECTOR                                                        | 4         |                          |
| XENLETA ORAL                                                   | 4         | PA; QL (10 per 30 days)  |
| XIFAXAN ORAL TABLET 200 MG                                     | 4         | QL (9 per 365 days)      |
| XIFAXAN ORAL TABLET 550 MG                                     | 4         | PA; QL (42 per 120 days) |
| ZYVOX ORAL                                                     | 4         |                          |
| <b>PENICILLINS</b>                                             |           |                          |
| <i>amoxicillin oral capsule</i>                                | 1         |                          |
| <i>amoxicillin oral suspension for reconstitution</i>          | 1         |                          |
| <i>amoxicillin oral tablet</i>                                 | 1         |                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>        | 1         |                          |
| <i>amoxicillin-pot clavulanate</i>                             | 1         |                          |
| <i>ampicillin oral capsule 500 mg</i>                          | 1         |                          |
| AUGMENTIN ES-600                                               | 4         |                          |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 4         |                          |
| AUGMENTIN XR                                                   | 4         |                          |
| <i>dicloxacillin</i>                                           | 1         |                          |
| MOXATAG                                                        | 4         |                          |
| <i>penicillin v potassium</i>                                  | 1         |                          |
| <b>QUINOLONES</b>                                              |           |                          |
| BAXDELA ORAL                                                   | 4         |                          |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON                      | 4         |                          |

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

| Drug Name                                                                                            | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| CIPRO ORAL TABLET 250 MG, 500 MG                                                                     | 4         |                       |
| <i>ciprofloxacin</i>                                                                                 | 2         |                       |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                          | 1         |                       |
| <i>levofloxacin oral solution</i>                                                                    | 2         |                       |
| <i>levofloxacin oral tablet</i>                                                                      | 1         |                       |
| <i>moxifloxacin oral</i>                                                                             | 2         |                       |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                          | 1         |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>                                                                  |           |                       |
| BACTRIM                                                                                              | 4         |                       |
| BACTRIM DS                                                                                           | 4         |                       |
| <i>sulfadiazine</i>                                                                                  | 2         |                       |
| <i>sulfamethoxazole-trimethoprim oral</i>                                                            | 1         |                       |
| <i>sulfatrim</i>                                                                                     | 1         |                       |
| <b>TETRACYCLINES</b>                                                                                 |           |                       |
| <i>avidoxy</i>                                                                                       | 1         |                       |
| AVIDOXY DK                                                                                           | CED       | PA                    |
| <i>demeclocycline</i>                                                                                | 1         |                       |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG                                                  | CED       | PA                    |
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG                                              | CED       | PA                    |
| <i>doxycycline hyclate oral capsule</i>                                                              | 1         |                       |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>                                                 | 1         |                       |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                          | CED       | PA                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | CED       | PA                    |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG                                        | CED       | PA                    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                            | 1         |                       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                            | CED       | PA                    |
| <i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>                                   | CED       | PA                    |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1         |                       |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>          | 1         |                       |
| <i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>          | CED       | PA                    |
| EMROSI                                                            | CED       | PA                    |
| <i>minocycline oral capsule</i>                                   | 1         |                       |
| MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR                    | CED       | PA                    |
| <i>minocycline oral tablet</i>                                    | CED       | PA                    |
| <i>minocycline oral tablet extended release 24 hr</i>             | CED       | PA                    |
| <i>mondoxyne nl oral capsule 100 mg</i>                           | 1         |                       |
| <i>mondoxyne nl oral capsule 75 mg</i>                            | CED       | PA                    |
| MORGIDOX 1X 50                                                    | CED       | PA                    |
| MORGIDOX 1X100                                                    | CED       | PA                    |
| NUZYRA ORAL                                                       | CED       | PA                    |
| ORACEA                                                            | CED       | PA                    |
| SEYSARA                                                           | 4         | ST                    |
| TARGADOX                                                          | CED       | PA                    |
| <i>tetracycline oral capsule</i>                                  | 1         |                       |
| <i>tetracycline oral tablet</i>                                   | CED       | PA                    |
| XIMINO                                                            | CED       | PA                    |
| <b>URINARY TRACT AGENTS</b>                                       |           |                       |
| <i>fosfomycin tromethamine</i>                                    | 2         |                       |
| FURADANTIN                                                        | 4         |                       |
| MACROBID                                                          | 4         |                       |
| <i>methenamine hippurate</i>                                      | 2         |                       |
| <i>methenamine mandelate</i>                                      | 2         |                       |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>     | 1         |                       |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>             | 2         |                       |
| <i>nitrofurantoin monohyd/m-cryst</i>                             | 1         |                       |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>                  | 2         |                       |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML                         | CED       | PA                    |

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

| Drug Name                                                 | Drug Tier | Requirements / Limits        |
|-----------------------------------------------------------|-----------|------------------------------|
| PRIMSOL                                                   | 4         |                              |
| <i>trimethoprim</i>                                       | 1         |                              |
| <b>VANCOMYCIN</b>                                         |           |                              |
| FIRVANQ                                                   | CED       | PA                           |
| VANCOCIN                                                  | 4         |                              |
| <i>vancomycin oral capsule</i>                            | 2         |                              |
| <i>vancomycin oral recon soln</i>                         | CED       | PA                           |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>       |           |                              |
| <b>ADJUNCTIVE AGENTS</b>                                  |           |                              |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i> | 2         |                              |
| <i>leucovorin calcium oral tablet 5 mg</i>                | 1         |                              |
| MESNEX ORAL                                               | 5         | SP                           |
| VISTOGARD                                                 | 5         | SP                           |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>       |           |                              |
| <i>abiraterone oral tablet 250 mg</i>                     | 5         | PA; SP; QL (4 per 1 day)     |
| <i>abiraterone oral tablet 500 mg</i>                     | CED       | PA; SP; QL (2 per 1 day)     |
| <i>abirtega</i>                                           | 5         | PA; SP; QL (4 per 1 day)     |
| AFINITOR                                                  | 5         | PA; SP; QL (1 per 1 day)     |
| AFINITOR DISPERZ                                          | 5         | PA; SP                       |
| AKEEGA                                                    | 5         | PA; SP; QL (2 per 1 day)     |
| ALECENSA                                                  | 5         | PA; SP; QL (8 per 1 day)     |
| ALKERAN                                                   | 5         | PA; SP                       |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                        | 5         | PA; SP; QL (1 per 1 day)     |
| ALUNBRIG ORAL TABLET 30 MG                                | 5         | PA; SP; QL (4 per 1 day)     |
| ALUNBRIG ORAL TABLETS,DOSE PACK                           | 5         | PA; SP; QL (30 per 365 days) |
| <i>anastrozole</i>                                        | 1         | ACA                          |
| ARIMIDEX                                                  | 4         |                              |
| AROMASIN                                                  | 4         |                              |
| ASTAGRAF XL                                               | CED       | PA; SP                       |
| AUGTYRO ORAL CAPSULE 160 MG                               | 5         | PA; SP; QL (2 per 1 day)     |
| AUGTYRO ORAL CAPSULE 40 MG                                | 5         | PA; SP; QL (6 per 1 day)     |
| AVMAPKI-FAKZYNJA                                          | CED       | SP                           |
| AYVAKIT                                                   | 5         | PA; SP; LA; QL (1 per 1 day) |

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

| Drug Name                                           | Drug Tier | Requirements / Limits        |
|-----------------------------------------------------|-----------|------------------------------|
| AZASAN                                              | CED       | PA                           |
| <i>azathioprine oral tablet 100 mg, 75 mg</i>       | CED       | PA                           |
| <i>azathioprine oral tablet 50 mg</i>               | 1         |                              |
| BALVERSA ORAL TABLET 3 MG                           | 5         | PA; SP; LA; QL (3 per 1 day) |
| BALVERSA ORAL TABLET 4 MG                           | 5         | PA; SP; LA; QL (2 per 1 day) |
| BALVERSA ORAL TABLET 5 MG                           | 5         | PA; SP; LA; QL (1 per 1 day) |
| <i>bexarotene</i>                                   | 5         | PA; SP                       |
| <i>bicalutamide</i>                                 | 1         |                              |
| BOSULIF ORAL CAPSULE 100 MG                         | 5         | PA; SP; QL (3 per 1 day)     |
| BOSULIF ORAL CAPSULE 50 MG                          | 5         | PA; SP; QL (1 per 1 day)     |
| BOSULIF ORAL TABLET 100 MG                          | 5         | PA; SP; QL (3 per 1 day)     |
| BOSULIF ORAL TABLET 400 MG, 500 MG                  | 5         | PA; SP; QL (1 per 1 day)     |
| BRAFTOVI                                            | 5         | PA; SP; LA; QL (6 per 1 day) |
| BRUKINSA                                            | 5         | PA; SP; LA; QL (4 per 1 day) |
| CABOMETYX                                           | 5         | PA; SP; LA; QL (1 per 1 day) |
| CALQUENCE (ACALABRUTINIB MAL)                       | 5         | PA; SP; LA; QL (2 per 1 day) |
| <i>capecitabine oral tablet 150 mg</i>              | 5         | PA; SP; QL (4 per 1 day)     |
| <i>capecitabine oral tablet 500 mg</i>              | 5         | PA; SP; QL (10 per 1 day)    |
| CAPRELSA ORAL TABLET 100 MG                         | 5         | PA; SP; LA; QL (2 per 1 day) |
| CAPRELSA ORAL TABLET 300 MG                         | 5         | PA; SP; LA; QL (1 per 1 day) |
| CASODEX                                             | 4         |                              |
| CELLCEPT                                            | 5         | SP                           |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5         | PA; SP; QL (56 per 28 days)  |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5         | PA; SP; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)     | 5         | PA; SP; QL (84 per 28 days)  |
| COPIKTRA                                            | 5         | PA; SP; LA; QL (2 per 1 day) |
| COTELLIC                                            | 5         | PA; SP; LA; QL (3 per 1 day) |
| <i>cyclophosphamide oral capsule</i>                | 5         | SP                           |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                  | 5         | SP                           |
| <i>cyclosporine modified</i>                        | 1         | SP                           |
| <i>cyclosporine oral capsule</i>                    | 1         | SP                           |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits       |
|------------------------------------------------------------------|-----------|-----------------------------|
| DANZITEN                                                         | 5         | PA; SP; QL (2 per 1 day)    |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> | 5         | PA; SP; QL (1 per 1 day)    |
| <i>dasatinib oral tablet 20 mg</i>                               | 5         | PA; SP; QL (3 per 1 day)    |
| DAURISMO ORAL TABLET 100 MG                                      | 5         | PA; SP; QL (1 per 1 day)    |
| DAURISMO ORAL TABLET 25 MG                                       | 5         | PA; SP; QL (2 per 1 day)    |
| DROXIA                                                           | 3         |                             |
| ELIGARD                                                          | 5         | PA; SP; QL (1 per 28 days)  |
| ELIGARD (3 MONTH)                                                | 5         | PA; SP; QL (1 per 63 days)  |
| ELIGARD (4 MONTH)                                                | 5         | PA; SP; QL (1 per 84 days)  |
| ELIGARD (6 MONTH)                                                | 5         | PA; SP; QL (1 per 126 days) |
| ENSPRYNG                                                         | 5         | PA; SP; QL (1 per 28 days)  |
| ENVARUSUS XR                                                     | CED       | PA; SP                      |
| ERIVEDGE                                                         | 5         | PA; SP; QL (1 per 1 day)    |
| ERLEADA ORAL TABLET 240 MG                                       | 5         | PA; SP; QL (1 per 1 day)    |
| ERLEADA ORAL TABLET 60 MG                                        | 5         | PA; SP; QL (4 per 1 day)    |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                      | 5         | PA; SP; QL (1 per 1 day)    |
| <i>erlotinib oral tablet 25 mg</i>                               | 5         | PA; SP; QL (3 per 1 day)    |
| <i>etoposide oral</i>                                            | 5         | PA; SP                      |
| EULEXIN                                                          | 5         | PA; SP                      |
| <i>everolimus (antineoplastic) oral tablet</i>                   | 5         | PA; SP; QL (1 per 1 day)    |
| <i>everolimus (antineoplastic) oral tablet for suspension</i>    | 5         | PA; SP                      |
| <i>everolimus (immunosuppressive)</i>                            | 5         | SP                          |
| <i>exemestane</i>                                                | 1         | ACA                         |
| FARESTON                                                         | 5         | PA; SP; QL (1 per 1 day)    |
| FEMARA                                                           | 4         |                             |
| FENSOLVI                                                         | 5         | PA; SP; QL (1 per 126 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG    | 5         | SP; QL (2 per 365 days)     |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG     | 5         | SP; QL (1 per 28 days)      |
| FOTIVDA                                                          | 5         | PA; SP; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG                                       | 5         | PA; SP; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG                                       | 5         | PA; SP; QL (21 per 28 days) |

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| Drug Name                                    | Drug Tier | Requirements / Limits        |
|----------------------------------------------|-----------|------------------------------|
| GAVRETO                                      | 5         | PA; SP; LA; QL (4 per 1 day) |
| <i>gefitinib</i>                             | 2         | PA; SP; QL (1 per 1 day)     |
| <i>gengraf</i>                               | 1         | SP                           |
| GILOTRIF                                     | 5         | PA; SP; QL (1 per 1 day)     |
| GLEEVEC ORAL TABLET 100 MG                   | 5         | PA; SP; QL (3 per 1 day)     |
| GLEEVEC ORAL TABLET 400 MG                   | 5         | PA; SP; QL (2 per 1 day)     |
| GLEOSTINE                                    | 5         | PA; SP                       |
| GOMEKLI ORAL CAPSULE 1 MG                    | 5         | PA; SP; QL (126 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG                    | 5         | PA; SP; QL (84 per 28 days)  |
| GOMEKLI ORAL TABLET FOR SUSPENSION           | 5         | PA; SP; QL (168 per 28 days) |
| HYCAMTIN ORAL                                | 5         | PA; SP                       |
| HYDREA                                       | 4         |                              |
| <i>hydroxyurea</i>                           | 1         |                              |
| IBRANCE                                      | 5         | PA; SP; QL (1 per 1 day)     |
| ICLUSIG                                      | 5         | PA; SP; QL (1 per 1 day)     |
| IDHIFA                                       | 5         | PA; SP; LA; QL (1 per 1 day) |
| <i>imatinib oral tablet 100 mg</i>           | 5         | PA; SP; QL (3 per 1 day)     |
| <i>imatinib oral tablet 400 mg</i>           | 5         | PA; SP; QL (2 per 1 day)     |
| IMBRUVICA ORAL CAPSULE 140 MG                | 5         | PA; SP; QL (3 per 1 day)     |
| IMBRUVICA ORAL CAPSULE 70 MG                 | 5         | PA; SP; QL (1 per 1 day)     |
| IMBRUVICA ORAL SUSPENSION                    | 5         | PA; SP; QL (6 per 1 day)     |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5         | PA; SP; QL (1 per 1 day)     |
| IMKELDI                                      | 5         | PA; SP; QL (280 per 28 days) |
| IMURAN                                       | 4         |                              |
| INLYTA ORAL TABLET 1 MG                      | 5         | PA; SP; QL (6 per 1 day)     |
| INLYTA ORAL TABLET 5 MG                      | 5         | PA; SP; QL (4 per 1 day)     |
| INQOVI                                       | 5         | PA; SP; QL (5 per 28 days)   |
| INREBIC                                      | 5         | PA; SP; LA; QL (4 per 1 day) |
| IRESSA                                       | 5         | PA; SP; QL (1 per 1 day)     |
| ITOVEBI ORAL TABLET 3 MG                     | 5         | PA; SP; QL (2 per 1 day)     |
| ITOVEBI ORAL TABLET 9 MG                     | 5         | PA; SP; QL (1 per 1 day)     |
| IWILFIN                                      | 5         | PA; SP; LA; QL (8 per 1 day) |
| JAKAFI                                       | 5         | PA; SP; QL (2 per 1 day)     |

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| Drug Name                                                                                               | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| JAYPIRCA ORAL TABLET 100 MG                                                                             | 5         | PA; SP; QL (2 per 1 day)     |
| JAYPIRCA ORAL TABLET 50 MG                                                                              | 5         | PA; SP; QL (1 per 1 day)     |
| JYLAMVO                                                                                                 | CED       | PA                           |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                                                             | 5         | PA; SP; QL (21 per 28 days)  |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                                                             | 5         | PA; SP; QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                                                             | 5         | PA; SP; QL (63 per 28 days)  |
| KLISYRI (250 MG)                                                                                        | 4         | PA; QL (5 per 365 days)      |
| KOSELUGO ORAL CAPSULE 10 MG                                                                             | 5         | PA; SP; QL (8 per 1 day)     |
| KOSELUGO ORAL CAPSULE 25 MG                                                                             | 5         | PA; SP; QL (4 per 1 day)     |
| KRAZATI                                                                                                 | 5         | PA; SP; QL (6 per 1 day)     |
| <i>lapatinib</i>                                                                                        | 5         | PA; SP; QL (6 per 1 day)     |
| LAZCLUZE ORAL TABLET 240 MG                                                                             | 5         | PA; SP; LA; QL (1 per 1 day) |
| LAZCLUZE ORAL TABLET 80 MG                                                                              | 5         | PA; SP; LA; QL (2 per 1 day) |
| <i>lenalidomide</i>                                                                                     | 5         | PA; SP; QL (1 per 1 day)     |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG                                                        | 5         | PA; SP; QL (30 per 28 days)  |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 5         | PA; SP; QL (90 per 28 days)  |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)          | 5         | PA; SP; QL (60 per 28 days)  |
| <i>letrozole</i>                                                                                        | 1         |                              |
| LEUKERAN                                                                                                | 5         | PA; SP                       |
| <i>leuprolide subcutaneous kit</i>                                                                      | 5         | PA; SP; QL (2 per 28 days)   |
| LONSURF ORAL TABLET 15-6.14 MG                                                                          | 5         | PA; SP; QL (6 per 1 day)     |
| LONSURF ORAL TABLET 20-8.19 MG                                                                          | 5         | PA; SP; QL (8 per 1 day)     |
| LORBRENA ORAL TABLET 100 MG                                                                             | 5         | PA; SP; QL (1 per 1 day)     |
| LORBRENA ORAL TABLET 25 MG                                                                              | 5         | PA; SP; QL (3 per 1 day)     |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG                                                                     | 5         | PA; SP; QL (2 per 1 day)     |
| LUMAKRAS ORAL TABLET 320 MG                                                                             | 5         | PA; SP; QL (3 per 1 day)     |
| LUPKYNIS                                                                                                | 5         | PA; SP; QL (6 per 1 day)     |
| LUPRON DEPOT                                                                                            | 5         | PA; SP; QL (1 per 28 days)   |
| LUPRON DEPOT (3 MONTH)                                                                                  | 5         | PA; SP; QL (1 per 63 days)   |

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| Drug Name                                                       | Drug Tier | Requirements / Limits                                       |
|-----------------------------------------------------------------|-----------|-------------------------------------------------------------|
| LUPRON DEPOT (4 MONTH)                                          | 5         | PA; SP; QL (1 per 84 days)                                  |
| LUPRON DEPOT (6 MONTH)                                          | 5         | PA; SP; QL (1 per 126 days)                                 |
| LUPRON DEPOT-PED (3 MONTH)                                      | 5         | PA; SP; QL (1 per 63 days)                                  |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT                              | 5         | PA; SP; QL (1 per 28 days)                                  |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT                      | 5         | PA; SP; QL (1 per 126 days)                                 |
| LUTRATE DEPOT (3 MONTH)                                         | CED       | SP                                                          |
| LYNPARZA                                                        | 5         | PA; SP; QL (4 per 1 day)                                    |
| LYSODREN                                                        | 5         | PA; SP                                                      |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)                        | 5         | PA; SP; LA; QL (4 per 28 days)                              |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)  | 5         | PA; 4 packs per 28 days; SP; LA                             |
| MATULANE                                                        | 5         | PA; SP                                                      |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>        | 1         |                                                             |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>        | CED       | PA                                                          |
| <i>megestrol oral tablet</i>                                    | 1         |                                                             |
| MEKINIST ORAL RECON SOLN                                        | 5         | PA; SP; QL (23 per 1 day)                                   |
| MEKINIST ORAL TABLET 0.5 MG                                     | 5         | PA; SP; QL (3 per 1 day)                                    |
| MEKINIST ORAL TABLET 2 MG                                       | 5         | PA; SP; QL (1 per 1 day)                                    |
| MEKTOVI                                                         | 5         | PA; SP; LA; QL (6 per 1 day)                                |
| <i>mercaptopurine oral suspension</i>                           | CED       | PA; SP                                                      |
| <i>mercaptopurine oral tablet</i>                               | 1         |                                                             |
| <i>methotrexate sodium</i>                                      | 1         |                                                             |
| <i>methotrexate sodium (pf) injection solution</i>              | 1         |                                                             |
| MYCAPSSA                                                        | 5         | PA; SP; LA; QL (4 per 1 day)                                |
| <i>mycophenolate mofetil oral capsule</i>                       | 1         | SP                                                          |
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 2         | SP                                                          |
| <i>mycophenolate mofetil oral tablet</i>                        | 1         | SP                                                          |
| <i>mycophenolate sodium</i>                                     | 1         | SP                                                          |
| MYFORTIC                                                        | 4         | SP                                                          |
| MYHIBBIN                                                        | 5         | PA for Age greater than 8 year(s); SP; QL (350 per 30 days) |

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| Drug Name                                                                   | Drug Tier | Requirements / Limits           |
|-----------------------------------------------------------------------------|-----------|---------------------------------|
| MYLERAN                                                                     | 5         | PA; SP                          |
| NEMLUVIO                                                                    | 5         | PA; SP; QL (1 per 28 days)      |
| NEORAL                                                                      | 4         | SP                              |
| NERLYNX                                                                     | 5         | PA; SP; LA; QL (6 per 1 day)    |
| NEXAVAR                                                                     | 5         | PA; SP; LA; QL (4 per 1 day)    |
| NILANDRON                                                                   | 5         | PA; SP; QL (1 per 1 day)        |
| <i>nilutamide</i>                                                           | 5         | PA; SP; QL (1 per 1 day)        |
| NINLARO                                                                     | 5         | PA; SP; QL (3 per 28 days)      |
| NUBEQA                                                                      | 5         | PA; SP; LA; QL (4 per 1 day)    |
| <i>octreotide, microspheres</i>                                             | 5         | PA; SP                          |
| ODOMZO                                                                      | 5         | PA; SP; LA; QL (1 per 1 day)    |
| OGSIVEO ORAL TABLET 100 MG, 150 MG                                          | 5         | PA; SP; QL (2 per 1 day)        |
| OGSIVEO ORAL TABLET 50 MG                                                   | 5         | PA; SP; QL (6 per 1 day)        |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION                                   | 5         | PA; SP; QL (96 per 28 days)     |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)                                 | 5         | PA; SP; QL (16 per 28 days)     |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)                                 | 5         | PA; SP; QL (20 per 28 days)     |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)                                 | 5         | PA; SP; QL (24 per 28 days)     |
| OJJAARA                                                                     | 5         | PA; SP; QL (1 per 1 day)        |
| ONUREG                                                                      | 5         | PA; SP; QL (14 per 28 days)     |
| ORGOVYX                                                                     | 5         | PA; SP; LA; QL (1 per 1 day)    |
| ORSERDU ORAL TABLET 345 MG                                                  | 5         | PA; SP; QL (1 per 1 day)        |
| ORSERDU ORAL TABLET 86 MG                                                   | 5         | PA; SP; QL (3 per 1 day)        |
| <i>pazopanib</i>                                                            | 5         | PA; SP; QL (4 per 1 day)        |
| PEMAZYRE                                                                    | 5         | PA; SP; LA; QL (14 per 28 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)                                  | 5         | PA; SP; QL (28 per 28 days)     |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5         | PA; SP; QL (56 per 28 days)     |
| POMALYST                                                                    | 5         | PA; SP; LA; QL (1 per 1 day)    |
| PROGRAF ORAL CAPSULE                                                        | 5         | SP                              |
| PROGRAF ORAL GRANULES IN PACKET                                             | CED       | PA; SP                          |
| PURIXAN                                                                     | CED       | PA; SP                          |

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

| Drug Name                                                               | Drug Tier | Requirements / Limits          |
|-------------------------------------------------------------------------|-----------|--------------------------------|
| QINLOCK                                                                 | 5         | PA; SP; LA; QL (3 per 1 day)   |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG                               | 5         | PA; SP; LA; QL (2 per 1 day)   |
| RETEVMO ORAL TABLET 40 MG                                               | 5         | PA; SP; LA; QL (3 per 1 day)   |
| REVLIMID                                                                | 5         | PA; SP; LA; QL (1 per 1 day)   |
| REVUFORJ ORAL TABLET 110 MG                                             | 5         | PA; SP; QL (4 per 1 day)       |
| REVUFORJ ORAL TABLET 160 MG                                             | 5         | PA; SP; QL (2 per 1 day)       |
| REVUFORJ ORAL TABLET 25 MG                                              | 5         | PA; SP; QL (8 per 1 day)       |
| REZLIDHIA                                                               | 5         | PA; SP; QL (2 per 1 day)       |
| REZUROCK                                                                | 5         | PA; SP; QL (1 per 1 day)       |
| ROMVIMZA                                                                | 5         | PA; SP; LA; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG                                           | 5         | PA; SP; LA; QL (1 per 1 day)   |
| ROZLYTREK ORAL CAPSULE 200 MG                                           | 5         | PA; SP; LA; QL (3 per 1 day)   |
| ROZLYTREK ORAL PELLETS IN PACKET                                        | 5         | PA; SP; LA; QL (12 per 1 day)  |
| RUBRACA                                                                 | 5         | PA; SP; LA; QL (4 per 1 day)   |
| RYDAPT                                                                  | 5         | PA; SP; QL (8 per 1 day)       |
| SANDIMMUNE ORAL CAPSULE                                                 | 4         | SP                             |
| SANDOSTATIN LAR DEPOT<br>INTRAMUSCULAR SUSPENSION,EXTENDED<br>REL RECON | 5         | PA; SP                         |
| SCEMBLIX ORAL TABLET 100 MG                                             | 5         | PA; SP; QL (4 per 1 day)       |
| SCEMBLIX ORAL TABLET 20 MG                                              | 5         | PA; SP; QL (2 per 1 day)       |
| SCEMBLIX ORAL TABLET 40 MG                                              | 5         | PA; SP; QL (10 per 1 day)      |
| SIGNIFOR                                                                | 5         | PA; SP                         |
| SIKLOS                                                                  | CED       | PA; SP                         |
| <i>sirolimus</i>                                                        | 2         | SP                             |
| SOLTAMOX                                                                | 4         |                                |
| <i>sorafenib</i>                                                        | 5         | PA; SP; QL (4 per 1 day)       |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50<br>MG, 70 MG, 80 MG              | 5         | PA; SP; QL (1 per 1 day)       |
| SPRYCEL ORAL TABLET 20 MG                                               | 5         | PA; SP; QL (3 per 1 day)       |
| STIVARGA                                                                | 5         | PA; SP; QL (84 per 28 days)    |
| <i>sunitinib malate</i>                                                 | 5         | PA; SP; QL (1 per 1 day)       |
| SUPPRELIN LA                                                            | 5         | PA; SP; QL (1 per 365 days)    |
| SUTENT                                                                  | 5         | PA; SP; QL (1 per 1 day)       |

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| Drug Name                                                     | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------|-----------|------------------------------|
| TABLOID                                                       | 5         | PA; SP                       |
| TABRECTA                                                      | 5         | PA; SP; QL (4 per 1 day)     |
| <i>tacrolimus oral capsule</i>                                | 1         | SP                           |
| TAFINLAR ORAL CAPSULE                                         | 5         | PA; SP; QL (4 per 1 day)     |
| TAFINLAR ORAL TABLET FOR SUSPENSION                           | 5         | PA; SP; QL (30 per 1 day)    |
| TAGRISSE                                                      | 5         | PA; SP; LA; QL (1 per 1 day) |
| TALZENNA                                                      | 5         | PA; SP; QL (1 per 1 day)     |
| <i>tamoxifen</i>                                              | 1         | ACA                          |
| TARGRETIN                                                     | 5         | PA; SP                       |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG                           | 5         | PA; SP; QL (4 per 1 day)     |
| TASIGNA ORAL CAPSULE 50 MG                                    | 5         | PA; SP; QL (2 per 1 day)     |
| TAZVERIK                                                      | 5         | PA; SP; LA; QL (8 per 1 day) |
| <i>temozolomide</i>                                           | 5         | PA; SP                       |
| TEPMETKO                                                      | 5         | PA; SP; QL (2 per 1 day)     |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                           | 5         | PA; SP; QL (1 per 1 day)     |
| TIBSOVO                                                       | 5         | PA; SP; QL (2 per 1 day)     |
| <i>toremifene</i>                                             | 5         | PA; SP; QL (1 per 1 day)     |
| <i>torpenz</i>                                                | 5         | PA; SP; QL (1 per 1 day)     |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 5         | PA; SP; QL (1 per 63 days)   |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG  | 5         | PA; SP; QL (1 per 126 days)  |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG  | 5         | PA; SP; QL (1 per 28 days)   |
| <i>tretinoin (antineoplastic)</i>                             | 5         | PA; SP                       |
| TREXALL                                                       | CED       | PA                           |
| TRIPTODUR                                                     | 5         | PA; SP; QL (1 per 126 days)  |
| TRUQAP                                                        | 5         | PA; SP; QL (64 per 28 days)  |
| TUKYSA                                                        | 5         | PA; SP; LA; QL (4 per 1 day) |
| TURALIO ORAL CAPSULE 125 MG                                   | 5         | PA; SP; LA; QL (4 per 1 day) |
| TYKERB                                                        | 5         | PA; SP; LA; QL (6 per 1 day) |
| VANFLYTA                                                      | 5         | PA; SP; QL (2 per 1 day)     |
| VENCLEXTA ORAL TABLET 10 MG                                   | 5         | PA; SP; LA; QL (2 per 1 day) |
| VENCLEXTA ORAL TABLET 100 MG                                  | 5         | PA; SP; LA; QL (6 per 1 day) |
| VENCLEXTA ORAL TABLET 50 MG                                   | 5         | PA; SP; LA; QL (1 per 1 day) |

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

| Drug Name                                                                                       | Drug Tier | Requirements / Limits           |
|-------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| VENCLEXTA STARTING PACK                                                                         | 5         | PA; SP; QL (42 per 365 days)    |
| VERZENIO                                                                                        | 5         | PA; SP; LA; QL (2 per 1 day)    |
| VIJOICE ORAL GRANULES IN PACKET                                                                 | 5         | PA; SP; QL (1 per 1 day)        |
| VIJOICE ORAL TABLET 125 MG, 50 MG                                                               | 5         | PA; SP; QL (1 per 1 day)        |
| VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)                                             | 5         | PA; SP; QL (56 per 28 days)     |
| VITRAKVI ORAL CAPSULE 100 MG                                                                    | 5         | PA; SP; LA; QL (2 per 1 day)    |
| VITRAKVI ORAL CAPSULE 25 MG                                                                     | 5         | PA; SP; LA; QL (6 per 1 day)    |
| VITRAKVI ORAL SOLUTION                                                                          | 5         | PA; SP; LA; QL (10 per 1 day)   |
| VIZIMPRO                                                                                        | 5         | PA; SP; QL (1 per 1 day)        |
| VONJO                                                                                           | 5         | PA; SP; QL (4 per 1 day)        |
| VORANIGO ORAL TABLET 10 MG                                                                      | 5         | PA; SP; QL (2 per 1 day)        |
| VORANIGO ORAL TABLET 40 MG                                                                      | 5         | PA; SP; QL (1 per 1 day)        |
| VOTRIENT                                                                                        | 5         | PA; SP; QL (4 per 1 day)        |
| WELIREG                                                                                         | 5         | PA; SP; LA; QL (3 per 1 day)    |
| XALKORI ORAL CAPSULE                                                                            | 5         | PA; SP; QL (4 per 1 day)        |
| XALKORI ORAL PELLET 150 MG                                                                      | 5         | PA; SP; QL (6 per 1 day)        |
| XALKORI ORAL PELLET 20 MG, 50 MG                                                                | 5         | PA; SP; QL (4 per 1 day)        |
| XATMEP                                                                                          | CED       | PA                              |
| XELODA ORAL TABLET 150 MG                                                                       | 5         | PA; SP; QL (4 per 1 day)        |
| XELODA ORAL TABLET 500 MG                                                                       | 5         | PA; SP; QL (10 per 1 day)       |
| XERMELO                                                                                         | 5         | PA; SP; LA                      |
| XOSPATA                                                                                         | 5         | PA; SP; LA; QL (3 per 1 day)    |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) | 5         | PA; SP; LA; QL (8 per 28 days)  |
| XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)                                                       | 5         | PA; SP; LA; QL (16 per 28 days) |
| XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)                               | 5         | PA; SP; LA; QL (4 per 28 days)  |
| XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)                                                | 5         | PA; SP; LA; QL (24 per 28 days) |
| XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)                                                | 5         | PA; SP; LA; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE                                                                             | 5         | PA; SP; QL (4 per 1 day)        |
| XTANDI ORAL TABLET 40 MG                                                                        | 5         | PA; SP; QL (4 per 1 day)        |

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

| Drug Name                            | Drug Tier | Requirements / Limits        |
|--------------------------------------|-----------|------------------------------|
| XTANDI ORAL TABLET 80 MG             | 5         | PA; SP; QL (2 per 1 day)     |
| YONSA                                | 5         | PA; SP; QL (4 per 1 day)     |
| ZEJULA ORAL TABLET                   | 5         | PA; SP; LA; QL (1 per 1 day) |
| ZELBORAF                             | 5         | PA; SP; QL (8 per 1 day)     |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG | 5         | PA; SP; QL (1 per 63 days)   |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG  | 5         | PA; SP; QL (1 per 28 days)   |
| ZOLINZA                              | 5         | PA; SP; QL (4 per 1 day)     |
| ZORTRESS                             | 5         | SP                           |
| ZYDELIG                              | 5         | PA; SP; QL (2 per 1 day)     |
| ZYKADIA                              | 5         | PA; SP; QL (3 per 1 day)     |
| ZYTIGA ORAL TABLET 250 MG            | 5         | PA; SP; QL (4 per 1 day)     |
| ZYTIGA ORAL TABLET 500 MG            | CED       | PA; SP; QL (2 per 1 day)     |

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

|                                                         |     |                       |
|---------------------------------------------------------|-----|-----------------------|
| APTiom ORAL TABLET 200 MG, 400 MG                       | 4   | PA; QL (1 per 1 day)  |
| APTiom ORAL TABLET 600 MG, 800 MG                       | 4   | PA; QL (2 per 1 day)  |
| BANZEL                                                  | 4   | PA                    |
| BRIVIACT ORAL SOLUTION                                  | 4   | PA; QL (20 per 1 day) |
| BRIVIACT ORAL TABLET                                    | 4   | PA; QL (2 per 1 day)  |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>  | 2   |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>        | 2   |                       |
| <i>carbamazepine oral suspension 200 mg/10 ml</i>       | CED | PA                    |
| <i>carbamazepine oral tablet</i>                        | 1   |                       |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 2   |                       |
| <i>carbamazepine oral tablet, chewable 100 mg</i>       | 1   |                       |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG              | CED | PA                    |
| CARBATROL                                               | 4   | PA                    |
| CELONTIN ORAL CAPSULE 300 MG                            | 4   |                       |
| <i>clobazam oral suspension</i>                         | 2   | PA                    |
| <i>clobazam oral tablet</i>                             | 2   |                       |
| <i>clonazepam oral tablet</i>                           | 1   |                       |
| <i>clonazepam oral tablet, disintegrating</i>           | 2   |                       |

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

| Drug Name                                                       | Drug Tier | Requirements / Limits         |
|-----------------------------------------------------------------|-----------|-------------------------------|
| DEPAKOTE                                                        | 4         | PA                            |
| DEPAKOTE ER                                                     | 4         | PA                            |
| DEPAKOTE SPRINKLES                                              | 4         | PA                            |
| DIACOMIT ORAL CAPSULE 250 MG                                    | 5         | PA; SP; QL (12 per 1 day)     |
| DIACOMIT ORAL CAPSULE 500 MG                                    | 5         | PA; SP; QL (6 per 1 day)      |
| DIACOMIT ORAL POWDER IN PACKET 250 MG                           | 5         | PA; SP; QL (12 per 1 day)     |
| DIACOMIT ORAL POWDER IN PACKET 500 MG                           | 5         | PA; SP; QL (6 per 1 day)      |
| <i>diazepam rectal</i>                                          | 2         |                               |
| DILANTIN                                                        | 4         | PA; QL (3 per 1 day)          |
| DILANTIN EXTENDED                                               | 4         | PA                            |
| DILANTIN INFATABS                                               | 4         | PA                            |
| DILANTIN-125                                                    | 4         | PA                            |
| <i>divalproex oral capsule, delayed rel sprinkle</i>            | 2         |                               |
| <i>divalproex oral tablet extended release 24 hr</i>            | 2         |                               |
| <i>divalproex oral tablet, delayed release (dr/ec)</i>          | 1         |                               |
| ELEPSIA XR                                                      | CED       | PA                            |
| EPIDIOLEX                                                       | 5         | PA; SP; LA                    |
| <i>epitol</i>                                                   | 1         |                               |
| EPRONTIA                                                        | CED       | PA                            |
| EQUETRO                                                         | 4         | PA                            |
| <i>ethosuximide</i>                                             | 2         |                               |
| <i>felbamate</i>                                                | 2         | PA                            |
| FELBATOL ORAL TABLET                                            | 4         | PA                            |
| FINTEPLA                                                        | 5         | PA; SP; LA; QL (12 per 1 day) |
| FYCOMPA ORAL SUSPENSION                                         | 4         | PA; QL (24 per 1 day)         |
| FYCOMPA ORAL TABLET                                             | 4         | PA; QL (1 per 1 day)          |
| <i>gabapentin oral capsule</i>                                  | 1         |                               |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 2         |                               |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                    | 1         |                               |
| <i>gabapentin oral tablet extended release 24 hr</i>            | CED       | PA                            |
| GABARONE                                                        | CED       | PA; QL (3 per 1 day)          |

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| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR                   | CED       | PA                    |
| KEPPRA ORAL                                                  | 4         | PA                    |
| KEPPRA XR                                                    | 4         | PA                    |
| KLONOPIN                                                     | 4         |                       |
| <i>lacosamide oral</i>                                       | 2         | PA                    |
| LAMICTAL ODT                                                 | CED       | PA                    |
| LAMICTAL ODT STARTER (BLUE)                                  | CED       | PA                    |
| LAMICTAL ODT STARTER (GREEN)                                 | CED       | PA                    |
| LAMICTAL ODT STARTER (ORANGE)                                | CED       | PA                    |
| LAMICTAL ORAL TABLET                                         | 4         | PA                    |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG       | 4         | PA                    |
| LAMICTAL STARTER (BLUE) KIT                                  | CED       | PA                    |
| LAMICTAL STARTER (GREEN) KIT                                 | CED       | PA                    |
| LAMICTAL STARTER (ORANGE) KIT                                | CED       | PA                    |
| LAMICTAL XR                                                  | CED       | PA                    |
| LAMICTAL XR STARTER (BLUE)                                   | CED       | PA                    |
| LAMICTAL XR STARTER (GREEN)                                  | CED       | PA                    |
| LAMICTAL XR STARTER (ORANGE)                                 | CED       | PA                    |
| <i>lamotrigine oral tablet</i>                               | 1         |                       |
| <i>lamotrigine oral tablet disintegrating, dose pk</i>       | CED       | PA                    |
| <i>lamotrigine oral tablet extended release 24hr</i>         | CED       | PA                    |
| <i>lamotrigine oral tablet, chewable dispersible</i>         | 1         |                       |
| <i>lamotrigine oral tablet, disintegrating</i>               | CED       | PA                    |
| <i>lamotrigine oral tablets, dose pack</i>                   | CED       | PA                    |
| <i>levetiracetam oral solution</i>                           | 1         |                       |
| <i>levetiracetam oral tablet</i>                             | 1         |                       |
| <i>levetiracetam oral tablet extended release 24 hr</i>      | 1         |                       |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION                     | CED       | PA                    |
| LYRICA                                                       | 4         |                       |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG | 4         | ST; QL (1 per 1 day)  |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG          | 4         | ST; QL (2 per 1 day)  |

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

| Drug Name                                                              | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------------|-----------|-------------------------|
| <i>methsuximide</i>                                                    | 2         |                         |
| MOTPOLY XR                                                             | CED       | PA                      |
| MYSOLINE                                                               | 4         | PA                      |
| NAYZILAM                                                               | 4         | PA; QL (10 per 30 days) |
| NEURONTIN                                                              | 4         | PA                      |
| ONFI                                                                   | 3         | PA                      |
| <i>oxcarbazepine oral suspension</i>                                   | 2         |                         |
| <i>oxcarbazepine oral tablet</i>                                       | 1         |                         |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2         | PA; QL (2 per 1 day)    |
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>         | 2         | PA; QL (4 per 1 day)    |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG          | 4         | PA; QL (2 per 1 day)    |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG                  | 4         | PA; QL (4 per 1 day)    |
| <i>phenobarbital</i>                                                   | 1         |                         |
| PHENYTEK                                                               | 4         | PA                      |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                           | 1         |                         |
| <i>phenytoin oral tablet, chewable</i>                                 | 1         |                         |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                   | 1         |                         |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>           | 2         |                         |
| <i>pregabalin oral capsule</i>                                         | 1         |                         |
| <i>pregabalin oral solution</i>                                        | 2         |                         |
| <i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>   | 2         | ST; QL (1 per 1 day)    |
| <i>pregabalin oral tablet extended release 24 hr 330 mg</i>            | 2         | ST; QL (2 per 1 day)    |
| PRIMIDONE ORAL TABLET 125 MG                                           | CED       | PA                      |
| <i>primidone oral tablet 250 mg, 50 mg</i>                             | 1         |                         |
| <i>roweepra oral tablet 500 mg</i>                                     | CED       | PA                      |
| <i>rufinamide</i>                                                      | 2         | PA                      |
| SABRIL                                                                 | 5         | PA; SP; LA              |
| SPRITAM                                                                | CED       | PA                      |
| <i>subvenite</i>                                                       | 1         |                         |

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| Drug Name                                                                             | Drug Tier | Requirements / Limits   |
|---------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>subvenite starter (blue) kit</i>                                                   | CED       | PA                      |
| <i>subvenite starter (green) kit</i>                                                  | CED       | PA                      |
| <i>subvenite starter (orange) kit</i>                                                 | CED       | PA                      |
| SYMPAZAN                                                                              | CED       | PA                      |
| TEGRETOL ORAL SUSPENSION                                                              | 4         | PA                      |
| TEGRETOL ORAL TABLET                                                                  | 4         | PA                      |
| TEGRETOL XR                                                                           | 4         | PA                      |
| <i>tiagabine</i>                                                                      | 2         | PA                      |
| TOPAMAX                                                                               | 4         | PA                      |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                 | 2         |                         |
| TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG                                               | CED       | PA; QL (2 per 1 day)    |
| <i>topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg</i>            | CED       | PA; QL (1 per 1 day)    |
| <i>topiramate oral capsule, extended release 24hr 200 mg</i>                          | CED       | PA; QL (2 per 1 day)    |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>                | CED       | PA; QL (1 per 1 day)    |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>                      | CED       | PA; QL (2 per 1 day)    |
| <i>topiramate oral tablet</i>                                                         | 1         |                         |
| TRILEPTAL                                                                             | 4         | PA                      |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG                  | CED       | PA; QL (1 per 1 day)    |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG                                | CED       | PA; QL (2 per 1 day)    |
| <i>valproic acid</i>                                                                  | 1         |                         |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1         |                         |
| VALTOCO                                                                               | 4         | PA; QL (10 per 30 days) |
| <i>vigabatrin</i>                                                                     | 5         | PA; SP; LA              |
| <i>vigadrone</i>                                                                      | 5         | PA; SP                  |
| VIGAFYDE                                                                              | 5         | PA; SP                  |
| <i>vigpoder</i>                                                                       | 5         | PA; SP                  |
| VIMPAT ORAL SOLUTION                                                                  | 4         | PA                      |
| VIMPAT ORAL TABLET                                                                    | 4         | PA                      |
| XCOPRI MAINTENANCE PACK                                                               | 4         | PA; QL (2 per 1 day)    |

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

| Drug Name                                             | Drug Tier | Requirements / Limits                 |
|-------------------------------------------------------|-----------|---------------------------------------|
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG       | 4         | PA; QL (1 per 1 day)                  |
| XCOPRI ORAL TABLET 200 MG                             | 4         | PA; QL (2 per 1 day)                  |
| XCOPRI TITRATION PACK                                 | 4         | PA; 1 unit per day; 1 box in 365 days |
| ZARONTIN                                              | 4         | PA                                    |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG                   | 4         | PA                                    |
| ZONISADE                                              | CED       | PA                                    |
| <i>zonisamide</i>                                     | 1         |                                       |
| ZTALMY                                                | 5         | PA; SP; LA; QL (10 per 30 days)       |
| <b>ANTIPARKINSONISM AGENTS</b>                        |           |                                       |
| APOKYN                                                | 5         | PA; SP; LA; QL (3 per 1 day)          |
| <i>apomorphine</i>                                    | 5         | PA; SP; QL (3 per 1 day)              |
| AZILECT                                               | 4         |                                       |
| <i>benztropine oral</i>                               | 1         |                                       |
| <i>bromocriptine</i>                                  | 1         |                                       |
| <i>carbidopa</i>                                      | 2         | PA; QL (8 per 1 day)                  |
| <i>carbidopa-levodopa</i>                             | 1         |                                       |
| <i>carbidopa-levodopa-entacapone</i>                  | 1         |                                       |
| CREXONT                                               | 4         | PA; QL (6 per 1 day)                  |
| DHIVY                                                 | CED       | PA; QL (8 per 1 day)                  |
| DUOPA                                                 | 5         | SP; QL (2800 per 28 days)             |
| <i>entacapone</i>                                     | 1         |                                       |
| GOCOVRI                                               | CED       | PA; SP                                |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE       | 5         | PA; SP; QL (10 per 1 day)             |
| LODOSYN                                               | 4         | PA; QL (8 per 1 day)                  |
| NEUPRO                                                | 4         | PA; QL (1 per 1 day)                  |
| NOURIANZ                                              | 5         | PA; SP; LA; QL (1 per 1 day)          |
| ONGENTYS                                              | 4         | PA; QL (1 per 1 day)                  |
| <i>pramipexole oral tablet</i>                        | 1         |                                       |
| <i>pramipexole oral tablet extended release 24 hr</i> | CED       | PA                                    |
| <i>rasagiline</i>                                     | 2         |                                       |
| <i>ropinirole oral tablet</i>                         | 1         |                                       |
| <i>ropinirole oral tablet extended release 24 hr</i>  | 2         |                                       |
| RYTARY                                                | 4         | PA; QL (10 per 1 day)                 |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------|-----------|------------------------------|
| <i>selegiline hcl</i>                                             | 1         |                              |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG                          | 4         |                              |
| TASMAR ORAL TABLET 100 MG                                         | 4         | PA; QL (6 per 1 day)         |
| <i>tolcapone</i>                                                  | 2         | PA; QL (6 per 1 day)         |
| <i>trihexyphenidyl</i>                                            | 1         |                              |
| VYALEV                                                            | 5         | PA; SP; QL (420 per 30 days) |
| XADAGO                                                            | 4         | PA; QL (1 per 1 day)         |
| ZELAPAR                                                           | CED       | PA                           |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>                    |           |                              |
| AIMOVIG AUTOINJECTOR                                              | 3         | PA; QL (1 per 30 days)       |
| AJOVY AUTOINJECTOR                                                | 4         | PA; QL (1.5 per 30 days)     |
| AJOVY SYRINGE                                                     | 4         | PA; QL (1.5 per 30 days)     |
| <i>almotriptan malate</i>                                         | 2         | QL (12 per 30 days)          |
| <i>dihydroergotamine injection</i>                                | 2         | PA; QL (8 per 30 days)       |
| <i>dihydroergotamine nasal</i>                                    | 2         | PA; QL (8 per 28 days)       |
| <i>eletriptan</i>                                                 | 2         | QL (12 per 30 days)          |
| ELYXYB                                                            | CED       | PA; QL (16 per 1 day)        |
| EMGALITY PEN                                                      | 3         | PA; QL (1 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                   | 3         | PA; QL (1 per 30 days)       |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3         | PA; QL (3 per 30 days)       |
| ERGOMAR                                                           | 4         | QL (20 per 28 days)          |
| <i>ergotamine-caffeine</i>                                        | 2         |                              |
| FROVA                                                             | 4         | QL (12 per 30 days)          |
| <i>frovatriptan</i>                                               | 2         | QL (12 per 30 days)          |
| IMITREX ORAL TABLET 100 MG                                        | 4         | QL (9 per 30 days)           |
| IMITREX ORAL TABLET 25 MG, 50 MG                                  | 4         | QL (18 per 30 days)          |
| IMITREX STATDOSE PEN                                              | 4         | QL (6 per 30 days)           |
| IMITREX STATDOSE REFILL                                           | 4         | QL (6 per 30 days)           |
| MAXALT ORAL TABLET 10 MG                                          | 4         | QL (12 per 30 days)          |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG                       | 4         | QL (12 per 30 days)          |
| <i>migergot</i>                                                   | CED       | PA                           |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------|-----------|--------------------------|
| MIGRANAL                                                   | 4         | PA; QL (8 per 28 days)   |
| <i>naratriptan</i>                                         | 1         | QL (9 per 30 days)       |
| NURTEC ODT                                                 | 3         | PA; QL (8 per 30 days)   |
| ONZETRA XSAIL                                              | CED       | PA                       |
| QULIPTA                                                    | 3         | PA; QL (1 per 1 day)     |
| RELPAX                                                     | 4         | QL (12 per 30 days)      |
| REYVOW                                                     | 4         | PA; QL (4 per 30 days)   |
| <i>rizatriptan</i>                                         | 1         | QL (12 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i> | 1         | QL (6 per 30 days)       |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>  | 1         | QL (12 per 30 days)      |
| <i>sumatriptan succinate oral tablet 100 mg</i>            | 1         | QL (9 per 30 days)       |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>      | 1         | QL (18 per 30 days)      |
| <i>sumatriptan succinate subcutaneous cartridge</i>        | 1         | QL (6 per 30 days)       |
| <i>sumatriptan succinate subcutaneous pen injector</i>     | 1         | QL (6 per 30 days)       |
| <i>sumatriptan succinate subcutaneous solution</i>         | 1         | QL (6 per 30 days)       |
| <i>sumatriptan-naproxen</i>                                | CED       | PA                       |
| TOSYMRA                                                    | CED       | PA                       |
| TREXIMET                                                   | CED       | PA                       |
| TRUDHESA                                                   | CED       | PA; QL (8 per 30 days)   |
| UBRELVY                                                    | 4         | PA; QL (10 per 30 days)  |
| ZAVZPRET                                                   | 5         | PA; QL (1 per 30 days)   |
| ZEMBRACE SYMTOUCH                                          | CED       | PA                       |
| ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG               | 4         | ST; QL (12 per 30 days)  |
| <i>zolmitriptan nasal spray,non-aerosol 5 mg</i>           | 2         | ST; QL (12 per 30 days)  |
| <i>zolmitriptan oral tablet</i>                            | 1         | QL (12 per 30 days)      |
| <i>zolmitriptan oral tablet,disintegrating</i>             | CED       | PA; QL (12 per 30 days)  |
| ZOMIG NASAL                                                | 4         | ST; QL (12 per 30 days)  |
| ZOMIG ORAL                                                 | 4         | QL (12 per 30 days)      |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                  |           |                          |
| ADLARITY                                                   | CED       | PA                       |
| AMPYRA                                                     | 5         | SP; LA; QL (2 per 1 day) |
| ARICEPT                                                    | 4         |                          |

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

| Drug Name                                                                         | Drug Tier | Requirements / Limits          |
|-----------------------------------------------------------------------------------|-----------|--------------------------------|
| AUSTEDO                                                                           | 3         | PA; SP; LA; QL (4 per 1 day)   |
| AUSTEDO XR                                                                        | 3         | PA; SP; QL (1 per 1 day)       |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 3         | PA; SP; QL (28 per 365 days)   |
| <i>dalfampridine</i>                                                              | 5         | SP; QL (2 per 1 day)           |
| DAYBUE                                                                            | 5         | PA; SP; QL (120 per 1 day)     |
| <i>dichlorphenamide</i>                                                           | 5         | PA; SP; QL (4 per 1 day)       |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                          | 1         |                                |
| <i>donepezil oral tablet 23 mg</i>                                                | 2         |                                |
| <i>donepezil oral tablet,disintegrating</i>                                       | 1         |                                |
| EVRYSDI ORAL RECON SOLN                                                           | 5         | PA; SP; LA; QL (6.7 per 1 day) |
| EVRYSDI ORAL TABLET                                                               | 5         | PA; SP; LA; QL (1 per 1 day)   |
| EXELON PATCH                                                                      | 4         |                                |
| FIRDAPSE                                                                          | 5         | PA; SP; LA; QL (10 per 1 day)  |
| <i>galantamine oral capsule,ext rel. pellets 24 hr</i>                            | 2         |                                |
| <i>galantamine oral solution</i>                                                  | CED       | PA                             |
| <i>galantamine oral tablet</i>                                                    | 2         |                                |
| HORIZANT                                                                          | CED       | PA                             |
| INGREZZA                                                                          | 3         | PA; SP; LA; QL (1 per 1 day)   |
| INGREZZA INITIATION PK(TARDIV)                                                    | 3         | PA; SP; QL (28 per 365 days)   |
| INGREZZA SPRINKLE                                                                 | 3         | PA; LA; QL (1 per 1 day)       |
| KEVEYIS                                                                           | 5         | PA; SP; QL (4 per 1 day)       |
| <i>memantine oral capsule,sprinkle,er 24hr</i>                                    | 2         |                                |
| <i>memantine oral solution</i>                                                    | CED       | PA                             |
| <i>memantine oral tablet</i>                                                      | 1         |                                |
| MEMANTINE ORAL TABLETS,DOSE PACK                                                  | 1         |                                |
| <i>memantine-donepezil</i>                                                        | CED       | PA                             |
| MIPLYFFA                                                                          | 5         | PA; SP; LA; QL (3 per 1 day)   |
| NAMENDA TITRATION PAK                                                             | 4         |                                |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK                                    | 4         |                                |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG                                     | 4         |                                |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR                                            | CED       | PA                             |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------|-----------|------------------------------|
| NUEDEXTA                                                   | 5         | PA; SP; QL (2 per 1 day)     |
| NULIBRY                                                    | 5         | PA; SP                       |
| <i>ormalvi</i>                                             | CED       | PA; SP; QL (4 per 1 day)     |
| RADICAVA ORS STARTER KIT SUSP                              | 5         | PA; SP                       |
| <i>rivastigmine</i>                                        | 1         |                              |
| <i>rivastigmine tartrate</i>                               | 1         |                              |
| SKYCLARYS                                                  | 5         | PA; SP; LA; QL (3 per 1 day) |
| <i>tetrabenazine oral tablet 12.5 mg</i>                   | 5         | PA; SP; QL (8 per 1 day)     |
| <i>tetrabenazine oral tablet 25 mg</i>                     | 5         | PA; SP; QL (4 per 1 day)     |
| WAINUA                                                     | 5         | PA; SP; QL (1 per 28 days)   |
| XENAZINE ORAL TABLET 12.5 MG                               | 5         | PA; SP; LA; QL (8 per 1 day) |
| XENAZINE ORAL TABLET 25 MG                                 | 5         | PA; SP; LA; QL (4 per 1 day) |
| ZEPOSIA                                                    | 5         | PA; SP; QL (1 per 1 day)     |
| ZEPOSIA STARTER KIT (28-DAY)                               | 5         | PA; SP; QL (28 per 365 days) |
| ZEPOSIA STARTER PACK (7-DAY)                               | 5         | PA; SP; QL (7 per 365 days)  |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>        |           |                              |
| AMRIX                                                      | CED       | PA                           |
| BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)                | CED       | PA                           |
| <i>baclofen oral solution 5 mg/5 ml</i>                    | CED       | PA                           |
| <i>baclofen oral suspension</i>                            | CED       | PA; QL (16 per 1 day)        |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                   | 1         |                              |
| <i>baclofen oral tablet 15 mg</i>                          | CED       | PA                           |
| <i>baclofen oral tablet 5 mg</i>                           | 2         | QL (3 per 1 day)             |
| <i>carisoprodol oral tablet 250 mg</i>                     | CED       | PA; QL (3 per 1 day)         |
| <i>carisoprodol oral tablet 350 mg</i>                     | 1         | QL (4 per 1 day)             |
| <i>carisoprodol-aspirin</i>                                | 1         |                              |
| <i>carisoprodol-aspirin-codeine</i>                        | 1         | PA                           |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>    | CED       | PA                           |
| <i>chlorzoxazone oral tablet 500 mg</i>                    | 1         |                              |
| <i>cyclobenzaprine oral capsule, extended release 24hr</i> | CED       | PA                           |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>             | 1         |                              |
| <i>cyclobenzaprine oral tablet 7.5 mg</i>                  | CED       | PA                           |
| DANTRUM ORAL CAPSULE 25 MG                                 | 4         | QL (3 per 1 day)             |

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| Drug Name                                                  | Drug Tier | Requirements / Limits |
|------------------------------------------------------------|-----------|-----------------------|
| <i>dantrolene oral capsule 100 mg</i>                      | 2         | QL (4 per 1 day)      |
| <i>dantrolene oral capsule 25 mg, 50 mg</i>                | 2         | QL (3 per 1 day)      |
| FEXMID                                                     | CED       | PA                    |
| FLEQSUVY                                                   | CED       | PA; QL (16 per 1 day) |
| LORZONE                                                    | CED       | PA                    |
| LYVISPAH                                                   | CED       | PA                    |
| <i>meprobamate</i>                                         | 1         |                       |
| MESTINON ORAL                                              | 4         |                       |
| MESTINON TIMESPAN                                          | 4         |                       |
| <i>metaxalone oral tablet 400 mg</i>                       | CED       | PA                    |
| METAXALONE ORAL TABLET 640 MG                              | CED       | PA; QL (4 per 1 day)  |
| <i>metaxalone oral tablet 800 mg</i>                       | 2         | ST; QL (4 per 1 day)  |
| <i>methocarbamol oral tablet 1,000 mg</i>                  | CED       | PA                    |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>            | 1         |                       |
| NORGESIC                                                   | CED       | PA                    |
| NORGESIC FORTE                                             | CED       | PA                    |
| <i>orphenadrine citrate oral</i>                           | 1         |                       |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>  | CED       | PA                    |
| <i>orphengesic forte</i>                                   | CED       | PA                    |
| OZOBAX                                                     | CED       | PA                    |
| OZOBAX DS                                                  | CED       | PA                    |
| <i>pyridostigmine bromide oral syrup</i>                   | 1         |                       |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG                   | 1         |                       |
| <i>pyridostigmine bromide oral tablet 60 mg</i>            | 1         |                       |
| <i>pyridostigmine bromide oral tablet extended release</i> | 1         |                       |
| SOMA ORAL TABLET 250 MG                                    | CED       | PA; QL (3 per 1 day)  |
| SOMA ORAL TABLET 350 MG                                    | 4         | QL (4 per 1 day)      |
| <i>tanlor</i>                                              | CED       | PA                    |
| <i>tizanidine oral capsule</i>                             | 2         |                       |
| <i>tizanidine oral tablet</i>                              | 1         |                       |
| <i>vanadom</i>                                             | 1         | QL (4 per 1 day)      |

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| Drug Name                                                                        | Drug Tier | Requirements / Limits         |
|----------------------------------------------------------------------------------|-----------|-------------------------------|
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE                                             | 5         | PA; SP; QL (20 per 28 days)   |
| ZANAFLEX                                                                         | 4         |                               |
| ZILBRYSQ                                                                         | 5         | PA; SP; LA; QL (1 per 1 day)  |
| <b>NARCOTIC ANALGESICS</b>                                                       |           |                               |
| <i>acetaminophen-caff-dihydrocod</i>                                             | CED       | PA                            |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 1         | PA                            |
| <i>acetaminophen-codeine oral tablet</i>                                         | 1         | PA                            |
| <i>ascomp with codeine</i>                                                       | 1         | PA                            |
| BELBUCA                                                                          | 4         | PA; QL (2 per 1 day)          |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML               | 5         | PA; SP; QL (0.36 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML                | 5         | PA; SP; QL (1.28 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML                | 5         | PA; SP; QL (1.92 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML                | 5         | PA; SP; QL (2.56 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML                | 5         | PA; SP; QL (0.18 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML                 | 5         | PA; SP; QL (0.64 per 28 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML                | 5         | PA; SP; QL (0.27 per 28 days) |
| <i>buprenorphine</i>                                                             | 2         | PA; QL (4 per 28 days)        |
| <i>buprenorphine hcl sublingual tablet 2 mg</i>                                  | 1         | QL (12 per 1 day)             |
| <i>buprenorphine hcl sublingual tablet 8 mg</i>                                  | 1         | QL (3 per 1 day)              |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>                | CED       | PA                            |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                | 1         | PA                            |
| <i>butalbital-acetaminophen oral capsule</i>                                     | CED       | PA                            |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                            | CED       | PA                            |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                            | 1         | QL (6 per 1 day)              |
| <i>butalbital-acetaminophen-caff oral capsule</i>                                | CED       | PA; QL (6 per 1 day)          |
| <i>butalbital-acetaminophen-caff oral tablet</i>                                 | 1         | QL (6 per 1 day)              |

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| Drug Name                                                                                                     | Drug Tier | Requirements / Limits  |
|---------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>butalbital-aspirin-caffeine</i>                                                                            | 1         |                        |
| BUTRANS                                                                                                       | 4         | PA; QL (4 per 28 days) |
| <i>codeine sulfate</i>                                                                                        | 1         | PA                     |
| <i>codeine-bitalbital-asa-caff</i>                                                                            | 1         | PA                     |
| DILAUDID                                                                                                      | 4         | PA                     |
| <i>endocet</i>                                                                                                | 1         | PA                     |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>              | 1         | PA                     |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>                         | CED       | PA                     |
| FIORICET                                                                                                      | CED       | PA; QL (6 per 1 day)   |
| FIORICET WITH CODEINE                                                                                         | CED       | PA                     |
| <i>hydrocodone bitartrate</i>                                                                                 | 2         | PA                     |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml)</i>                        | 2         | PA                     |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                                               | 1         | PA                     |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1         | PA                     |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>                                                       | CED       | PA                     |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>                                                  | 2         | PA                     |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                                           | 1         | PA                     |
| <i>hydromorphone oral liquid</i>                                                                              | 1         | PA                     |
| <i>hydromorphone oral tablet</i>                                                                              | 1         | PA                     |
| <i>hydromorphone oral tablet extended release 24 hr</i>                                                       | 2         | PA                     |
| <i>hydromorphone rectal</i>                                                                                   | 1         | PA                     |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG                     | 4         | PA                     |
| <i>levorphanol tartrate</i>                                                                                   | CED       | PA                     |
| <i>meperidine oral solution</i>                                                                               | 1         | PA                     |
| <i>meperidine oral tablet 50 mg</i>                                                                           | 1         | PA                     |
| <i>methadone oral concentrate</i>                                                                             | 1         | PA                     |
| <i>methadone oral solution</i>                                                                                | 1         | PA                     |

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

| Drug Name                                                                              | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>methadone oral tablet</i>                                                           | 1         | PA                    |
| <i>methadose oral concentrate</i>                                                      | 1         | PA                    |
| <i>morphine concentrate oral solution</i>                                              | 1         | PA                    |
| <i>morphine oral capsule, er multiphase 24 hr</i>                                      | CED       | PA                    |
| <i>morphine oral capsule,extend.release pellets</i>                                    | CED       | PA                    |
| <i>morphine oral solution</i>                                                          | 1         | PA                    |
| <i>morphine oral tablet</i>                                                            | 1         | PA                    |
| <i>morphine oral tablet extended release</i>                                           | 1         | PA                    |
| <i>morphine rectal</i>                                                                 | 2         | PA                    |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG                             | 4         | PA                    |
| NALOCET                                                                                | CED       | PA                    |
| <i>oxycodone oral capsule</i>                                                          | 1         | PA                    |
| <i>oxycodone oral concentrate</i>                                                      | 1         | PA                    |
| <i>oxycodone oral solution</i>                                                         | 1         | PA                    |
| <i>oxycodone oral tablet</i>                                                           | 1         | PA                    |
| OXYCODONE ORAL TABLET, ORAL ONLY                                                       | CED       | PA                    |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR                                          | CED       | PA                    |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>                            | CED       | PA                    |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                             | 2         | PA                    |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i> | CED       | PA                    |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 1         | PA                    |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR                                          | 3         | PA                    |
| <i>oxymorphone oral tablet</i>                                                         | 1         | PA                    |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                  | 2         | PA                    |
| PERCOCET                                                                               | 4         | PA                    |
| PRIMLEV                                                                                | CED       | PA                    |
| PROLATE ORAL SOLUTION                                                                  | CED       | PA                    |
| <i>prolate oral tablet</i>                                                             | CED       | PA                    |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                                                    | 4         | PA                    |

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| Drug Name                                                           | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------|-----------|------------------------------|
| ROXYBOND                                                            | CED       | PA                           |
| SEGLENTIS                                                           | CED       | PA                           |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML | 5         | PA; SP; QL (0.5 per 28 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML | 5         | PA; SP; QL (1.5 per 28 days) |
| <i>tencon</i>                                                       | 1         | QL (6 per 1 day)             |
| TREZIX                                                              | CED       | PA                           |
| XTAMPZA ER                                                          | 4         | PA                           |
| <b>NON-NARCOTIC ANALGESICS</b>                                      |           |                              |
| <i>adult aspirin regimen</i>                                        | 1         | ACA; OTC                     |
| ANAPROX DS                                                          | 4         |                              |
| ARTHROTEC 50                                                        | 4         | PA; QL (4 per 1 day)         |
| ARTHROTEC 75                                                        | 4         | PA; QL (4 per 1 day)         |
| <i>aspirin childrens</i>                                            | 1         | ACA; OTC                     |
| <i>aspirin oral tablet 81 mg</i>                                    | CED       | OTC                          |
| <i>aspirin oral tablet, chewable</i>                                | 1         | ACA; OTC                     |
| <i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>           | 1         | ACA; OTC                     |
| <i>bayer low dose aspirin</i>                                       | 1         | ACA; OTC                     |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>               | 2         | QL (2 per 1 day)             |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>              | 2         | QL (12 per 1 day)            |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i>                | 2         | QL (6 per 1 day)             |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i>                | 2         | QL (3 per 1 day)             |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>            | 1         | QL (12 per 1 day)            |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>              | 1         | QL (3 per 1 day)             |
| <i>butorphanol nasal</i>                                            | 1         | PA                           |
| CAPSFENAC PAK                                                       | CED       | PA                           |
| CAPSINAC                                                            | CED       | PA                           |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG                         | 4         | QL (2 per 1 day)             |
| CELEBREX ORAL CAPSULE 400 MG                                        | 4         | QL (1 per 1 day)             |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                 | 1         | QL (2 per 1 day)             |
| <i>celecoxib oral capsule 400 mg</i>                                | 1         | QL (1 per 1 day)             |
| CONZIP                                                              | CED       | PA                           |

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| Drug Name                                                           | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------|-----------|--------------------------|
| COXANTO                                                             | CED       | PA                       |
| DAYPRO                                                              | 4         | QL (2 per 1 day)         |
| DICLOFENAC EPOLAMINE                                                | 4         | PA; QL (2 per 1 day)     |
| <i>diclofenac potassium oral capsule</i>                            | CED       | PA; QL (4 per 1 day)     |
| <i>diclofenac potassium oral powder in packet</i>                   | CED       | PA; QL (9 per 30 days)   |
| <i>diclofenac potassium oral tablet 25 mg</i>                       | CED       | PA                       |
| <i>diclofenac potassium oral tablet 50 mg</i>                       | 2         | QL (4 per 1 day)         |
| <i>diclofenac sodium oral tablet extended release 24 hr</i>         | 2         | QL (2 per 1 day)         |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i> | 2         | QL (4 per 1 day)         |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i> | 1         | QL (4 per 1 day)         |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i> | 1         | QL (2 per 1 day)         |
| <i>diclofenac sodium topical drops</i>                              | CED       | PA; QL (300 per 30 days) |
| <i>diclofenac sodium topical solution in metered-dose pump</i>      | CED       | PA; QL (224 per 30 days) |
| DICLOFENAC SUBMICRONIZED                                            | CED       | PA; QL (3 per 1 day)     |
| <i>diclofenac-misoprostol</i>                                       | 2         | PA; QL (4 per 1 day)     |
| DICLOFEX DC                                                         | CED       | PA                       |
| DICLOPR                                                             | CED       | PA                       |
| DICLOSAICIN                                                         | CED       | PA                       |
| DICLOTRAL                                                           | CED       | PA                       |
| <i>diflunisal</i>                                                   | 2         | QL (3 per 1 day)         |
| DIMENTHO                                                            | CED       | PA                       |
| DISALCID                                                            | 4         |                          |
| DITHOL                                                              | CED       | PA                       |
| DOLOBID ORAL TABLET 250 MG                                          | CED       | PA                       |
| DOLOBID ORAL TABLET 375 MG                                          | CED       | PA; QL (2 per 1 day)     |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG             | 4         | QL (4 per 1 day)         |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG             | 4         | QL (2 per 1 day)         |
| <i>ecotrin low strength</i>                                         | 1         | ACA; OTC                 |
| <i>etodolac oral capsule 200 mg</i>                                 | 2         | QL (4 per 1 day)         |

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| Drug Name                                                         | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| <i>etodolac oral capsule 300 mg</i>                               | 2         | QL (3 per 1 day)      |
| <i>etodolac oral tablet</i>                                       | 1         | QL (2 per 1 day)      |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i> | 2         | QL (2 per 1 day)      |
| <i>etodolac oral tablet extended release 24 hr 600 mg</i>         | 2         | QL (1 per 1 day)      |
| FENOPROFEN ORAL CAPSULE 200 MG                                    | CED       | PA; QL (6 per 1 day)  |
| <i>fenoprofen oral capsule 400 mg</i>                             | CED       | PA; QL (4 per 1 day)  |
| <i>fenoprofen oral tablet</i>                                     | CED       | PA; QL (4 per 1 day)  |
| FENOPRON                                                          | CED       | PA; QL (4 per 1 day)  |
| FLECTOR                                                           | 4         | PA; QL (2 per 1 day)  |
| <i>flurbiprofen oral tablet 100 mg</i>                            | 1         | QL (3 per 1 day)      |
| <i>ibu</i>                                                        | 1         |                       |
| <i>ibuprofen oral suspension</i>                                  | 1         |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>               | 1         |                       |
| <i>ibuprofen-famotidine</i>                                       | CED       | PA; QL (3 per 1 day)  |
| ICLOFENAC CP                                                      | CED       | PA                    |
| INDOCIN ORAL                                                      | 4         | PA; QL (40 per 1 day) |
| INDOCIN RECTAL                                                    | 4         | PA; QL (4 per 1 day)  |
| <i>indomethacin oral capsule 25 mg</i>                            | 1         | QL (3 per 1 day)      |
| <i>indomethacin oral capsule 50 mg</i>                            | 1         | QL (4 per 1 day)      |
| <i>indomethacin oral capsule, extended release</i>                | 1         | QL (2 per 1 day)      |
| <i>indomethacin oral suspension</i>                               | 2         | PA; QL (40 per 1 day) |
| INDOMETHACIN RECTAL SUPPOSITORY 100 MG                            | CED       | PA                    |
| <i>indomethacin rectal suppository 50 mg</i>                      | 2         | PA; QL (4 per 1 day)  |
| <i>ketoprofen oral capsule 25 mg, 75 mg</i>                       | CED       | PA; QL (4 per 1 day)  |
| <i>ketoprofen oral capsule 50 mg</i>                              | CED       | PA                    |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>     | CED       | PA; QL (1 per 1 day)  |
| <i>ketorolac oral</i>                                             | 1         | QL (20 per 30 days)   |
| <i>kiprofen</i>                                                   | CED       | PA; QL (4 per 1 day)  |
| KLOXXADO                                                          | 3         | 2 sprays per fill     |
| LICART                                                            | CED       | PA; QL (1 per 1 day)  |
| LIFEMS NALOXONE                                                   | 4         |                       |
| LODINE ORAL TABLET                                                | 4         | QL (2 per 1 day)      |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| <i>lofena</i>                                               | CED       | PA                    |
| <i>lofexidine</i>                                           | CED       | PA                    |
| LUCEMYRA                                                    | CED       | PA                    |
| <i>meclofenamate</i>                                        | CED       | PA; QL (4 per 1 day)  |
| <i>mefenamic acid</i>                                       | 2         | 29 capsules per fill  |
| MELOXICAM ORAL SUSPENSION                                   | 4         |                       |
| <i>meloxicam oral tablet</i>                                | 1         |                       |
| <i>meloxicam submicronized</i>                              | CED       | PA; QL (1 per 1 day)  |
| <i>nabumetone oral tablet 500 mg</i>                        | 1         | QL (4 per 1 day)      |
| <i>nabumetone oral tablet 750 mg</i>                        | 1         | QL (2 per 1 day)      |
| NALFON ORAL CAPSULE 400 MG                                  | CED       | PA; QL (4 per 1 day)  |
| NALFON ORAL TABLET                                          | CED       | PA; QL (4 per 1 day)  |
| <i>naloxone injection solution</i>                          | 1         |                       |
| <i>naloxone injection syringe</i>                           | 1         |                       |
| <i>naltrexone</i>                                           | 1         |                       |
| NAPRELAN CR                                                 | CED       | PA; QL (2 per 1 day)  |
| NAPROSYN ORAL SUSPENSION                                    | CED       | PA; QL (40 per 1 day) |
| NAPROSYN ORAL TABLET 500 MG                                 | 4         | QL (3 per 1 day)      |
| <i>naproxen oral suspension</i>                             | CED       | PA; QL (40 per 1 day) |
| <i>naproxen oral tablet 250 mg</i>                          | 1         | QL (6 per 1 day)      |
| <i>naproxen oral tablet 375 mg</i>                          | 1         | QL (4 per 1 day)      |
| <i>naproxen oral tablet 500 mg</i>                          | 1         | QL (3 per 1 day)      |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1         | QL (4 per 1 day)      |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 2         | QL (2 per 1 day)      |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>           | 2         |                       |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i>     | CED       | PA; QL (2 per 1 day)  |
| <i>naproxen-esomeprazole</i>                                | CED       | PA; QL (2 per 1 day)  |
| NARCAN                                                      | 4         | 2 sprays per fill     |
| NUCYNTA                                                     | 4         | PA                    |
| NUCYNTA ER                                                  | 4         | PA                    |
| OPVEE                                                       | 4         | 2 units per fill      |
| OXAPROZIN ORAL CAPSULE                                      | CED       | PA                    |
| <i>oxaprozin oral tablet</i>                                | 1         | QL (2 per 1 day)      |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits      |
|-------------------------------------------------------------|-----------|----------------------------|
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP              | CED       | PA; QL (224 per 30 days)   |
| <i>pentazocine-naloxone</i>                                 | 2         | PA                         |
| <i>piroxicam</i>                                            | 1         | QL (1 per 1 day)           |
| PROFINAC                                                    | CED       | PA                         |
| RELAFEN DS                                                  | CED       | PA; QL (2 per 1 day)       |
| REXTOVY                                                     | 4         | 2 sprays per fill          |
| <i>salsalate</i>                                            | 1         |                            |
| SPRIX                                                       | CED       | PA; SP; QL (5 per 30 days) |
| <i>st joseph aspirin</i>                                    | 1         | ACA; OTC                   |
| <i>st. joseph aspirin</i>                                   | 1         | ACA; OTC                   |
| SUBOXONE SUBLINGUAL FILM 12-3 MG                            | 4         | QL (2 per 1 day)           |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG                           | 4         | QL (12 per 1 day)          |
| SUBOXONE SUBLINGUAL FILM 4-1 MG                             | 4         | QL (6 per 1 day)           |
| SUBOXONE SUBLINGUAL FILM 8-2 MG                             | 4         | QL (3 per 1 day)           |
| <i>sulindac</i>                                             | 1         | QL (2 per 1 day)           |
| TOLECTIN 600                                                | CED       | PA                         |
| <i>tolmetin oral capsule</i>                                | CED       | PA                         |
| <i>tolmetin oral tablet 600 mg</i>                          | CED       | PA                         |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83                | CED       | PA                         |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | CED       | PA                         |
| TRAMADOL ORAL SOLUTION                                      | CED       | PA                         |
| <i>tramadol oral tablet 100 mg</i>                          | CED       | PA                         |
| TRAMADOL ORAL TABLET 25 MG, 75 MG                           | CED       | PA                         |
| <i>tramadol oral tablet 50 mg</i>                           | 1         | PA                         |
| <i>tramadol oral tablet extended release 24 hr</i>          | 2         | PA                         |
| <i>tramadol oral tablet, er multiphase 24 hr</i>            | 2         | PA                         |
| <i>tramadol-acetaminophen</i>                               | 1         | PA                         |
| TRESNI                                                      | CED       | PA                         |
| VAROPHEN (DICLOFENAC)                                       | CED       | PA                         |
| VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG        | CED       | PA; QL (2 per 1 day)       |
| VIVITROL                                                    | 5         | SP                         |

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| Drug Name                                                                    | Drug Tier | Requirements / Limits                           |
|------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| VIVLODEX                                                                     | CED       | PA; QL (1 per 1 day)                            |
| ZICLOPRO                                                                     | CED       | PA                                              |
| ZIMHI                                                                        | 4         | 1 ml per fill                                   |
| ZIPSOR                                                                       | CED       | PA; QL (4 per 1 day)                            |
| ZORVOLEX                                                                     | 4         | PA; QL (3 per 1 day)                            |
| ZUBSOLV                                                                      | 4         |                                                 |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                                               |           |                                                 |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | CED       | PA for age 17 and younger; QL (2.4 per 28 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | CED       | PA for age 17 and younger; QL (3.2 per 28 days) |
| ABILIFY MAINTENA                                                             | 3         | PA for age 17 and younger; QL (1 per 28 days)   |
| ABILIFY ORAL TABLET                                                          | 4         | PA for age 17 and younger; QL (1 per 1 day)     |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG              | 4         | PA for age 19 and older; QL (3 per 1 day)       |
| ADDERALL ORAL TABLET 30 MG                                                   | 4         | PA for age 19 and older; QL (2 per 1 day)       |
| ADDERALL XR                                                                  | 4         | PA for age 19 and older; QL (2 per 1 day)       |
| ADDYI                                                                        | 4         | PA; QL (1 per 1 day)                            |
| ADZENYS XR-ODT                                                               | 4         | PA; QL (1 per 1 day)                            |
| <i>alprazolam intenosol</i>                                                  | 2         |                                                 |
| <i>alprazolam oral tablet</i>                                                | 1         |                                                 |
| <i>alprazolam oral tablet extended release 24 hr</i>                         | 1         |                                                 |
| <i>alprazolam oral tablet,disintegrating</i>                                 | 2         |                                                 |
| AMBIEN                                                                       | 4         | QL (1 per 1 day)                                |
| AMBIEN CR                                                                    | 4         | QL (1 per 1 day)                                |
| <i>amitriptyline</i>                                                         | 1         |                                                 |
| <i>amitriptyline-chlordiazepoxide</i>                                        | 2         |                                                 |
| <i>amoxapine</i>                                                             | 2         |                                                 |
| <i>amphetamine sulfate oral tablet 10 mg</i>                                 | 2         | PA; QL (6 per 1 day)                            |
| <i>amphetamine sulfate oral tablet 5 mg</i>                                  | 2         | PA; QL (3 per 1 day)                            |
| ANAFRANIL                                                                    | 4         |                                                 |

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| Drug Name                                                                   | Drug Tier | Requirements / Limits                            |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------------|
| APLENZIN                                                                    | CED       | PA                                               |
| APTENSIO XR                                                                 | 4         | PA; QL (1 per 1 day)                             |
| <i>aripiprazole oral solution</i>                                           | CED       | PA for age 17 and younger; QL (30 per 1 day)     |
| <i>aripiprazole oral tablet</i>                                             | 1         | PA for age 17 and younger; QL (1 per 1 day)      |
| <i>aripiprazole oral tablet,disintegrating</i>                              | CED       | PA for age 17 and younger; QL (1 per 1 day)      |
| ARISTADA INITIO                                                             | 3         | PA for age 17 and younger; QL (2.4 per 365 days) |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 1,064<br>MG/3.9 ML | 3         | PA for age 17 and younger; QL (3.9 per 42 days)  |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 441<br>MG/1.6 ML   | 3         | PA for age 17 and younger; QL (1.6 per 28 days)  |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 662<br>MG/2.4 ML   | 3         | PA for age 17 and younger; QL (2.4 per 28 days)  |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 882<br>MG/3.2 ML   | 3         | PA for age 17 and younger; QL (3.2 per 28 days)  |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                       | 2         | QL (1 per 1 day)                                 |
| <i>armodafinil oral tablet 50 mg</i>                                        | 2         | QL (2 per 1 day)                                 |
| <i>asenapine maleate</i>                                                    | 2         | PA; QL (2 per 1 day)                             |
| ATIVAN ORAL                                                                 | 4         |                                                  |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>                  | 1         | QL (2 per 1 day)                                 |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                        | 1         | QL (1 per 1 day)                                 |
| AUVELITY                                                                    | 4         | PA; QL (2 per 1 day)                             |
| AZSTARYS                                                                    | 4         | PA; QL (1 per 1 day)                             |
| BELSOMRA                                                                    | 4         | ST; QL (1 per 1 day)                             |
| BUCAPSOL                                                                    | CED       |                                                  |
| <i>bupropion hcl oral tablet 100 mg</i>                                     | 1         | QL (4.5 per 1 day)                               |
| <i>bupropion hcl oral tablet 75 mg</i>                                      | 1         | QL (6 per 1 day)                                 |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>              | 1         | QL (3 per 1 day)                                 |
| <i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>              | 1         | QL (1 per 1 day)                                 |

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| Drug Name                                                  | Drug Tier | Requirements / Limits                           |
|------------------------------------------------------------|-----------|-------------------------------------------------|
| BUPROPION HCL ORAL TABLET<br>EXTENDED RELEASE 24 HR 450 MG | CED       | PA; QL (1 per 1 day)                            |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>   | 1         | QL (2 per 1 day)                                |
| <i>buspirone</i>                                           | 1         |                                                 |
| CAPLYTA ORAL CAPSULE 10.5 MG                               | 4         | PA for age 18 and older; QL (1 per 1 day)       |
| CAPLYTA ORAL CAPSULE 21 MG                                 | 4         | PA for age 18 and older                         |
| CAPLYTA ORAL CAPSULE 42 MG                                 | 4         | PA for age 18 years and older; QL (1 per 1 day) |
| CELEXA ORAL TABLET 10 MG, 20 MG                            | 4         | QL (1.5 per 1 day)                              |
| CELEXA ORAL TABLET 40 MG                                   | 4         | QL (1 per 1 day)                                |
| <i>chlordiazepoxide hcl</i>                                | 1         |                                                 |
| <i>chlorpromazine oral concentrate 100 mg/ml</i>           | CED       | PA for age 17 and younger; QL (8 per 1 day)     |
| <i>chlorpromazine oral concentrate 30 mg/ml</i>            | CED       | PA for age 17 and younger; QL (27 per 1 day)    |
| <i>chlorpromazine oral tablet</i>                          | 2         | PA for age 17 and younger; QL (4 per 1 day)     |
| CITALOPRAM ORAL CAPSULE                                    | CED       | PA; QL (1 per 1 day)                            |
| <i>citalopram oral solution</i>                            | 2         | QL (20 per 1 day)                               |
| <i>citalopram oral tablet 10 mg, 20 mg</i>                 | 1         | QL (1.5 per 1 day)                              |
| <i>citalopram oral tablet 40 mg</i>                        | 1         | QL (1 per 1 day)                                |
| <i>clomipramine</i>                                        | 2         |                                                 |
| <i>clonidine hcl oral tablet extended release 12 hr</i>    | 1         |                                                 |
| <i>clorazepate dipotassium</i>                             | 2         |                                                 |
| <i>clozapine oral tablet 100 mg</i>                        | 2         | PA for age 17 and younger; QL (9 per 1 day)     |
| <i>clozapine oral tablet 200 mg</i>                        | 2         | PA for age 17 and younger; QL (4.5 per 1 day)   |
| <i>clozapine oral tablet 25 mg, 50 mg</i>                  | 2         | PA for age 17 and younger; QL (3 per 1 day)     |
| <i>clozapine oral tablet,disintegrating 100 mg</i>         | CED       | PA; QL (9 per 1 day)                            |
| <i>clozapine oral tablet,disintegrating 12.5 mg, 25 mg</i> | CED       | PA; QL (3 per 1 day)                            |
| <i>clozapine oral tablet,disintegrating 150 mg</i>         | CED       | PA; QL (6 per 1 day)                            |
| <i>clozapine oral tablet,disintegrating 200 mg</i>         | CED       | PA; QL (4.5 per 1 day)                          |

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| Drug Name                                                                    | Drug Tier | Requirements / Limits                               |
|------------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| CLOZARIL ORAL TABLET 100 MG                                                  | 4         | PA for age 17 and younger; QL (9 per 1 day)         |
| CLOZARIL ORAL TABLET 25 MG                                                   | 4         | PA for age 17 and younger; QL (3 per 1 day)         |
| COBENFY                                                                      | 4         | PA for age 18 years and older; QL (2 per 1 day)     |
| COBENFY STARTER PACK                                                         | 4         | PA for age 18 years and older; QL (56 per 365 days) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG               | 4         | PA for age 19 and older; QL (1 per 1 day)           |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG                             | 4         | PA for age 19 and older; QL (2 per 1 day)           |
| COTEMPLA XR-ODT                                                              | 4         | PA; QL (2 per 1 day)                                |
| CYMBALTA                                                                     | 4         | QL (2 per 1 day)                                    |
| DAYTRANA                                                                     | 4         | PA; QL (1 per 1 day)                                |
| DAYVIGO                                                                      | 4         | ST; QL (1 per 1 day)                                |
| <i>desipramine</i>                                                           | 2         |                                                     |
| DESOXYN                                                                      | CED       | PA for age 19 and older; QL (5 per 1 day)           |
| DESVENLAFAXINE                                                               | CED       | PA; QL (1 per 1 day)                                |
| <i>desvenlafaxine succinate</i>                                              | 2         | QL (1 per 1 day)                                    |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG                      | 4         | PA for age 19 and older; QL (4 per 1 day)           |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50</i>                    | 2         | PA for age 19 and older; QL (1 per 1 day)           |
| <i>dexmethylphenidate oral tablet</i>                                        | 1         | PA for age 19 and older; QL (2 per 1 day)           |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i> | 2         | PA for age 19 and older; QL (4 per 1 day)           |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>         | 2         | PA for age 19 and older; QL (3 per 1 day)           |
| <i>dextroamphetamine sulfate oral solution</i>                               | 2         | PA for age 19 and older; QL (60 per 1 day)          |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                     | 1         | PA for age 19 and older; QL (3 per 1 day)           |
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>                    | CED       | PA for age 19 and older; QL (3 per 1 day)           |
| <i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>                  | 2         | PA for age 19 and older; QL (3 per 1 day)           |

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

| Drug Name                                                                                   | Drug Tier | Requirements / Limits                            |
|---------------------------------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>dextroamphetamine sulfate oral tablet 30 mg</i>                                          | CED       | PA for age 19 and older; QL (2 per 1 day)        |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>                       | 2         | PA; QL (1 per 1 day)                             |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>                    | 1         | PA for age 19 and older; QL (2 per 1 day)        |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 1         | PA for age 19 and older; QL (3 per 1 day)        |
| <i>dextroamphetamine-amphetamine oral tablet 30 mg</i>                                      | 1         | PA for age 19 and older; QL (2 per 1 day)        |
| <i>diazepam intensol</i>                                                                    | 2         |                                                  |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                           | 1         |                                                  |
| <i>diazepam oral tablet</i>                                                                 | 1         |                                                  |
| DORAL                                                                                       | CED       | PA                                               |
| <i>doxepin oral capsule</i>                                                                 | 1         |                                                  |
| <i>doxepin oral concentrate</i>                                                             | 1         |                                                  |
| <i>doxepin oral tablet</i>                                                                  | CED       | PA                                               |
| DRIZALMA SPRINKLE                                                                           | CED       | PA                                               |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                  | 1         | QL (2 per 1 day)                                 |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>                                | CED       | PA; QL (3 per 1 day)                             |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR                                             | 4         | PA; QL (8 per 1 day)                             |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR                                             | 4         | PA; QL (1 per 1 day)                             |
| EDLUAR                                                                                      | CED       | PA                                               |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG                              | 4         | QL (1 per 1 day)                                 |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG                                        | 4         | QL (3 per 1 day)                                 |
| EMSAM                                                                                       | 4         | PA; QL (1 per 1 day)                             |
| <i>ergoloid</i>                                                                             | 2         |                                                  |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                                | CED       | PA for age 17 and younger; QL (0.75 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML                                                     | CED       | PA for age 17 and younger; QL (1 per 28 days)    |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits                             |
|-------------------------------------------------------------------|-----------|---------------------------------------------------|
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                       | CED       | PA for age 17 and younger; QL (1.5 per 28 days)   |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML                      | CED       | PA for age 17 and younger; QL (2.25 per 365 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                       | CED       | PA for age 17 and younger; QL (0.25 per 28 days)  |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                        | CED       | PA for age 17 and younger; QL (0.5 per 28 days)   |
| <i>escitalopram oxalate oral solution</i>                         | 2         | QL (20 per 1 day)                                 |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>               | 1         | QL (1.5 per 1 day)                                |
| <i>escitalopram oxalate oral tablet 20 mg</i>                     | 1         | QL (1 per 1 day)                                  |
| <i>estazolam</i>                                                  | 1         |                                                   |
| <i>eszopiclone</i>                                                | 1         | QL (1 per 1 day)                                  |
| EVEKEO ORAL TABLET 10 MG                                          | 4         | PA; QL (6 per 1 day)                              |
| EVEKEO ORAL TABLET 5 MG                                           | 4         | PA; QL (3 per 1 day)                              |
| FANAPT ORAL TABLET                                                | 4         | PA for age 18 and older; QL (2 per 1 day)         |
| FANAPT ORAL TABLETS,DOSE PACK                                     | 4         | PA for age 18 and older; QL (8 per 365 days)      |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 4         | PA; QL (28 per 365 days)                          |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR                       | 4         | PA; QL (1 per 1 day)                              |
| <i>fluoxetine oral capsule</i>                                    | 1         | QL (2 per 1 day)                                  |
| <i>fluoxetine oral capsule,delayed release(dr/ec)</i>             | CED       | PA; QL (4 per 28 days)                            |
| <i>fluoxetine oral solution</i>                                   | 2         | QL (20 per 1 day)                                 |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i>                        | 2         | QL (1 per 1 day)                                  |
| <i>fluoxetine oral tablet 60 mg</i>                               | 2         | PA; QL (1 per 1 day)                              |
| <i>fluphenazine decanoate</i>                                     | 2         | PA for age 17 and younger; QL (5 per 30 days)     |
| <i>fluphenazine hcl injection</i>                                 | 2         | PA for age 17 and younger; QL (5 per 30 days)     |
| <i>fluphenazine hcl oral concentrate</i>                          | 2         | PA for age 17 and younger; QL (8 per 1 day)       |
| <i>fluphenazine hcl oral elixir</i>                               | 2         | PA for age 17 and younger; QL (80 per 1 day)      |
| <i>fluphenazine hcl oral tablet</i>                               | 2         | PA for age 17 and younger; QL (4 per 1 day)       |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits                            |
|----------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>flurazepam</i>                                              | 1         | QL (1 per 1 day)                                 |
| <i>fluvoxamine oral capsule, extended release 24hr</i>         | CED       | PA; QL (2 per 1 day)                             |
| <i>fluvoxamine oral tablet 100 mg</i>                          | 2         | QL (3 per 1 day)                                 |
| <i>fluvoxamine oral tablet 25 mg, 50 mg</i>                    | 2         | QL (1.5 per 1 day)                               |
| FOCALIN                                                        | 4         | PA for age 19 and older; QL (2 per 1 day)        |
| FOCALIN XR                                                     | 4         | PA for age 19 and older; QL (1 per 1 day)        |
| FORFIVO XL                                                     | CED       | PA; QL (1 per 1 day)                             |
| GEODON ORAL                                                    | 4         | PA for age 17 and younger; QL (2 per 1 day)      |
| <i>guanfacine oral tablet extended release 24 hr</i>           | 1         |                                                  |
| HALCION ORAL TABLET 0.25 MG                                    | 4         | QL (1 per 1 day)                                 |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML              | 4         | PA for age 17 and younger                        |
| <i>haloperidol decanoate</i>                                   | 2         | PA for age 17 and younger                        |
| <i>haloperidol lactate injection</i>                           | 1         | PA for age 17 and younger                        |
| <i>haloperidol lactate intramuscular</i>                       | 1         | PA for age 17 and younger                        |
| <i>haloperidol lactate oral</i>                                | 1         | PA for age 17 and younger; QL (15 per 1 day)     |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i> | 1         | PA for age 17 and younger; QL (3 per 1 day)      |
| <i>haloperidol oral tablet 20 mg</i>                           | 1         | PA for age 17 and younger; QL (1.5 per 1 day)    |
| HETLIOZ                                                        | 5         | PA; SP; QL (1 per 1 day)                         |
| HETLIOZ LQ                                                     | 5         | PA; SP                                           |
| <i>imipramine hcl</i>                                          | 1         |                                                  |
| <i>imipramine pamoate</i>                                      | CED       | PA                                               |
| INTUNIV ER                                                     | 4         |                                                  |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML           | 3         | PA for age 17 and younger; QL (3.5 per 135 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML             | 3         | PA for age 17 and younger; QL (5 per 135 days)   |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG            | 4         | PA; QL (1 per 1 day)                             |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG                  | 4         | PA; QL (2 per 1 day)                             |

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

| Drug Name                                            | Drug Tier | Requirements / Limits                            |
|------------------------------------------------------|-----------|--------------------------------------------------|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 3         | PA for age 17 and younger; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML      | 3         | PA for age 17 and younger; QL (1 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML  | 3         | PA for age 17 and younger; QL (1.5 per 28 days)  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML  | 3         | PA for age 17 and younger; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML   | 3         | PA for age 17 and younger; QL (0.5 per 28 days)  |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML   | 3         | PA for age 17 and younger; QL (0.88 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML   | 3         | PA for age 17 and younger; QL (1.32 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML   | 3         | PA for age 17 and younger; QL (1.75 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML   | 3         | PA for age 17 and younger; QL (2.63 per 63 days) |
| JORNAY PM                                            | 4         | PA; QL (1 per 1 day)                             |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG       | 3         | ST; PA for age 17 and younger; QL (1 per 1 day)  |
| LATUDA ORAL TABLET 80 MG                             | 3         | ST; PA for age 17 and younger; QL (2 per 1 day)  |
| LEXAPRO ORAL TABLET 10 MG, 5 MG                      | 4         | QL (1.5 per 1 day)                               |
| LEXAPRO ORAL TABLET 20 MG                            | 4         | QL (1 per 1 day)                                 |
| <i>lisdexamfetamine oral capsule</i>                 | 1         | PA for age 19 and older; QL (1 per 1 day)        |
| <i>lisdexamfetamine oral tablet, chewable</i>        | 2         | PA for age 19 and older; QL (1 per 1 day)        |
| <i>lithium carbonate</i>                             | 1         |                                                  |
| <i>lithium citrate</i>                               | 2         | QL (30 per 1 day)                                |
| LITHOBID                                             | 4         |                                                  |
| <i>lorazepam intensol</i>                            | 2         |                                                  |
| <i>lorazepam oral concentrate</i>                    | 2         |                                                  |
| <i>lorazepam oral tablet</i>                         | 1         |                                                  |
| LOREEV XR                                            | CED       | PA; QL (1 per 1 day)                             |
| <i>loxapine succinate oral capsule 10 mg</i>         | 2         | PA for age 17 and younger; QL (8 per 1 day)      |

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

| Drug Name                                                                            | Drug Tier | Requirements / Limits                           |
|--------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>loxapine succinate oral capsule 25 mg, 5 mg</i>                                   | 2         | PA for age 17 and younger; QL (4 per 1 day)     |
| <i>loxapine succinate oral capsule 50 mg</i>                                         | 2         | PA for age 17 and younger; QL (5 per 1 day)     |
| LUMRYZ                                                                               | 5         | PA; SP; QL (1 per 1 day)                        |
| LUMRYZ STARTER PACK                                                                  | 5         | PA; SP; QL (28 per 365 days)                    |
| LUNESTA                                                                              | 4         | QL (1 per 1 day)                                |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                            | 2         | ST; PA for age 17 and younger; QL (1 per 1 day) |
| <i>lurasidone oral tablet 80 mg</i>                                                  | 2         | ST; PA for age 17 and younger; QL (2 per 1 day) |
| LYBALVI                                                                              | CED       | PA; QL (1 per 1 day)                            |
| MARPLAN                                                                              | 4         |                                                 |
| METADATE CD                                                                          | 4         | PA for age 19 and older; QL (1 per 1 day)       |
| <i>methamphetamine</i>                                                               | CED       | PA for age 19 and older; QL (5 per 1 day)       |
| METHYLIN ORAL SOLUTION 10 MG/5 ML                                                    | 4         | PA for age 19 and older; QL (30 per 1 day)      |
| METHYLIN ORAL SOLUTION 5 MG/5 ML                                                     | 4         | PA for age 19 and older; QL (60 per 1 day)      |
| <i>methylphenidate</i>                                                               | 2         | PA; QL (1 per 1 day)                            |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>                       | 2         | PA; QL (1 per 1 day)                            |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>                           | 2         | PA for age 19 and older; QL (1 per 1 day)       |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> | 2         | PA for age 19 and older; QL (1 per 1 day)       |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>                      | CED       | PA for age 19 and older; QL (1 per 1 day)       |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i>                                  | 2         | PA for age 19 and older; QL (30 per 1 day)      |
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i>                                   | 2         | PA for age 19 and older; QL (60 per 1 day)      |
| <i>methylphenidate hcl oral tablet</i>                                               | 1         | PA for age 19 and older; QL (3 per 1 day)       |
| <i>methylphenidate hcl oral tablet extended release</i>                              | 1         | PA for age 19 and older; QL (3 per 1 day)       |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits                       |
|----------------------------------------------------------------------------------|-----------|---------------------------------------------|
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> | 2         | PA for age 19 and older; QL (1 per 1 day)   |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>               | 2         | PA for age 19 and older; QL (2 per 1 day)   |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG                      | CED       | PA for age 19 and older; QL (1 per 1 day)   |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG                      | CED       | PA for age 19 and older                     |
| <i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>               | CED       | PA for age 19 and older; QL (1 per 1 day)   |
| <i>methylphenidate hcl oral tablet, chewable</i>                                 | 2         | PA for age 19 and older; QL (3 per 1 day)   |
| <i>midazolam oral syrup 2 mg/ml</i>                                              | 1         |                                             |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>                               | 1         | QL (1 per 1 day)                            |
| <i>mirtazapine oral tablet 7.5 mg</i>                                            | 2         | QL (1 per 1 day)                            |
| <i>mirtazapine oral tablet, disintegrating</i>                                   | 2         | QL (1 per 1 day)                            |
| <i>modafinil</i>                                                                 | 2         | QL (1 per 1 day)                            |
| <i>molindone</i>                                                                 | 2         |                                             |
| MYDAYIS                                                                          | 4         | PA; QL (1 per 1 day)                        |
| NARDIL                                                                           | 4         |                                             |
| <i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>                      | 2         | QL (2 per 1 day)                            |
| <i>nefazodone oral tablet 200 mg</i>                                             | 2         | QL (3 per 1 day)                            |
| <i>nortriptyline oral capsule</i>                                                | 1         |                                             |
| <i>nortriptyline oral solution</i>                                               | 2         |                                             |
| NUPLAZID                                                                         | 5         | PA; SP; QL (1 per 1 day)                    |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG                                       | 4         | QL (1 per 1 day)                            |
| NUVIGIL ORAL TABLET 50 MG                                                        | 4         | QL (2 per 1 day)                            |
| <i>olanzapine oral tablet</i>                                                    | 1         | PA for age 17 and younger; QL (1 per 1 day) |
| <i>olanzapine oral tablet, disintegrating</i>                                    | CED       | PA for age 17 and younger; QL (1 per 1 day) |
| <i>olanzapine-fluoxetine</i>                                                     | CED       | PA for age 17 and younger                   |
| ONYDA XR                                                                         | CED       | PA; QL (4 per 1 day)                        |
| OPIPZA ORAL FILM 10 MG                                                           | CED       | PA for age 17 and younger; QL (3 per 1 day) |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits                         |
|--------------------------------------------------------------------------|-----------|-----------------------------------------------|
| OPIPZA ORAL FILM 2 MG, 5 MG                                              | CED       | PA for age 17 and younger; QL (1 per 1 day)   |
| <i>oxazepam</i>                                                          | 2         |                                               |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | 2         | PA; QL (1 per 1 day)                          |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>               | 2         | PA; QL (2 per 1 day)                          |
| PAMELOR                                                                  | 4         |                                               |
| PARNATE                                                                  | 4         | QL (6 per 1 day)                              |
| <i>paroxetine hcl oral suspension</i>                                    | CED       | PA; QL (30 per 1 day)                         |
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i>                           | 1         | QL (1.5 per 1 day)                            |
| <i>paroxetine hcl oral tablet 20 mg</i>                                  | 1         | QL (1 per 1 day)                              |
| <i>paroxetine hcl oral tablet 30 mg</i>                                  | 1         | QL (2 per 1 day)                              |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>         | CED       | PA; QL (1 per 1 day)                          |
| <i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>  | CED       | PA; QL (2 per 1 day)                          |
| <i>paroxetine mesylate(menop.sym)</i>                                    | CED       | PA                                            |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG                      | CED       | PA; QL (1 per 1 day)                          |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG               | CED       | PA; QL (2 per 1 day)                          |
| PAXIL ORAL SUSPENSION                                                    | CED       | PA; QL (30 per 1 day)                         |
| PAXIL ORAL TABLET 10 MG, 40 MG                                           | 4         | QL (1.5 per 1 day)                            |
| PAXIL ORAL TABLET 20 MG                                                  | 4         | QL (1 per 1 day)                              |
| PAXIL ORAL TABLET 30 MG                                                  | 4         | QL (2 per 1 day)                              |
| <i>perphenazine oral tablet 16 mg</i>                                    | 2         | PA for age 17 and younger; QL (2 per 1 day)   |
| <i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>                         | 2         | PA for age 17 and younger; QL (4 per 1 day)   |
| <i>perphenazine-amitriptyline</i>                                        | 2         | PA for age 17 and younger                     |
| PERSERIS                                                                 | 3         | PA for age 17 and younger; QL (1 per 28 days) |
| <i>phenelzine</i>                                                        | 1         |                                               |
| <i>pimozide oral tablet 1 mg</i>                                         | 2         | QL (10 per 1 day)                             |
| <i>pimozide oral tablet 2 mg</i>                                         | 2         | QL (5 per 1 day)                              |
| PRISTIQ                                                                  | 4         | QL (1 per 1 day)                              |

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

| Drug Name                                                                  | Drug Tier | Requirements / Limits                       |
|----------------------------------------------------------------------------|-----------|---------------------------------------------|
| <i>procentra</i>                                                           | 2         | PA for age 19 and older; QL (60 per 1 day)  |
| <i>protriptyline</i>                                                       | 2         |                                             |
| PROVIGIL                                                                   | 4         | QL (1 per 1 day)                            |
| PROZAC ORAL CAPSULE                                                        | 4         | QL (2 per 1 day)                            |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG                  | 4         | PA; QL (1 per 1 day)                        |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG                          | 4         | PA; QL (2 per 1 day)                        |
| QUAZEPAM                                                                   | CED       | PA                                          |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                 | 1         | PA for age 17 and younger; QL (3 per 1 day) |
| QUETIAPINE ORAL TABLET 150 MG                                              | CED       | PA for age 17 and younger; QL (5 per 1 day) |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                               | 1         | PA for age 17 and younger; QL (2 per 1 day) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>        | 2         | PA for age 17 and younger; QL (1 per 1 day) |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | 2         | PA for age 17 and younger; QL (2 per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG             | 4         | PA; QL (1 per 1 day)                        |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG                    | 4         | PA; QL (2 per 1 day)                        |
| QUILLIVANT XR                                                              | 4         | PA; QL (12 per 1 day)                       |
| QUVIVIQ                                                                    | 4         | ST                                          |
| RALDESY                                                                    | CED       | PA; QL (60 per 1 day)                       |
| <i>ramelteon</i>                                                           | 2         | ST; QL (1 per 1 day)                        |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG      | 4         | PA for age 19 and older; QL (1 per 1 day)   |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG             | CED       | PA for age 19 and older; QL (1 per 1 day)   |
| REMERON ORAL TABLET 15 MG, 30 MG                                           | 4         | QL (1 per 1 day)                            |
| REMERON SOLTAB                                                             | 4         | QL (1 per 1 day)                            |
| RESTORIL ORAL CAPSULE 15 MG, 30 MG                                         | 4         | QL (1 per 1 day)                            |
| RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG                                      | CED       | PA; QL (1 per 1 day)                        |
| REXULTI ORAL TABLET                                                        | 4         | PA; QL (1 per 1 day)                        |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits                         |
|----------------------------------------------------------------------|-----------|-----------------------------------------------|
| RISPERDAL CONSTA                                                     | 4         | PA for age 17 and younger; QL (2 per 28 days) |
| RISPERDAL ORAL SOLUTION                                              | 4         | PA for age 17 and younger; QL (8 per 1 day)   |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                 | 4         | PA for age 17 and younger; QL (2 per 1 day)   |
| <i>risperidone microspheres</i>                                      | 2         | PA for age 17 and younger; QL (2 per 28 days) |
| <i>risperidone oral solution</i>                                     | 1         | PA for age 17 and younger; QL (8 per 1 day)   |
| <i>risperidone oral tablet</i>                                       | 1         | PA for age 17 and younger; QL (2 per 1 day)   |
| <i>risperidone oral tablet, disintegrating</i>                       | CED       | PA; QL (2 per 1 day)                          |
| RITALIN                                                              | 4         | PA for age 19 and older; QL (3 per 1 day)     |
| RITALIN LA                                                           | 4         | PA for age 19 and older; QL (1 per 1 day)     |
| ROZEREM                                                              | 4         | QL (1 per 1 day)                              |
| RYKINDO                                                              | 3         | PA for age 17 and younger; QL (2 per 28 days) |
| SAPHRIS                                                              | 4         | PA; QL (2 per 1 day)                          |
| SECUADO                                                              | CED       | PA                                            |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG                    | 4         | PA for age 17 and younger; QL (3 per 1 day)   |
| SEROQUEL ORAL TABLET 300 MG, 400 MG                                  | 4         | PA for age 17 and younger; QL (2 per 1 day)   |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG        | 4         | PA for age 17 and younger; QL (1 per 1 day)   |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG | 4         | PA for age 17 and younger; QL (2 per 1 day)   |
| SERTRALINE ORAL CAPSULE                                              | CED       | PA; QL (1 per 1 day)                          |
| <i>sertraline oral concentrate</i>                                   | 2         | QL (10 per 1 day)                             |
| <i>sertraline oral tablet 100 mg</i>                                 | 1         | QL (2 per 1 day)                              |
| <i>sertraline oral tablet 25 mg, 50 mg</i>                           | 1         | QL (1.5 per 1 day)                            |
| SILENOR                                                              | CED       | PA                                            |
| SODIUM OXYBATE                                                       | 5         | PA; SP; LA; QL (18 per 1 day)                 |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)                  | 5         | PA; SP; QL (8 per 28 days)                    |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits                            |
|-------------------------------------------------------------------|-----------|--------------------------------------------------|
| SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)               | 5         | PA; SP; QL (12 per 28 days)                      |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG                 | 4         | QL (2 per 1 day)                                 |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG                       | 4         | QL (1 per 1 day)                                 |
| SUNOSI                                                            | 4         | PA; QL (1 per 1 day)                             |
| <i>tasimelteon</i>                                                | 5         | PA; SP; QL (1 per 1 day)                         |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                        | 1         | QL (1 per 1 day)                                 |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i>                     | CED       | PA; QL (1 per 1 day)                             |
| <i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>               | 2         | PA for age 17 and younger; QL (4 per 1 day)      |
| <i>thioridazine oral tablet 100 mg</i>                            | 2         | PA for age 17 and younger; QL (8 per 1 day)      |
| <i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>                  | 2         | PA for age 17 and younger; QL (3 per 1 day)      |
| <i>thiothixene oral capsule 10 mg</i>                             | 2         | PA for age 17 and younger; QL (6 per 1 day)      |
| <i>tranylcypromine</i>                                            | 2         | QL (6 per 1 day)                                 |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                | 1         | QL (3 per 1 day)                                 |
| <i>trazodone oral tablet 300 mg</i>                               | 2         | QL (2 per 1 day)                                 |
| <i>triazolam</i>                                                  | 1         | QL (1 per 1 day)                                 |
| <i>trifluoperazine</i>                                            | 2         | PA for age 17 and younger; QL (4 per 1 day)      |
| <i>trimipramine</i>                                               | 2         |                                                  |
| TRINTELLIX                                                        | 4         | PA; QL (1 per 1 day)                             |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML | 3         | PA for age 17 and younger; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML | 3         | PA for age 17 and younger; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML | 3         | PA for age 17 and younger; QL (0.42 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML | 3         | PA for age 17 and younger; QL (0.56 per 28 days) |

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

| Drug Name                                                                 | Drug Tier | Requirements / Limits                               |
|---------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING 250<br>MG/0.7 ML     | 3         | PA for age 17 and younger; QL (0.7<br>per 28 days)  |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING 50<br>MG/0.14 ML     | 3         | PA for age 17 and younger; QL (0.14<br>per 28 days) |
| UZEDY SUBCUTANEOUS<br>SUSPENSION,EXTENDED REL SYRING 75<br>MG/0.21 ML     | 3         | PA for age 17 and younger; QL (0.21<br>per 28 days) |
| VALIUM                                                                    | 4         |                                                     |
| VENLAFAXINE BESYLATE                                                      | CED       | PA; QL (2 per 1 day)                                |
| <i>venlafaxine oral capsule,extended release 24hr<br/>150 mg, 37.5 mg</i> | 1         | QL (1 per 1 day)                                    |
| <i>venlafaxine oral capsule,extended release 24hr 75<br/>mg</i>           | 1         | QL (3 per 1 day)                                    |
| <i>venlafaxine oral tablet</i>                                            | 1         | QL (3 per 1 day)                                    |
| <i>venlafaxine oral tablet extended release 24hr</i>                      | CED       | PA; QL (1 per 1 day)                                |
| VERSACLOZ                                                                 | CED       | PA; QL (18 per 1 day)                               |
| VIIBRYD ORAL TABLET                                                       | 4         | PA; QL (1 per 1 day)                                |
| <i>vilazodone</i>                                                         | 2         | PA; QL (1 per 1 day)                                |
| VRAYLAR ORAL CAPSULE                                                      | 4         | PA for age 18 and older; QL (1 per 1<br>day)        |
| VYLEESI                                                                   | 4         | PA; QL (2.4 per 30 days)                            |
| VYVANSE ORAL CAPSULE                                                      | 3         | PA for age 19 and older; QL (1 per 1<br>day)        |
| VYVANSE ORAL TABLET,CHEWABLE                                              | 4         | PA for age 19 and older; QL (1 per 1<br>day)        |
| WAKIX                                                                     | 5         | PA; SP; LA; QL (2 per 1 day)                        |
| WELLBUTRIN SR                                                             | 4         | QL (2 per 1 day)                                    |
| WELLBUTRIN XL ORAL TABLET<br>EXTENDED RELEASE 24 HR 150 MG                | 4         | QL (3 per 1 day)                                    |
| WELLBUTRIN XL ORAL TABLET<br>EXTENDED RELEASE 24 HR 300 MG                | 4         | QL (1 per 1 day)                                    |
| XANAX                                                                     | 4         |                                                     |
| XANAX XR                                                                  | 4         |                                                     |
| XELSTRYM                                                                  | 4         | PA for age 19 and older; QL (1 per 1<br>day)        |
| XYREM                                                                     | CED       | PA; SP; LA; QL (18 per 1 day)                       |

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

| Drug Name                                          | Drug Tier | Requirements / Limits                       |
|----------------------------------------------------|-----------|---------------------------------------------|
| XYWAV                                              | 5         | PA; SP; LA; QL (18 per 1 day)               |
| <i>zaleplon</i>                                    | 1         | QL (1 per 1 day)                            |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>             | 1         | PA for age 19 and older; QL (3 per 1 day)   |
| ZENZEDI ORAL TABLET 15 MG, 20 MG                   | CED       | PA for age 19 and older; QL (3 per 1 day)   |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG                 | 4         | PA for age 19 and older; QL (3 per 1 day)   |
| ZENZEDI ORAL TABLET 30 MG                          | CED       | PA for age 19 and older; QL (2 per 1 day)   |
| <i>ziprasidone hcl</i>                             | 2         | PA for age 17 and younger; QL (2 per 1 day) |
| ZOLOFT ORAL CONCENTRATE                            | 4         | QL (10 per 1 day)                           |
| ZOLOFT ORAL TABLET 100 MG                          | 4         | QL (2 per 1 day)                            |
| ZOLOFT ORAL TABLET 25 MG, 50 MG                    | 4         | QL (1.5 per 1 day)                          |
| ZOLPIDEM ORAL CAPSULE                              | CED       | PA; QL (1 per 1 day)                        |
| <i>zolpidem oral tablet</i>                        | 1         | QL (1 per 1 day)                            |
| <i>zolpidem oral tablet,ext release multiphase</i> | 2         | QL (1 per 1 day)                            |
| <i>zolpidem sublingual</i>                         | CED       | PA                                          |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                 | 5         | PA; SP; QL (28 per 14 days)                 |
| ZURZUVAE ORAL CAPSULE 30 MG                        | 5         | PA; SP; QL (14 per 14 days)                 |
| ZYPREXA ORAL TABLET 20 MG                          | 4         | PA for age 17 and younger; QL (1 per 1 day) |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

|                                                                                       |   |                          |
|---------------------------------------------------------------------------------------|---|--------------------------|
| AUBAGIO                                                                               | 5 | SP                       |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                                                 | 5 | PA; SP                   |
| AVONEX INTRAMUSCULAR SYRINGE KIT                                                      | 5 | PA; SP                   |
| BAFIERTAM                                                                             | 5 | PA; SP; QL (4 per 1 day) |
| BETASERON SUBCUTANEOUS KIT                                                            | 5 | PA; SP                   |
| COPAXONE SUBCUTANEOUS SYRINGE                                                         | 5 | SP                       |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 5 | SP; QL (60 per 365 days) |
| <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>           | 5 | SP; QL (2 per 1 day)     |
| <i>fingolimod</i>                                                                     | 5 | SP                       |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits                                 |
|-----------------------------------------------------------------------|-----------|-------------------------------------------------------|
| GILENYA ORAL CAPSULE 0.25 MG                                          | CED       | PA; SP                                                |
| GILENYA ORAL CAPSULE 0.5 MG                                           | 5         | PA; SP                                                |
| <i>glatiramer</i>                                                     | 5         | SP                                                    |
| <i>glatopa</i>                                                        | 5         | SP                                                    |
| KESIMPTA PEN                                                          | 5         | PA; SP; QL (0.4 per 28 days)                          |
| MAVENCLAD (10 TABLET PACK)                                            | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (4 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (5 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (6 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (7 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (8 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAVENCLAD (9 TABLET PACK)                                             | 5         | PA; 2 tablets per day ;40 tablets in 720 days; SP; LA |
| MAYZENT ORAL TABLET 0.25 MG                                           | 5         | PA; SP; QL (12 per 365 days)                          |
| MAYZENT ORAL TABLET 1 MG, 2 MG                                        | 5         | PA; SP; QL (1 per 1 day)                              |
| MAYZENT STARTER(FOR 1MG MAINT)                                        | 5         | PA; SP; QL (7 per 365 days)                           |
| MAYZENT STARTER(FOR 2MG MAINT)                                        | 5         | PA; SP; QL (12 per 365 days)                          |
| PLEGRIDY INTRAMUSCULAR                                                | 5         | PA; SP; QL (1 per 28 days)                            |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML                     | 5         | PA; SP; QL (1 per 28 days)                            |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML       | 5         | PA; SP; QL (1 per 365 days)                           |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                          | 5         | PA; SP; QL (1 per 28 days)                            |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML            | 5         | PA; SP; QL (1 per 365 days)                           |
| PONVORY                                                               | 5         | PA; SP; QL (1 per 1 day)                              |
| PONVORY 14-DAY STARTER PACK                                           | 5         | PA; SP; QL (28 per 365 days)                          |
| REBIF (WITH ALBUMIN)                                                  | 5         | PA; SP; QL (6 per 28 days)                            |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 5         | PA; SP; QL (6 per 28 days)                            |

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

| Drug Name                                                              | Drug Tier | Requirements / Limits         |
|------------------------------------------------------------------------|-----------|-------------------------------|
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 5         | PA; SP; QL (4.2 per 365 days) |
| REBIF TITRATION PACK                                                   | 5         | PA; SP; QL (4.2 per 365 days) |
| TASCENSO ODT                                                           | CED       | PA; SP; QL (1 per 1 day)      |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 5         | SP; QL (60 per 365 days)      |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG           | 5         | SP; QL (2 per 1 day)          |
| <i>teriflunomide</i>                                                   | 5         | SP                            |
| VUMERITY                                                               | 5         | PA; SP; QL (4 per 1 day)      |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|                                                        |     |                  |
|--------------------------------------------------------|-----|------------------|
| <i>amiodarone oral tablet 100 mg, 400 mg</i>           | 2   |                  |
| <i>amiodarone oral tablet 200 mg</i>                   | 1   |                  |
| BETAPACE                                               | 4   |                  |
| BETAPACE AF                                            | 4   |                  |
| <i>disopyramide phosphate oral capsule</i>             | 2   |                  |
| <i>dofetilide</i>                                      | 2   | QL (2 per 1 day) |
| <i>flecainide</i>                                      | 1   |                  |
| <i>mexiletine</i>                                      | 2   |                  |
| MULTAQ                                                 | 3   |                  |
| NORPACE                                                | 4   |                  |
| NORPACE CR                                             | 4   |                  |
| <i>pacerone oral tablet 100 mg</i>                     | 2   |                  |
| <i>pacerone oral tablet 200 mg</i>                     | 1   |                  |
| <i>propafenone oral capsule,extended release 12 hr</i> | 2   |                  |
| <i>propafenone oral tablet</i>                         | 1   |                  |
| <i>quinidine gluconate oral</i>                        | 1   |                  |
| <i>quinidine sulfate oral tablet</i>                   | 1   |                  |
| <i>sotalol af</i>                                      | 1   |                  |
| <i>sotalol oral</i>                                    | 1   |                  |
| SOTYLIZE                                               | CED | PA               |
| TIKOSYN                                                | 4   | QL (2 per 1 day) |

### ANTIHYPERTENSIVE THERAPY

|          |   |  |
|----------|---|--|
| ACCUPRIL | 4 |  |
|----------|---|--|

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

| Drug Name                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------|-----------|-----------------------|
| ACCURETIC                                          | 4         |                       |
| <i>acebutolol</i>                                  | 1         |                       |
| ALDACTONE                                          | 4         |                       |
| <i>aliskiren</i>                                   | 2         | ST; QL (1 per 1 day)  |
| ALTACE                                             | 4         |                       |
| <i>amiloride</i>                                   | 1         |                       |
| <i>amiloride-hydrochlorothiazide</i>               | 1         |                       |
| <i>amlodipine</i>                                  | 1         |                       |
| <i>amlodipine-benazepril</i>                       | 1         |                       |
| <i>amlodipine-olmesartan</i>                       | 2         |                       |
| <i>amlodipine-valsartan</i>                        | 2         |                       |
| <i>amlodipine-valsartan-hctiazid</i>               | CED       | PA                    |
| ATACAND                                            | 4         | ST; QL (1 per 1 day)  |
| ATACAND HCT                                        | 4         | ST                    |
| <i>atenolol</i>                                    | 1         |                       |
| <i>atenolol-chlorthalidone</i>                     | 1         |                       |
| AVALIDE                                            | 4         |                       |
| AVAPRO ORAL TABLET 150 MG, 300 MG                  | 4         |                       |
| AZOR                                               | 4         |                       |
| <i>benazepril</i>                                  | 1         |                       |
| <i>benazepril-hydrochlorothiazide</i>              | 1         |                       |
| BENICAR                                            | 4         |                       |
| BENICAR HCT                                        | 4         |                       |
| <i>betaxolol oral</i>                              | 1         |                       |
| BIDIL                                              | 4         |                       |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 1         |                       |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG             | CED       | PA; QL (1 per 1 day)  |
| <i>bisoprolol-hydrochlorothiazide</i>              | 1         |                       |
| <i>bumetanide oral</i>                             | 1         |                       |
| BYSTOLIC                                           | 4         |                       |
| <i>candesartan</i>                                 | 2         | ST; QL (1 per 1 day)  |
| <i>candesartan-hydrochlorothiazid</i>              | 2         | ST                    |
| <i>captopril</i>                                   | 1         |                       |

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

| Drug Name                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>captopril-hydrochlorothiazide</i>                                                            | 1         |                       |
| CARDIZEM CD                                                                                     | 4         |                       |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG           | 4         |                       |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG                                           | CED       | PA                    |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG                                                       | 4         |                       |
| CARDURA                                                                                         | 4         |                       |
| CARDURA XL                                                                                      | CED       | PA                    |
| CAROSPIR                                                                                        | CED       | PA                    |
| <i>cartia xt</i>                                                                                | 1         |                       |
| <i>carvedilol</i>                                                                               | 1         |                       |
| <i>carvedilol phosphate</i>                                                                     | CED       | PA; QL (1 per 1 day)  |
| CATAPRES-TTS-1                                                                                  | 4         |                       |
| CATAPRES-TTS-2                                                                                  | 4         |                       |
| CATAPRES-TTS-3                                                                                  | 4         |                       |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                  | 1         |                       |
| <i>clonidine</i>                                                                                | 2         |                       |
| <i>clonidine hcl oral tablet</i>                                                                | 1         |                       |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR                                                | CED       | PA                    |
| CONJUPRI                                                                                        | CED       | PA                    |
| CONSENSI                                                                                        | CED       | PA                    |
| COREG                                                                                           | 4         |                       |
| COREG CR                                                                                        | CED       | PA; QL (1 per 1 day)  |
| COZAAR                                                                                          | 4         |                       |
| DEMSER                                                                                          | 4         | PA; QL (16 per 1 day) |
| DIBENZYLINE                                                                                     | 4         | PA; QL (24 per 1 day) |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>                                        | 1         |                       |
| <i>diltiazem hcl oral capsule,extended release 12 hr</i>                                        | CED       | PA                    |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1         |                       |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>          | 1         |                       |

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

| Drug Name                                                                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>                                 | 2         |                       |
| <i>diltiazem hcl oral tablet</i>                                                               | 1         |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2         |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>                                 | CED       | PA                    |
| <i>dilt-xr</i>                                                                                 | 1         |                       |
| DIOVAN                                                                                         | 4         |                       |
| DIOVAN HCT                                                                                     | 4         |                       |
| DIURIL                                                                                         | 4         |                       |
| <i>doxazosin</i>                                                                               | 1         |                       |
| DYRENIUM                                                                                       | 4         |                       |
| EDARBI                                                                                         | 4         | ST                    |
| EDARBYCLOR                                                                                     | 4         | ST                    |
| EDECRIN                                                                                        | 4         | PA                    |
| <i>enalapril maleate oral solution</i>                                                         | CED       | PA                    |
| <i>enalapril maleate oral tablet</i>                                                           | 1         |                       |
| <i>enalapril-hydrochlorothiazide</i>                                                           | 1         |                       |
| EPANED                                                                                         | CED       | PA                    |
| <i>eplerenone</i>                                                                              | 1         |                       |
| <i>eprosartan</i>                                                                              | 2         |                       |
| <i>ethacrynic acid</i>                                                                         | 2         | PA                    |
| EXFORGE                                                                                        | 4         |                       |
| EXFORGE HCT                                                                                    | CED       | PA                    |
| <i>felodipine</i>                                                                              | 1         |                       |
| <i>fosinopril</i>                                                                              | 1         |                       |
| <i>fosinopril-hydrochlorothiazide</i>                                                          | 1         |                       |
| FUROSCIX                                                                                       | 4         | PA; 2 kits per fill   |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                                 | 1         |                       |
| <i>furosemide oral tablet</i>                                                                  | 1         |                       |
| <i>guanfacine oral tablet</i>                                                                  | 1         |                       |
| HEMANGEOL                                                                                      | 4         | PA                    |
| HEMICLOR                                                                                       | CED       | PA; QL (1 per 1 day)  |

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

| Drug Name                                                                          | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>hydralazine oral</i>                                                            | 1         |                          |
| <i>hydrochlorothiazide</i>                                                         | 1         |                          |
| HYZAAR                                                                             | 4         |                          |
| <i>indapamide</i>                                                                  | 1         |                          |
| INDERAL LA                                                                         | 4         |                          |
| INDERAL XL                                                                         | CED       | PA                       |
| INNOPRAN XL                                                                        | CED       | PA                       |
| INSPIRA                                                                            | 4         |                          |
| INZIRQO                                                                            | CED       | PA; QL (320 per 30 days) |
| <i>irbesartan</i>                                                                  | 1         |                          |
| <i>irbesartan-hydrochlorothiazide</i>                                              | 1         |                          |
| <i>isosorbide-hydralazine</i>                                                      | 2         |                          |
| <i>isradipine</i>                                                                  | 2         |                          |
| KAPSPARGO SPRINKLE                                                                 | CED       | PA                       |
| KATERZIA                                                                           | CED       | PA                       |
| KERENDIA                                                                           | 4         | PA; QL (1 per 1 day)     |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                | 1         |                          |
| LABETALOL ORAL TABLET 400 MG                                                       | CED       | PA                       |
| LASIX                                                                              | 4         |                          |
| LEVAMLODIPINE                                                                      | CED       | PA                       |
| <i>lisinopril</i>                                                                  | 1         |                          |
| <i>lisinopril-hydrochlorothiazide</i>                                              | 1         |                          |
| LOPRESSOR ORAL                                                                     | 4         |                          |
| <i>losartan</i>                                                                    | 1         |                          |
| <i>losartan-hydrochlorothiazide</i>                                                | 1         |                          |
| LOTENSIN HCT                                                                       | 4         |                          |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG                                           | 4         |                          |
| LOTREL                                                                             | 4         |                          |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i> | 2         |                          |
| <i>matzim la oral tablet extended release 24 hr 420 mg</i>                         | CED       | PA                       |
| <i>methyldopa</i>                                                                  | 1         |                          |
| <i>methyldopa-hydrochlorothiazide</i>                                              | 1         |                          |

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

| Drug Name                             | Drug Tier | Requirements / Limits         |
|---------------------------------------|-----------|-------------------------------|
| <i>metolazone</i>                     | 1         |                               |
| <i>metoprolol succinate</i>           | 1         |                               |
| <i>metoprolol ta-hydrochlorothiaz</i> | 2         |                               |
| <i>metoprolol tartrate oral</i>       | 1         |                               |
| <i>metyrosine</i>                     | 2         | PA; QL (16 per 1 day)         |
| MICARDIS HCT                          | CED       | PA                            |
| MICARDIS ORAL TABLET 40 MG, 80 MG     | 4         |                               |
| <i>minoxidil oral</i>                 | 1         |                               |
| <i>moexipril</i>                      | 1         |                               |
| <i>nadolol</i>                        | 1         |                               |
| <i>nebivolol</i>                      | 2         |                               |
| NEXICLON XR                           | CED       | PA                            |
| <i>nicardipine oral</i>               | 2         |                               |
| <i>nifedipine</i>                     | 1         |                               |
| <i>nimodipine oral capsule</i>        | 2         |                               |
| <i>nimodipine oral solution</i>       | CED       | PA                            |
| <i>nisoldipine</i>                    | 2         |                               |
| NORLIQVA                              | CED       | PA                            |
| NORVASC                               | 4         |                               |
| NYMALIZE                              | CED       | PA                            |
| <i>olmesartan</i>                     | 1         |                               |
| <i>olmesartan-amlodipin-hcthiazid</i> | CED       | PA                            |
| <i>olmesartan-hydrochlorothiazide</i> | 1         |                               |
| ORENITRAM                             | 5         | PA; SP; QL (3 per 1 day)      |
| ORENITRAM MONTH 1 TITRATION KT        | 5         | PA; SP; QL (168 per 365 days) |
| ORENITRAM MONTH 2 TITRATION KT        | 5         | PA; SP; QL (336 per 365 days) |
| ORENITRAM MONTH 3 TITRATION KT        | 5         | PA; SP; QL (252 per 365 days) |
| <i>perindopril erbumine</i>           | 1         |                               |
| <i>phenoxybenzamine</i>               | 2         | PA; QL (24 per 1 day)         |
| <i>pindolol</i>                       | 2         |                               |
| <i>prazosin</i>                       | 1         |                               |
| PRESTALIA                             | CED       | PA                            |
| PROCARDIA XL                          | 4         |                               |
| <i>propranolol oral</i>               | 1         |                               |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits             |
|---------------------------------------------------------------|-----------|-----------------------------------|
| <i>propranolol-hydrochlorothiazid</i>                         | 1         |                                   |
| QBRELIS                                                       | CED       | PA                                |
| <i>quinapril</i>                                              | 1         |                                   |
| <i>quinapril-hydrochlorothiazide</i>                          | 1         |                                   |
| <i>ramipril</i>                                               | 1         |                                   |
| SOAANZ ORAL TABLET 40 MG                                      | CED       | PA                                |
| <i>spironolactone oral suspension</i>                         | CED       | PA                                |
| <i>spironolactone oral tablet</i>                             | 1         |                                   |
| <i>spironolacton-hydrochlorothiaz</i>                         | 1         |                                   |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 4         |                                   |
| TEKTURNA                                                      | 4         | ST; QL (1 per 1 day)              |
| <i>telmisartan</i>                                            | 1         |                                   |
| <i>telmisartan-amlodipine</i>                                 | CED       | PA                                |
| <i>telmisartan-hydrochlorothiazid</i>                         | CED       | PA                                |
| TENORETIC 100                                                 | 4         |                                   |
| TENORETIC 50                                                  | 4         |                                   |
| TENORMIN                                                      | 4         |                                   |
| <i>terazosin</i>                                              | 1         |                                   |
| TEZRULY                                                       | CED       | PA                                |
| THALITONE                                                     | CED       | PA                                |
| <i>tiadylt er</i>                                             | 1         |                                   |
| TIAZAC                                                        | 4         |                                   |
| <i>timolol maleate oral</i>                                   | 2         |                                   |
| TOPROL XL                                                     | 4         |                                   |
| <i>torse mide oral</i>                                        | 1         |                                   |
| <i>trandolapril</i>                                           | 1         |                                   |
| <i>trandolapril-verapamil</i>                                 | 2         |                                   |
| <i>triamterene</i>                                            | 1         |                                   |
| <i>triamterene-hydrochlorothiazid</i>                         | 1         |                                   |
| TRIBENZOR                                                     | CED       | PA                                |
| UPTRAVI ORAL TABLET                                           | 5         | PA; SP; LA; QL (2 per 1 day)      |
| UPTRAVI ORAL TABLETS,DOSE PACK                                | 5         | PA; SP; LA; QL (200 per 365 days) |
| VALSARTAN ORAL SOLUTION                                       | CED       | PA                                |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits            |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| <i>valsartan oral tablet 160 mg, 80 mg</i>                                  | 1         |                                  |
| <i>valsartan oral tablet 320 mg, 40 mg</i>                                  | 2         |                                  |
| <i>valsartan-hydrochlorothiazide</i>                                        | 1         |                                  |
| VASERETIC                                                                   | 4         |                                  |
| VASOTEC                                                                     | 4         |                                  |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>                           | CED       | PA                               |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | 2         |                                  |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>                 | CED       | PA                               |
| <i>verapamil oral tablet</i>                                                | 1         |                                  |
| <i>verapamil oral tablet extended release</i>                               | 1         |                                  |
| ZESTORETIC                                                                  | 4         |                                  |
| ZESTRIL                                                                     | 4         |                                  |
| <b>CARDIAC GLYCOSIDES</b>                                                   |           |                                  |
| <i>digoxin oral solution</i>                                                | 1         |                                  |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>            | 1         |                                  |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>                             | CED       | PA                               |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)                   | 4         |                                  |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)                                    | CED       | PA                               |
| <b>COAGULATION THERAPY</b>                                                  |           |                                  |
| ALHEMO PEN                                                                  | 5         | PA; SP                           |
| ALVAIZ ORAL TABLET 18 MG, 9 MG                                              | 5         | PA; SP; QL (1 per 1 day)         |
| ALVAIZ ORAL TABLET 36 MG, 54 MG                                             | 5         | PA; SP; QL (2 per 1 day)         |
| AMICAR                                                                      | 4         |                                  |
| <i>aminocaproic acid oral solution</i>                                      | 2         |                                  |
| <i>aminocaproic acid oral tablet</i>                                        | 1         |                                  |
| ARIXTRA                                                                     | 5         | SP                               |
| <i>aspirin-dipyridamole</i>                                                 | 2         |                                  |
| BRILINTA                                                                    | 3         |                                  |
| CABLIVI INJECTION KIT                                                       | 5         | PA; SP; LA; QL (59 per 365 days) |
| <i>cilostazol</i>                                                           | 1         |                                  |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------------|-----------|------------------------------|
| <i>clopidogrel</i>                                               | 1         |                              |
| <i>dabigatran etexilate</i>                                      | 2         |                              |
| <i>dipyridamole oral</i>                                         | 1         |                              |
| DOPTELET (15 TAB PACK)                                           | 5         | PA; SP; LA; QL (2 per 1 day) |
| EFFIENT                                                          | 4         |                              |
| ELIQUIS                                                          | 3         |                              |
| ELIQUIS DVT-PE TREAT 30D START                                   | 3         |                              |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i>         | 5         | PA; SP; QL (1 per 1 day)     |
| <i>eltrombopag olamine oral powder in packet 25 mg</i>           | 5         | PA; SP; QL (3 per 1 day)     |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>            | 5         | PA; SP; QL (1 per 1 day)     |
| <i>eltrombopag olamine oral tablet 50 mg</i>                     | 5         | PA; SP; QL (3 per 1 day)     |
| <i>eltrombopag olamine oral tablet 75 mg</i>                     | 5         | PA; SP; QL (2 per 1 day)     |
| <i>enoxaparin</i>                                                | 5         | SP                           |
| <i>fondaparinux</i>                                              | 5         | SP                           |
| FRAGMIN SUBCUTANEOUS SOLUTION                                    | 5         | SP                           |
| FRAGMIN SUBCUTANEOUS SYRINGE                                     | 5         | SP                           |
| <i>heparin (porcine) injection cartridge</i>                     | 1         |                              |
| <i>heparin (porcine) injection solution</i>                      | 1         |                              |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>         | 1         |                              |
| <i>heparin, porcine (pf) injection solution</i>                  | 1         |                              |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1         |                              |
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML            | 4         |                              |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS                               | 4         |                              |
| HYMPAVZI PEN                                                     | 5         | PA; SP; QL (4 per 28 days)   |
| <i>jantoven</i>                                                  | 1         |                              |
| LOVENOX                                                          | 5         | SP                           |
| MULPLETA                                                         | 5         | PA; SP; QL (7 per 365 days)  |
| <i>pentoxifylline</i>                                            | 1         |                              |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i>                | 1         |                              |
| PLAVIX ORAL TABLET 75 MG                                         | 4         |                              |
| PRADAXA ORAL CAPSULE                                             | 4         |                              |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------|-----------|------------------------------|
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG | 4         | PA; QL (4 per 1 day)         |
| PRADAXA ORAL PELLETS IN PACKET 150 MG                      | 4         | PA; QL (2 per 1 day)         |
| PRADAXA ORAL PELLETS IN PACKET 20 MG                       | 4         | PA; QL (1 per 1 day)         |
| <i>prasugrel hcl</i>                                       | 1         |                              |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG                     | 5         | PA; SP; LA; QL (1 per 1 day) |
| PROMACTA ORAL POWDER IN PACKET 25 MG                       | 5         | PA; SP; LA; QL (3 per 1 day) |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG                        | 5         | PA; SP; LA; QL (1 per 1 day) |
| PROMACTA ORAL TABLET 50 MG                                 | 5         | PA; SP; LA; QL (3 per 1 day) |
| PROMACTA ORAL TABLET 75 MG                                 | 5         | PA; SP; LA; QL (2 per 1 day) |
| SAVAYSA                                                    | 4         | PA                           |
| TAVALISSE                                                  | 5         | PA; SP; LA; QL (2 per 1 day) |
| <i>warfarin</i>                                            | 1         |                              |
| XARELTO DVT-PE TREAT 30D START                             | 3         |                              |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION                 | 3         | QL (20 per 1 day)            |
| XARELTO ORAL TABLET                                        | 3         |                              |
| YOSPRALA                                                   | 4         | PA                           |
| ZONTIVITY                                                  | 4         | PA                           |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                   |           |                              |
| ALTOPREV                                                   | CED       | PA                           |
| <i>amlodipine-atorvastatin</i>                             | 2         |                              |
| ATORVALIQ                                                  | CED       | PA                           |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>               | 1         | ACA                          |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>               | 1         |                              |
| CADUET                                                     | 4         |                              |
| <i>cholestyramine (with sugar)</i>                         | 1         |                              |
| <i>cholestyramine light</i>                                | 1         |                              |
| <i>colesevelam</i>                                         | 2         |                              |
| COLESTID ORAL GRANULES                                     | 4         |                              |
| COLESTID ORAL TABLET                                       | 4         |                              |
| <i>colestipol</i>                                          | 1         |                              |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| CRESTOR                                                          | 4         |                       |
| EZALLOR SPRINKLE                                                 | CED       | PA                    |
| <i>ezetimibe</i>                                                 | 1         |                       |
| EZETIMIBE-ROSUVASTATIN                                           | CED       | PA                    |
| <i>ezetimibe-simvastatin</i>                                     | 2         | PA                    |
| <i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>         | CED       | PA                    |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | 1         |                       |
| FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG                        | CED       | PA                    |
| <i>fenofibrate nanocrystallized</i>                              | 1         |                       |
| FENOFIBRATE ORAL CAPSULE                                         | CED       | PA                    |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                     | CED       | PA                    |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                     | 1         |                       |
| <i>fenofibric acid</i>                                           | CED       | PA                    |
| <i>fenofibric acid (choline)</i>                                 | 1         |                       |
| FIBRICOR ORAL TABLET 105 MG                                      | CED       | PA                    |
| FLOLIPID                                                         | 4         |                       |
| <i>fluvastatin oral capsule</i>                                  | 2         | ACA                   |
| <i>fluvastatin oral tablet extended release 24 hr</i>            | CED       | PA; ACA               |
| <i>gemfibrozil</i>                                               | 1         |                       |
| <i>icosapent ethyl</i>                                           | 2         | PA; QL (4 per 1 day)  |
| JUXTAPID                                                         | 5         | PA; SP; LA            |
| LESCOL XL                                                        | CED       | PA                    |
| LIPITOR                                                          | 4         |                       |
| LIPOFEN                                                          | CED       | PA                    |
| LIVALO                                                           | 4         | ST                    |
| LOPID                                                            | 4         |                       |
| <i>lovastatin</i>                                                | 1         | ACA                   |
| LOVAZA                                                           | 4         | QL (4 per 1 day)      |
| NEXLETOL                                                         | 4         | PA; QL (1 per 1 day)  |
| NEXLIZET                                                         | 4         | PA; QL (1 per 1 day)  |
| <i>niacin oral tablet 500 mg</i>                                 | 2         |                       |
| <i>niacin oral tablet extended release 24 hr</i>                 | 2         |                       |
| NIACOR                                                           | 3         |                       |

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

| Drug Name                                                | Drug Tier | Requirements / Limits            |
|----------------------------------------------------------|-----------|----------------------------------|
| <i>omega-3 acid ethyl esters</i>                         | 2         | QL (4 per 1 day)                 |
| <i>pitavastatin calcium</i>                              | 2         | ST; ACA                          |
| PRALUENT PEN                                             | 4         | PA; QL (2 per 28 days)           |
| <i>pravastatin</i>                                       | 1         | ACA                              |
| <i>prevalite</i>                                         | 1         |                                  |
| QUESTRAN                                                 | 4         |                                  |
| QUESTRAN LIGHT                                           | 4         |                                  |
| REPATHA PUSHTRONEX                                       | 3         | PA; QL (3.5 per 28 days)         |
| REPATHA SURECLICK                                        | 3         | PA; QL (3 per 28 days)           |
| REPATHA SYRINGE                                          | 3         | PA; QL (3 per 28 days)           |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>              | 1         | ACA                              |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>             | 1         |                                  |
| ROSZET                                                   | CED       | PA                               |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1         | ACA                              |
| <i>simvastatin oral tablet 80 mg</i>                     | 1         |                                  |
| TRICOR                                                   | 4         |                                  |
| TRYNGOLZA                                                | 5         | PA; SP; LA; QL (0.8 per 30 days) |
| VASCEPA                                                  | 4         | PA; QL (4 per 1 day)             |
| VYTORIN 10-10                                            | 4         | PA                               |
| VYTORIN 10-20                                            | 4         | PA                               |
| VYTORIN 10-40                                            | 4         | PA                               |
| VYTORIN 10-80                                            | 4         | PA                               |
| WELCHOL                                                  | 4         |                                  |
| ZETIA                                                    | 4         |                                  |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG                    | 4         |                                  |
| ZYPITAMAG                                                | 4         | PA                               |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>               |           |                                  |
| ASPRUZYO SPRINKLE                                        | CED       | PA                               |
| ATTRUBY                                                  | 5         | PA; SP; QL (4 per 1 day)         |
| CAMZYOS                                                  | 5         | PA; SP; QL (1 per 1 day)         |
| CORLANOR ORAL SOLUTION                                   | 4         | QL (15 per 1 day)                |
| CORLANOR ORAL TABLET                                     | 4         | QL (2 per 1 day)                 |
| ENTRESTO                                                 | 3         |                                  |
| ENTRESTO SPRINKLE                                        | CED       | PA; QL (8 per 1 day)             |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits      |
|-------------------------------------------------------------------|-----------|----------------------------|
| FILSPARI                                                          | 5         | PA; SP; QL (1 per 1 day)   |
| <i>ivabradine</i>                                                 | 2         | QL (2 per 1 day)           |
| LODOCO                                                            | 4         | PA; QL (1 per 1 day)       |
| <i>ranolazine</i>                                                 | 2         |                            |
| TRYVIO                                                            | 5         | PA; SP; QL (1 per 1 day)   |
| VECAMYL                                                           | 4         | PA; SP                     |
| VERQUVO                                                           | 4         | PA; QL (1 per 1 day)       |
| VYNDAMAX                                                          | 5         | PA; SP; QL (1 per 1 day)   |
| VYNDAQEL                                                          | 5         | PA; SP; QL (4 per 1 day)   |
| <b>NITRATES</b>                                                   |           |                            |
| GONITRO                                                           | CED       | PA                         |
| ISORDIL                                                           | CED       | PA                         |
| ISORDIL TITRADOSE ORAL TABLET 5 MG                                | 4         |                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1         |                            |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                     | CED       | PA                         |
| <i>isosorbide mononitrate</i>                                     | 1         |                            |
| <i>nitro-bid</i>                                                  | 2         |                            |
| NITRO-DUR                                                         | 4         |                            |
| <i>nitroglycerin sublingual</i>                                   | 1         |                            |
| <i>nitroglycerin transdermal patch 24 hour</i>                    | 1         |                            |
| <i>nitroglycerin translingual</i>                                 | 2         |                            |
| NITROLINGUAL                                                      | 4         |                            |
| NITROMIST                                                         | CED       | PA                         |
| NITROSTAT                                                         | 4         |                            |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                            |           |                            |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                             |           |                            |
| <i>acitretin</i>                                                  | 2         |                            |
| ANALPRAM-HC TOPICAL                                               | 4         |                            |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML         | 5         | PA; QL (1 per 28 days)     |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML       | 5         | PA; QL (2 per 42 days)     |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML                            | 5         | PA; SP; QL (1 per 28 days) |

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

| Drug Name                                             | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------|-----------|------------------------------|
| BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML              | 5         | PA; SP; QL (2 per 42 days)   |
| <i>calcipotriene scalp</i>                            | 2         |                              |
| <i>calcipotriene topical cream</i>                    | 2         |                              |
| CALCIPOTRIENE TOPICAL FOAM                            | CED       | PA                           |
| <i>calcipotriene topical ointment</i>                 | 2         |                              |
| <i>calcipotriene-betamethasone topical ointment</i>   | CED       | PA                           |
| <i>calcipotriene-betamethasone topical suspension</i> | 2         |                              |
| <i>calcitriol topical</i>                             | 2         |                              |
| COSENTYX (2 SYRINGES)                                 | 5         | PA; SP; QL (2 per 28 days)   |
| COSENTYX PEN                                          | 5         | PA; SP; QL (1 per 28 days)   |
| COSENTYX PEN (2 PENS)                                 | 5         | PA; SP; QL (2 per 28 days)   |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML               | 5         | PA; SP; QL (1 per 28 days)   |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML            | 5         | PA; SP; QL (0.5 per 28 days) |
| COSENTYX UNOREADY PEN                                 | 5         | PA; SP; QL (2 per 28 days)   |
| ENSTILAR                                              | CED       | PA                           |
| EPIFOAM                                               | CED       | PA                           |
| ILUMYA                                                | 5         | PA; SP; QL (1 per 63 days)   |
| PRAMOSONE TOPICAL CREAM 1-1 %                         | CED       | PA                           |
| PRAMOSONE TOPICAL LOTION                              | 4         |                              |
| <i>selenium sulfide topical lotion</i>                | 1         |                              |
| <i>selenium sulfide topical shampoo 2.25 %</i>        | 2         |                              |
| SILIQ                                                 | 5         | PA; SP; QL (3 per 28 days)   |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                     | 5         | PA; SP; QL (1 per 63 days)   |
| SKYRIZI SUBCUTANEOUS SYRINGE                          | 5         | PA; SP; QL (1 per 63 days)   |
| SORILUX                                               | CED       | PA                           |
| SOTYKTU                                               | 5         | PA; SP; QL (1 per 1 day)     |
| SPEVIGO SUBCUTANEOUS                                  | 5         | PA; SP; QL (2 per 28 days)   |
| STELARA INTRAVENOUS                                   | 5         | PA; SP; QL (52 per 365 days) |
| STELARA SUBCUTANEOUS SOLUTION                         | 5         | PA; SP; QL (0.5 per 63 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML             | 5         | PA; SP; QL (0.5 per 63 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML                 | 5         | PA; SP; QL (1 per 42 days)   |

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

| Drug Name                                         | Drug Tier | Requirements / Limits      |
|---------------------------------------------------|-----------|----------------------------|
| TACLONEX TOPICAL SUSPENSION                       | 4         |                            |
| TALTZ AUTOINJECTOR                                | 5         | PA; SP; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (2 PACK)                       | 5         | PA; SP; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (3 PACK)                       | 5         | PA; SP; QL (1 per 28 days) |
| TALTZ SYRINGE                                     | 5         | PA; SP; QL (1 per 28 days) |
| TREMFYA PEN INDUCTION PK-CROHN                    | 5         | PA; SP; QL (4 per 28 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML   | 5         | PA; SP; QL (1 per 42 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 5         | PA; SP; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR                | 5         | PA; SP; QL (1 per 42 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML            | 5         | PA; SP; QL (1 per 42 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML          | 5         | PA; SP; QL (2 per 28 days) |
| VECTICAL                                          | 4         |                            |
| VTAMA                                             | 4         | PA; QL (1 per 30 days)     |
| WYNZORA                                           | CED       | PA                         |
| ZORYVE TOPICAL CREAM                              | 4         | PA; QL (1 per 30 days)     |
| ZORYVE TOPICAL FOAM                               | 4         | PA; SP; QL (1 per 30 days) |
| <b>BURN THERAPY</b>                               |           |                            |
| SILVADENE                                         | 4         |                            |
| <i>silver sulfadiazine</i>                        | 1         |                            |
| <i>ssd</i>                                        | 1         |                            |
| <b>KERATOLYTICS</b>                               |           |                            |
| KERALYT RX                                        | CED       | PA                         |
| KERALYT SCALP                                     | CED       | PA                         |
| <i>keralyt topical shampoo</i>                    | CED       | PA                         |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>              |           |                            |
| ADBRY                                             | 5         | PA; SP; QL (4 per 28 days) |
| <i>ammonium lactate</i>                           | 1         |                            |
| CARAC                                             | CED       | PA; QL (30 per 365 days)   |
| CIBINQO                                           | 5         | PA; SP; QL (1 per 1 day)   |
| CONDYLOX TOPICAL GEL                              | 4         |                            |

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

| Drug Name                                             | Drug Tier | Requirements / Limits         |
|-------------------------------------------------------|-----------|-------------------------------|
| CORTANE-B                                             | CED       | PA                            |
| <i>diclofenac sodium topical gel 3 %</i>              | 1         | QL (100 per 365 days)         |
| <i>doxepin topical</i>                                | CED       | PA                            |
| DRYSOL DAB-O-MATIC                                    | 1         |                               |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 5         | PA; SP; QL (2.28 per 28 days) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML    | 5         | PA; SP; QL (4 per 28 days)    |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML  | 5         | PA; SP; QL (2.28 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML     | 5         | PA; SP; QL (4 per 28 days)    |
| EFUDEX TOPICAL CREAM                                  | 4         | QL (40 per 365 days)          |
| ELIDEL                                                | 4         | ST                            |
| EUCRISA                                               | 4         | ST; QL (1 per 30 days)        |
| FLUOROURACIL TOPICAL CREAM 0.5 %                      | CED       | PA; QL (30 per 365 days)      |
| <i>fluorouracil topical cream 5 %</i>                 | 1         | QL (40 per 365 days)          |
| <i>fluorouracil topical solution</i>                  | 1         | QL (10 per 365 days)          |
| HYFTOR                                                | 5         | PA; SP; QL (3 per 30 days)    |
| <i>imiquimod topical cream in metered-dose pump</i>   | 2         | PA; QL (15 per 365 days)      |
| <i>imiquimod topical cream in packet 3.75 %</i>       | 2         | PA; QL (56 per 365 days)      |
| <i>imiquimod topical cream in packet 5 %</i>          | 1         | QL (36 per 365 days)          |
| <i>methoxsalen</i>                                    | 5         | SP                            |
| OPZELURA                                              | 5         | PA; SP; QL (60 per 30 days)   |
| PANRETIN                                              | 5         | PA; SP                        |
| <i>pimecrolimus</i>                                   | 2         | ST                            |
| <i>podofilox topical gel</i>                          | 2         |                               |
| <i>podofilox topical solution</i>                     | 1         |                               |
| <i>pradoxin</i>                                       | CED       | PA                            |
| QBREXZA                                               | 4         | PA; QL (30 per 30 days)       |
| REGRANEX                                              | 4         | QL (15 per 720 days)          |
| SOFDRA                                                | CED       | PA; QL (1 per 30 days)        |
| <i>tacrolimus topical</i>                             | 1         |                               |
| VALCHLOR                                              | 5         | PA; SP; QL (60 per 30 days)   |
| VEREGEN                                               | CED       | PA                            |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits                           |
|-------------------------------------------------------------------|-----------|-------------------------------------------------|
| ZONALON                                                           | CED       | PA                                              |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP                        | 4         | PA; QL (15 per 365 days)                        |
| ZYCLARA TOPICAL CREAM IN PACKET                                   | 4         | PA; QL (56 per 365 days)                        |
| <b>THERAPY FOR ACNE</b>                                           |           |                                                 |
| ABSORICA LD                                                       | CED       | PA                                              |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG                  | 4         |                                                 |
| ABSORICA ORAL CAPSULE 25 MG, 35 MG                                | CED       | PA                                              |
| ACANYA TOPICAL GEL WITH PUMP                                      | CED       | PA                                              |
| <i>accutane</i>                                                   | CED       | PA                                              |
| ACZONE TOPICAL GEL                                                | 4         | ST                                              |
| ACZONE TOPICAL GEL WITH PUMP                                      | CED       | PA                                              |
| <i>adapalene topical cream</i>                                    | 2         | PA for age 29 and older                         |
| <i>adapalene topical gel 0.3 %</i>                                | 2         | PA for age 29 and older                         |
| <i>adapalene topical gel with pump</i>                            | CED       | PA; PA for age 29 and older                     |
| ADAPALENE TOPICAL LOTION                                          | CED       | PA; PA for age 29 and older; QL (1 per 30 days) |
| <i>adapalene topical solution</i>                                 | 2         |                                                 |
| <i>adapalene topical swab</i>                                     | CED       | PA                                              |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> | 2         |                                                 |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> | 2         | PA                                              |
| AKLIEF                                                            | 4         | PA; QL (45 per 30 days)                         |
| ALTRENO                                                           | CED       | PA                                              |
| <i>amnesteam</i>                                                  | 2         |                                                 |
| AMZEEQ                                                            | 4         | PA; QL (30 per 30 days)                         |
| ARAZLO                                                            | CED       | PA                                              |
| ATRALIN                                                           | CED       | PA; PA for age 29 and older                     |
| <i>avar</i>                                                       | 1         |                                                 |
| <i>azelaic acid</i>                                               | 2         |                                                 |
| AZELEX                                                            | 4         | PA                                              |
| BENZAMYCIN                                                        | 4         | ST                                              |
| BENZEPRO (MICROSPHERES)                                           | 4         |                                                 |
| <i>benzepto topical towelette</i>                                 | CED       | PA                                              |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits                           |
|----------------------------------------------------------------------|-----------|-------------------------------------------------|
| <i>brimonidine topical</i>                                           | 2         | PA; QL (30 per 30 days)                         |
| CABTREO                                                              | CED       | PA                                              |
| <i>claravis</i>                                                      | 2         |                                                 |
| CLEOCIN T TOPICAL LOTION                                             | 4         |                                                 |
| <i>clindacin</i>                                                     | CED       | PA                                              |
| CLINDACIN ETZ TOPICAL KIT                                            | CED       | PA                                              |
| <i>clindacin etz topical swab</i>                                    | 1         |                                                 |
| <i>clindacin p</i>                                                   | 1         |                                                 |
| CLINDACIN PAC                                                        | CED       | PA                                              |
| CLINDAGEL                                                            | CED       | PA                                              |
| <i>clindamycin phosphate topical foam</i>                            | CED       | PA                                              |
| <i>clindamycin phosphate topical gel</i>                             | 2         |                                                 |
| <i>clindamycin phosphate topical gel, once daily</i>                 | CED       | PA                                              |
| <i>clindamycin phosphate topical lotion</i>                          | 2         |                                                 |
| <i>clindamycin phosphate topical solution</i>                        | 1         |                                                 |
| <i>clindamycin phosphate topical swab</i>                            | 1         |                                                 |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> | 1         |                                                 |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                | CED       | PA                                              |
| <i>clindamycin-benzoyl peroxide topical gel with pump</i>            | CED       | PA                                              |
| <i>clindamycin-tretinoin</i>                                         | CED       | PA                                              |
| <i>dapsone topical gel 5 %</i>                                       | 2         | ST                                              |
| DAPSONE TOPICAL GEL 7.5 %                                            | CED       | PA                                              |
| <i>dapsone topical gel with pump</i>                                 | CED       | PA                                              |
| DIFFERIN TOPICAL CREAM                                               | 4         | PA for age 29 and older                         |
| DIFFERIN TOPICAL GEL WITH PUMP                                       | CED       | PA; PA for age 29 and older                     |
| DIFFERIN TOPICAL LOTION                                              | CED       | PA; PA for age 29 and older; QL (1 per 30 days) |
| EPIDUO FORTE                                                         | 4         | PA                                              |
| EPSOLAY                                                              | CED       | PA                                              |
| <i>ery pads</i>                                                      | 2         |                                                 |
| <i>erygel</i>                                                        | 2         |                                                 |
| <i>erythromycin with ethanol topical gel</i>                         | 2         |                                                 |
| <i>erythromycin with ethanol topical solution</i>                    | 1         |                                                 |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits                              |
|------------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>erythromycin-benzoyl peroxide</i>                             | 2         | ST                                                 |
| EVOCLIN                                                          | CED       | PA                                                 |
| FABIOR                                                           | 4         | PA                                                 |
| FINACEA TOPICAL FOAM                                             | CED       | PA                                                 |
| <i>isotretinoin</i>                                              | CED       | PA                                                 |
| <i>ivermectin topical cream</i>                                  | 2         | PA                                                 |
| METROCREAM                                                       | 4         |                                                    |
| METROGEL TOPICAL GEL 1 %                                         | 4         | QL (60 per 30 days)                                |
| <i>metronidazole topical cream</i>                               | 1         |                                                    |
| <i>metronidazole topical gel 0.75 %</i>                          | 1         | QL (45 per 30 days)                                |
| <i>metronidazole topical gel 1 %</i>                             | 2         | QL (60 per 30 days)                                |
| <i>metronidazole topical gel with pump</i>                       | 2         | QL (60 per 30 days)                                |
| <i>metronidazole topical lotion</i>                              | CED       | PA                                                 |
| MIRVASO                                                          | 4         | PA; QL (30 per 30 days)                            |
| <i>neuac</i>                                                     | 1         |                                                    |
| NEUAC KIT                                                        | CED       | PA                                                 |
| NORITATE                                                         | CED       | PA                                                 |
| ONEXTON TOPICAL GEL WITH PUMP                                    | CED       | PA                                                 |
| RETIN-A MICRO                                                    | CED       | PA; PA for Age greater than or equal to 29 year(s) |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %   | CED       | PA; PA for age 29 and older                        |
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %                  | CED       | PA                                                 |
| RETIN-A TOPICAL CREAM                                            | 4         | PA for age 29 and older                            |
| RETIN-A TOPICAL GEL                                              | CED       | PA; PA for age 29 and older                        |
| RHOFADE                                                          | 4         | PA; QL (30 per 30 days)                            |
| <i>rosadan topical cream</i>                                     | 1         |                                                    |
| <i>rosadan topical gel</i>                                       | 1         | QL (45 per 30 days)                                |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL                            | CED       | PA                                                 |
| ROSADAN TOPICAL KIT,CLEANSER AND CREAM                           | 4         | PA                                                 |
| SOOLANTRA                                                        | 4         | PA                                                 |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | CED       |                                                    |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits                              |
|--------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>tazarotene topical cream 0.05 %</i>                       | CED       | PA                                                 |
| <i>tazarotene topical cream 0.1 %</i>                        | 2         |                                                    |
| TAZAROTENE TOPICAL FOAM                                      | 4         | PA                                                 |
| <i>tazarotene topical gel</i>                                | CED       | PA                                                 |
| TAZORAC TOPICAL CREAM 0.05 %                                 | CED       | PA                                                 |
| TAZORAC TOPICAL CREAM 0.1 %                                  | 4         |                                                    |
| TAZORAC TOPICAL GEL                                          | CED       | PA                                                 |
| <i>tretinoin microspheres topical gel</i>                    | CED       | PA; PA for Age greater than or equal to 29 year(s) |
| <i>tretinoin microspheres topical gel with pump</i>          | CED       | PA; PA for age 29 and older                        |
| <i>tretinoin topical cream 0.025 %, 0.05 %</i>               | 1         | PA for age 29 and older                            |
| <i>tretinoin topical cream 0.1 %</i>                         | 2         | PA for age 29 and older                            |
| <i>tretinoin topical gel</i>                                 | CED       | PA; PA for age 29 and older                        |
| TWYNEO                                                       | CED       | PA                                                 |
| VELTIN                                                       | CED       | PA                                                 |
| WINLEVI                                                      | 4         | PA; QL (60 per 30 days)                            |
| <i>zenatane</i>                                              | 2         |                                                    |
| ZIANA                                                        | CED       | PA                                                 |
| ZILXI                                                        | 4         | PA; QL (30 per 30 days)                            |
| <b>TOPICAL ANESTHETICS</b>                                   |           |                                                    |
| ANODYNE LPT                                                  | CED       | PA                                                 |
| <i>dermacinrx lidocan</i>                                    | 2         | QL (3 per 1 day)                                   |
| DOLOTRANZ                                                    | CED       | PA                                                 |
| <i>lidocaine hcl laryngotracheal</i>                         | CED       | PA                                                 |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 2         |                                                    |
| <i>lidocaine hcl topical cream 3 %</i>                       | CED       | PA                                                 |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>        | 2         | QL (3 per 1 day)                                   |
| <i>lidocaine topical ointment</i>                            | 1         |                                                    |
| <i>lidocaine viscous</i>                                     | 1         |                                                    |
| <i>lidocaine-prilocaine topical cream</i>                    | 1         |                                                    |
| <i>lidocaine-prilocaine topical kit</i>                      | CED       | PA                                                 |
| LIDOCAINE-TETRACAINE                                         | 4         | PA                                                 |
| <i>lidocan iii</i>                                           | 3         | QL (3 per 1 day)                                   |
| <i>lidocan iv</i>                                            | 2         | QL (3 per 1 day)                                   |

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

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>lidocan v</i>                                 | 2         | QL (3 per 1 day)      |
| LIDODERM                                         | 4         | QL (3 per 1 day)      |
| <i>lidopin topical cream 3 %</i>                 | CED       | PA                    |
| LIDO-PRILO CAINE PACK                            | CED       | PA                    |
| PLIAGLIS                                         | CED       | PA                    |
| ZTLIDO                                           | CED       | PA                    |
| <b>TOPICAL ANTIBACTERIALS</b>                    |           |                       |
| ALTABAX                                          | 4         | PA; 30 grams per fill |
| CENTANY                                          | 4         |                       |
| CENTANY AT                                       | CED       | PA                    |
| <i>gentamicin topical</i>                        | 1         |                       |
| KLARON                                           | 4         |                       |
| <i>mafenide acetate</i>                          | CED       | PA                    |
| <i>mupirocin</i>                                 | 1         |                       |
| <i>mupirocin calcium</i>                         | CED       | PA                    |
| NEO-SYNALAR                                      | CED       | PA                    |
| NEO-SYNALAR KIT                                  | CED       | PA                    |
| <i>sulfacetamide sodium (acne)</i>               | 2         |                       |
| SULFAMYLON TOPICAL CREAM                         | CED       | PA                    |
| XEPI                                             | 4         | PA; 30 grams per fill |
| <b>TOPICAL ANTIFUNGALS</b>                       |           |                       |
| <i>ciclodan</i>                                  | 1         |                       |
| CICLODAN KIT TOPICAL COMBO PACK                  | 4         |                       |
| CICLODAN KIT TOPICAL SOLUTION                    | CED       | PA                    |
| <i>ciclopirox topical cream</i>                  | 1         |                       |
| <i>ciclopirox topical gel</i>                    | 2         |                       |
| <i>ciclopirox topical shampoo</i>                | 2         |                       |
| <i>ciclopirox topical solution</i>               | 1         |                       |
| <i>ciclopirox topical suspension</i>             | 2         |                       |
| <i>ciclopirox-ure-camph-menth-euc</i>            | CED       | PA                    |
| <i>clotrimazole-betamethasone topical cream</i>  | 1         |                       |
| <i>clotrimazole-betamethasone topical lotion</i> | 2         |                       |
| <i>econazole nitrate</i>                         | 2         |                       |
| ECOZA                                            | CED       | PA                    |

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

| Drug Name                           | Drug Tier | Requirements / Limits |
|-------------------------------------|-----------|-----------------------|
| ERTACZO                             | CED       | PA                    |
| EXELDERM                            | CED       | PA                    |
| EXODERM                             | 4         |                       |
| EXTINA                              | CED       | PA                    |
| JUBLIA                              | CED       | PA                    |
| <i>ketoconazole topical cream</i>   | 1         |                       |
| <i>ketoconazole topical foam</i>    | CED       | PA                    |
| <i>ketoconazole topical shampoo</i> | 1         |                       |
| <i>ketodan</i>                      | CED       | PA                    |
| <i>ketodan kit</i>                  | CED       | PA                    |
| <i>klayesta</i>                     | 1         |                       |
| LOPROX (AS OLAMINE)                 | 4         |                       |
| LOPROX KIT                          | CED       | PA                    |
| LULICONAZOLE                        | CED       | PA                    |
| LUZU                                | CED       | PA                    |
| MICONAZOLE NITRATE-ZINC OX-PET      | CED       | PA                    |
| <i>naftifine topical cream</i>      | 2         | PA                    |
| <i>naftifine topical gel</i>        | CED       | PA                    |
| NAFTIN TOPICAL GEL 2 %              | CED       | PA                    |
| <i>nyamyc</i>                       | 1         |                       |
| <i>nystatin topical</i>             | 1         |                       |
| <i>nystatin-triamcinolone</i>       | 1         |                       |
| <i>nystop</i>                       | 1         |                       |
| <i>oxiconazole</i>                  | CED       | PA                    |
| OXISTAT TOPICAL LOTION              | CED       | PA                    |
| SULCONAZOLE                         | CED       | PA                    |
| <i>tavaborole</i>                   | CED       | PA                    |
| VUSION                              | 4         | PA                    |
| <b>TOPICAL ANTIVIRALS</b>           |           |                       |
| <i>acyclovir topical cream</i>      | CED       | PA                    |
| <i>acyclovir topical ointment</i>   | 1         |                       |
| DENAVIR                             | 4         | PA; 5 grams per fill  |
| <i>penciclovir</i>                  | 2         | PA; 5 grams per fill  |
| XERESE                              | CED       | PA                    |

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

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| ZOVIRAX TOPICAL CREAM                            | 4         | PA                    |
| ZOVIRAX TOPICAL OINTMENT                         | 4         |                       |
| <b>TOPICAL CORTICOSTEROIDS</b>                   |           |                       |
| ALA-SCALP                                        | CED       | PA                    |
| <i>alclometasone</i>                             | 2         |                       |
| <i>amcinonide topical cream</i>                  | 2         |                       |
| <i>amcinonide topical ointment</i>               | 2         |                       |
| <i>apexicon e</i>                                | CED       | PA                    |
| <i>beser</i>                                     | 2         |                       |
| BESER KIT                                        | CED       | PA                    |
| <i>betamethasone dipropionate</i>                | 2         |                       |
| <i>betamethasone valerate</i>                    | 2         |                       |
| <i>betamethasone, augmented topical cream</i>    | 1         |                       |
| <i>betamethasone, augmented topical gel</i>      | CED       | PA                    |
| <i>betamethasone, augmented topical lotion</i>   | CED       | PA                    |
| <i>betamethasone, augmented topical ointment</i> | 2         |                       |
| BRYHALI                                          | CED       | PA                    |
| CAPEX                                            | 4         |                       |
| <i>clobetasol scalp</i>                          | 1         |                       |
| CLOBETASOL TOPICAL CREAM 0.025 %                 | CED       | PA                    |
| <i>clobetasol topical cream 0.05 %</i>           | 1         |                       |
| <i>clobetasol topical foam</i>                   | 2         |                       |
| <i>clobetasol topical gel</i>                    | 2         |                       |
| <i>clobetasol topical lotion</i>                 | CED       | PA                    |
| <i>clobetasol topical ointment</i>               | 1         |                       |
| <i>clobetasol topical shampoo</i>                | 2         |                       |
| <i>clobetasol topical spray,non-aerosol</i>      | 2         |                       |
| <i>clobetasol-emollient</i>                      | 2         |                       |
| CLOBEX TOPICAL SHAMPOO                           | 4         |                       |
| CLOBEX TOPICAL SPRAY, NON-AEROSOL                | 4         |                       |
| <i>clocortolone pivalate</i>                     | CED       | PA                    |
| <i>clodan</i>                                    | 2         |                       |
| CLODAN KIT                                       | CED       | PA                    |
| CORDRAN TAPE LARGE ROLL                          | 4         |                       |

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

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| DERMA-SMOOTH/FS BODY OIL                        | 4         |                       |
| DERMA-SMOOTH/FS SCALP OIL                       | 4         |                       |
| DERMAWERX SDS                                   | CED       | PA                    |
| <i>desonide topical cream</i>                   | 2         |                       |
| <i>desonide topical gel</i>                     | CED       | PA                    |
| <i>desonide topical lotion</i>                  | 2         |                       |
| <i>desonide topical ointment</i>                | 2         |                       |
| DESOWEN TOPICAL CREAM                           | 4         |                       |
| <i>desoximetasone topical cream 0.05 %</i>      | CED       | PA                    |
| <i>desoximetasone topical cream 0.25 %</i>      | 2         |                       |
| <i>desoximetasone topical gel</i>               | CED       | PA                    |
| <i>desoximetasone topical ointment 0.05 %</i>   | CED       | PA                    |
| <i>desoximetasone topical ointment 0.25 %</i>   | 2         |                       |
| <i>desoximetasone topical spray,non-aerosol</i> | CED       | PA                    |
| <i>diflorasone</i>                              | 2         |                       |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT          | 4         |                       |
| DUOBRII                                         | CED       | PA                    |
| <i>fluocinolone and shower cap</i>              | 2         |                       |
| <i>fluocinolone topical cream 0.01 %</i>        | 2         |                       |
| <i>fluocinolone topical cream 0.025 %</i>       | 1         |                       |
| <i>fluocinolone topical oil</i>                 | 2         |                       |
| <i>fluocinolone topical ointment</i>            | 2         |                       |
| <i>fluocinolone topical solution</i>            | 2         |                       |
| <i>fluocinonide topical cream 0.05 %</i>        | 2         |                       |
| <i>fluocinonide topical cream 0.1 %</i>         | CED       | PA                    |
| <i>fluocinonide topical gel</i>                 | CED       | PA                    |
| <i>fluocinonide topical ointment</i>            | 2         |                       |
| <i>fluocinonide topical solution</i>            | 2         |                       |
| <i>fluocinonide-e</i>                           | CED       | PA                    |
| <i>flurandrenolide</i>                          | 2         |                       |
| <i>fluticasone propionate topical cream</i>     | 1         |                       |
| <i>fluticasone propionate topical lotion</i>    | 2         |                       |
| <i>fluticasone propionate topical ointment</i>  | 1         |                       |

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

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| <i>halcinonide</i>                              | CED       | PA                    |
| <i>halobetasol propionate topical cream</i>     | 2         |                       |
| <i>halobetasol propionate topical foam</i>      | CED       | PA                    |
| <i>halobetasol propionate topical ointment</i>  | CED       | PA                    |
| HALOG TOPICAL CREAM                             | CED       | PA                    |
| HALOG TOPICAL OINTMENT                          | CED       | PA                    |
| <i>hydrocortisone butyrate topical cream</i>    | 2         |                       |
| <i>hydrocortisone butyrate topical lotion</i>   | CED       | PA                    |
| <i>hydrocortisone butyrate topical ointment</i> | 2         |                       |
| <i>hydrocortisone butyrate topical solution</i> | 2         |                       |
| <i>hydrocortisone topical cream 2.5 %</i>       | 1         |                       |
| <i>hydrocortisone topical lotion 2 %</i>        | CED       | PA                    |
| <i>hydrocortisone topical lotion 2.5 %</i>      | 1         |                       |
| <i>hydrocortisone topical ointment 2.5 %</i>    | 1         |                       |
| <i>hydrocortisone topical solution</i>          | CED       | PA                    |
| <i>hydrocortisone valerate topical cream</i>    | 2         |                       |
| <i>hydrocortisone valerate topical ointment</i> | CED       | PA                    |
| IMPOYZ                                          | 4         |                       |
| KENALOG TOPICAL                                 | 4         |                       |
| <i>mometasone topical</i>                       | 1         |                       |
| NOXIPAK                                         | CED       | PA                    |
| NUCORT                                          | CED       | PA                    |
| OLUX                                            | 4         |                       |
| PANDEL                                          | CED       | PA                    |
| <i>prednicarbate topical cream</i>              | 1         |                       |
| <i>prednicarbate topical ointment</i>           | 2         |                       |
| QUINIXIL                                        | CED       | PA                    |
| <i>scalacort</i>                                | 2         | PA                    |
| SCALACORT DK                                    | CED       | PA                    |
| SERNIVO                                         | CED       | PA                    |
| SURE RESULT TAC PAK                             | CED       | PA                    |
| SYNALAR                                         | 4         |                       |
| SYNALAR CREAM KIT                               | CED       | PA                    |
| SYNALAR OINTMENT KIT                            | CED       | PA                    |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| SYNALAR TS                                                            | CED       | PA                    |
| TEXACORT                                                              | 4         |                       |
| TOPICORT TOPICAL CREAM 0.05 %                                         | CED       | PA                    |
| TOPICORT TOPICAL CREAM 0.25 %                                         | 4         |                       |
| TOPICORT TOPICAL GEL                                                  | CED       | PA                    |
| TOPICORT TOPICAL OINTMENT 0.05 %                                      | CED       | PA                    |
| TOPICORT TOPICAL OINTMENT 0.25 %                                      | 4         |                       |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL                                   | CED       | PA                    |
| <i>tovet emollient</i>                                                | 2         |                       |
| TOVET KIT                                                             | CED       | PA                    |
| <i>triamcinolone acetonide topical aerosol</i>                        | 2         |                       |
| <i>triamcinolone acetonide topical cream</i>                          | 1         |                       |
| <i>triamcinolone acetonide topical lotion</i>                         | 1         |                       |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1         |                       |
| <i>triamcinolone acetonide topical ointment 0.05 %</i>                | CED       | PA                    |
| <i>triderm topical cream 0.5 %</i>                                    | 1         |                       |
| ULTRAVATE TOPICAL LOTION                                              | CED       | PA                    |
| VANOS                                                                 | CED       | PA                    |
| VERDESO                                                               | CED       | PA                    |
| WHYTEDERM TDKAK                                                       | CED       | PA                    |
| WHYTEDERM TRILASIL PAK                                                | CED       | PA                    |
| XILAPAK                                                               | CED       | PA                    |
| <b>TOPICAL ENZYMES</b>                                                |           |                       |
| SANTYL                                                                | 4         | QL (2 per 720 days)   |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |           |                       |
| <i>crotan</i>                                                         | 2         | QL (60 per 30 days)   |
| ELIMITE                                                               | 4         | QL (120 per 30 days)  |
| EURAX TOPICAL CREAM                                                   | 4         |                       |
| EURAX TOPICAL LOTION                                                  | 4         | QL (60 per 30 days)   |
| <i>malathion</i>                                                      | 1         | QL (120 per 30 days)  |
| NATROBA                                                               | 4         | QL (120 per 30 days)  |
| OVIDE                                                                 | 4         | QL (120 per 30 days)  |
| <i>permethrin</i>                                                     | 1         | QL (120 per 30 days)  |

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

| Drug Name                                     | Drug Tier | Requirements / Limits      |
|-----------------------------------------------|-----------|----------------------------|
| <i>spinosad</i>                               | 2         | QL (120 per 30 days)       |
| ULESFIA                                       | 4         |                            |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> |           |                            |
| <b>ANOREXIANTS</b>                            |           |                            |
| IMCIVREE                                      | 5         | PA; SP; QL (9 per 30 days) |
| <b>MISCELLANEOUS AGENTS</b>                   |           |                            |
| <i>acamprosate</i>                            | 2         |                            |
| AGRYLIN                                       | 4         |                            |
| <i>anagrelide</i>                             | 1         |                            |
| BUPHENYL                                      | 5         | PA; SP                     |
| <i>caffeine citrate oral</i>                  | 1         |                            |
| CARBAGLU                                      | 5         | PA; SP; LA                 |
| <i>carglumic acid</i>                         | 5         | PA; SP                     |
| CARNITOR (SUGAR-FREE)                         | 4         |                            |
| CARNITOR ORAL                                 | 4         |                            |
| <i>cevimeline</i>                             | 2         |                            |
| CHEMET                                        | 4         | PA for age 18 and older    |
| CUVRIOR                                       | 5         | PA; SP; QL (10 per 1 day)  |
| <i>deferasirox</i>                            | 5         | PA; SP                     |
| <i>deferiprone</i>                            | 5         | PA; SP                     |
| <i>disulfiram</i>                             | 2         |                            |
| <i>droxidopa</i>                              | 5         | PA; SP                     |
| DUVYZAT                                       | 5         | PA; SP; QL (3 per 32 days) |
| ENDARI                                        | 5         | PA; SP; QL (6 per 1 day)   |
| EVOXAC                                        | 4         |                            |
| EXJADE                                        | 5         | PA; SP; LA                 |
| FABHALTA                                      | 5         | PA; SP; QL (2 per 1 day)   |
| FERRIPROX                                     | 5         | PA; SP                     |
| FERRIPROX (2 TIMES A DAY)                     | CED       | PA; SP                     |
| <i>glutamine (sickle cell)</i>                | 5         | PA; SP; QL (6 per 1 day)   |
| INCRELEX                                      | 5         | PA; SP; LA                 |
| JADENU                                        | 5         | PA; SP                     |
| JADENU SPRINKLE                               | 5         | PA; SP                     |
| JOENJA                                        | 5         | PA; SP; QL (2 per 1 day)   |

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

| Drug Name                                    | Drug Tier | Requirements / Limits                                |
|----------------------------------------------|-----------|------------------------------------------------------|
| <i>levocarnitine (with sugar)</i>            | 2         |                                                      |
| <i>levocarnitine oral solution 100 mg/ml</i> | 2         |                                                      |
| <i>levocarnitine oral tablet</i>             | 2         |                                                      |
| LITFULO                                      | 5         | PA; SP; QL (1 per 1 day)                             |
| LITHOSTAT                                    | 4         |                                                      |
| <i>midodrine</i>                             | 1         |                                                      |
| <i>nitisinone</i>                            | 5         | PA; SP; LA                                           |
| NITYR                                        | 5         | PA; SP; LA                                           |
| NORTHERA                                     | 5         | PA; SP                                               |
| OLPRUVA                                      | 5         | PA; SP                                               |
| ORFADIN                                      | 5         | PA; SP; LA                                           |
| PHEBURANE                                    | 5         | PA; SP                                               |
| PIASKY                                       | 5         | PA; SP; QL (6 per 28 days)                           |
| PYRUKYND ORAL TABLET 20 MG, 50 MG            | 5         | PA; SP; LA; QL (2 per 1 day)                         |
| PYRUKYND ORAL TABLET 5 MG                    | 5         | PA; 2 tablets per day; 7 tablets in 365 days; SP; LA |
| PYRUKYND ORAL TABLETS,DOSE PACK              | 5         | PA; SP; LA; QL (14 per 365 days)                     |
| RAVICTI                                      | 5         | PA; SP; QL (17.5 per 1 day)                          |
| REVCOVI                                      | 5         | PA; SP; LA                                           |
| REZDIFFRA                                    | 5         | PA; SP; QL (1 per 1 day)                             |
| RILUTEK                                      | 4         |                                                      |
| <i>riluzole</i>                              | 2         |                                                      |
| <i>risedronate oral tablet 30 mg</i>         | 2         |                                                      |
| <i>sodium chloride irrigation</i>            | 1         |                                                      |
| <i>sodium phenylbutyrate</i>                 | 5         | PA; SP                                               |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG     | 5         | PA; SP; LA; QL (2 per 1 day)                         |
| SOHONOS ORAL CAPSULE 2.5 MG, 5 MG            | 5         | PA; SP; LA; QL (1 per 1 day)                         |
| SYPRINE                                      | 5         | PA; SP; QL (8 per 1 day)                             |
| TAVNEOS                                      | 5         | PA; SP; QL (6 per 1 day)                             |
| THIOLA                                       | 5         | PA; SP                                               |
| THIOLA EC                                    | 5         | PA; SP                                               |
| TIGLUTIK                                     | CED       | PA; SP; QL (20 per 1 day)                            |
| <i>tiopronin</i>                             | 5         | PA; SP                                               |
| <i>trientine oral capsule 250 mg</i>         | 5         | PA; SP; QL (8 per 1 day)                             |

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

| Drug Name                                        | Drug Tier | Requirements / Limits                          |
|--------------------------------------------------|-----------|------------------------------------------------|
| TRIENTINE ORAL CAPSULE 500 MG                    | 5         | PA; SP; QL (4 per 1 day)                       |
| <i>venxxiva</i>                                  | 5         | PA; SP                                         |
| VOYDEYA                                          | 5         | PA; SP; LA; QL (180 per 30 days)               |
| XURIDEN                                          | 5         | SP                                             |
| ZOKINVY                                          | 5         | PA; SP                                         |
| <b>SMOKING DETERRENTS</b>                        |           |                                                |
| <i>bupropion hcl (smoking deter)</i>             | 1         | ACA; QL (2 per 1 day)                          |
| CHANTIX                                          | 4         | 183 DAY SUPPLY IN A ROLLING 365 DAYS           |
| CHANTIX CONTINUING MONTH BOX                     | 4         | 183 DAY SUPPLY IN A ROLLING 365 DAYS           |
| CHANTIX STARTING MONTH BOX                       | 4         | 183 DAY SUPPLY IN A ROLLING 365 DAYS           |
| NICODERM CQ                                      | CED       | PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC  |
| NICORETTE BUCCAL GUM 2 MG                        | CED       | PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC  |
| <i>nicorette buccal gum 4 mg</i>                 | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| NICORETTE BUCCAL LOZENGE                         | CED       | PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC  |
| NICORETTE BUCCAL MINI LOZENGE                    | CED       | PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC  |
| <i>nicotine</i>                                  | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>nicotine (polacrilex) buccal gum</i>          | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> | 9         | 183 day supply in rolling 365 days; ACA; OTC   |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>nicotine (polacrilex) buccal mini lozenge</i> | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| NICOTROL NS                                      | 4         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA      |
| <i>quit 2</i>                                    | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>quit 4</i>                                    | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |

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

| Drug Name                   | Drug Tier | Requirements / Limits                          |
|-----------------------------|-----------|------------------------------------------------|
| <i>stop smoking aid</i>     | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>varenicline tartrate</i> | 2         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA      |

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

|                                                |   |                   |
|------------------------------------------------|---|-------------------|
| <i>azelastine nasal</i>                        | 1 |                   |
| <i>chlorhexidine gluconate mucous membrane</i> | 1 |                   |
| <i>denta 5000 plus</i>                         | 1 |                   |
| <i>denta 5000 plus sensitive</i>               | 1 |                   |
| <i>dentagel</i>                                | 1 |                   |
| <i>fluoride (sodium) dental cream</i>          | 1 |                   |
| <i>fluoride (sodium) dental gel</i>            | 1 |                   |
| <i>fluoride (sodium) dental paste</i>          | 1 |                   |
| GELCLAIR                                       | 4 | 15 units per fill |
| <i>ipratropium bromide nasal</i>               | 1 |                   |
| <i>kourzeq</i>                                 | 1 |                   |
| <i>olopatadine nasal</i>                       | 2 |                   |
| <i>oralone</i>                                 | 1 |                   |
| <i>paroex oral rinse</i>                       | 1 |                   |
| PERIDEX                                        | 4 |                   |
| <i>periogard</i>                               | 1 |                   |
| <i>pilocarpine hcl oral</i>                    | 1 |                   |
| PREVIDENT 5000 ENAMEL PROTECT                  | 4 |                   |
| PREVIDENT 5000 ORTHO DEFENSE                   | 4 |                   |
| PREVIDENT 5000 PLUS                            | 4 |                   |
| PREVIDENT 5000 SENSITIVE                       | 4 |                   |
| PREVIDENT DENTAL GEL                           | 4 |                   |
| SALAGEN (PILOCARPINE)                          | 4 |                   |
| <i>sf</i>                                      | 1 |                   |
| <i>sf 5000 plus</i>                            | 1 |                   |
| <i>sodium fluoride 5000 plus</i>               | 1 |                   |
| <i>sodium fluoride-pot nitrate</i>             | 1 |                   |
| <i>triamcinolone acetonide dental</i>          | 1 |                   |

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

| Drug Name                                                                      | Drug Tier | Requirements / Limits    |
|--------------------------------------------------------------------------------|-----------|--------------------------|
| <b>MISCELLANEOUS OTIC PREPARATIONS</b>                                         |           |                          |
| <i>acetic acid otic (ear)</i>                                                  | 1         |                          |
| CETRAXAL                                                                       | CED       | PA                       |
| <i>ciprofloxacin hcl otic (ear)</i>                                            | 2         |                          |
| DERMOTIC OIL                                                                   | 4         |                          |
| <i>flac otic oil</i>                                                           | 1         |                          |
| <i>fluocinolone acetonide oil</i>                                              | 1         |                          |
| <i>hydrocortisone-acetic acid</i>                                              | 1         |                          |
| <i>ofloxacin otic (ear)</i>                                                    | 1         |                          |
| <b>OTIC STEROID / ANTIBIOTIC</b>                                               |           |                          |
| CIPRO HC                                                                       | 4         |                          |
| <i>ciprofloxacin-dexamethasone</i>                                             | 2         |                          |
| CIPROFLOXACIN-FLUOCINOLONE                                                     | 4         | PA                       |
| CORTISPORIN-TC                                                                 | 4         |                          |
| <i>neomycin-polymyxin-hc otic (ear)</i>                                        | 1         |                          |
| OTOVEL                                                                         | CED       | PA                       |
| <b>ENDOCRINE/DIABETES</b>                                                      |           |                          |
| <b>ADRENAL HORMONES</b>                                                        |           |                          |
| ACTHAR                                                                         | 5         | PA; SP                   |
| ACTHAR SELFJECT                                                                | 5         | PA; SP                   |
| AGAMREE                                                                        | 4         | PA; QL (200 per 26 days) |
| ALKINDI SPRINKLE                                                               | CED       | PA                       |
| CORTEF                                                                         | 4         |                          |
| <i>cortisone</i>                                                               | 1         |                          |
| CORTROPHIN GEL                                                                 | 5         | PA; SP                   |
| <i>deflazacort</i>                                                             | 5         | PA; SP                   |
| <i>dexabliss</i>                                                               | CED       | PA                       |
| <i>dexamethasone intensol</i>                                                  | 2         |                          |
| <i>dexamethasone oral elixir</i>                                               | 1         |                          |
| <i>dexamethasone oral solution</i>                                             | 1         |                          |
| <i>dexamethasone oral tablet</i>                                               | 1         |                          |
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i> | CED       | PA                       |
| EMFLAZA                                                                        | 5         | PA; SP; LA               |

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

| Drug Name                                                                                             | Drug Tier | Requirements / Limits     |
|-------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>fludrocortisone</i>                                                                                | 1         |                           |
| HEMADY                                                                                                | CED       | PA                        |
| <i>hydrocortisone oral</i>                                                                            | 1         |                           |
| MEDROL (PAK)                                                                                          | 4         |                           |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG                                                            | 4         |                           |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>                                              | 2         |                           |
| <i>methylprednisolone oral tablet 4 mg</i>                                                            | 1         |                           |
| <i>methylprednisolone oral tablets,dose pack</i>                                                      | 1         |                           |
| <i>millipred dp</i>                                                                                   | CED       | PA                        |
| <i>millipred oral tablet</i>                                                                          | CED       | PA                        |
| ORAPRED ODT                                                                                           | CED       | PA                        |
| <i>prednisolone oral solution</i>                                                                     | 1         |                           |
| <i>prednisolone oral tablet</i>                                                                       | 2         | PA                        |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                   | CED       | PA                        |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1         |                           |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>                               | 2         |                           |
| <i>prednisolone sodium phosphate oral tablet,disintegrating</i>                                       | CED       | PA                        |
| <i>prednisone</i>                                                                                     | 1         |                           |
| <i>prednisone intensol</i>                                                                            | 2         |                           |
| RAYOS                                                                                                 | CED       | PA                        |
| TAPERDEX                                                                                              | CED       | PA                        |
| TARPEYO                                                                                               | 5         | PA; SP; QL (4 per 1 day)  |
| ZCORT                                                                                                 | CED       | PA                        |
| <b>ANTITHYROID AGENTS</b>                                                                             |           |                           |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                            | 1         |                           |
| <i>propylthiouracil</i>                                                                               | 1         |                           |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>                                                |           |                           |
| ACCU-CHEK AVIVA CONTROL SOLN                                                                          | 1         | OTC                       |
| ACCU-CHEK AVIVA PLUS TEST STRP                                                                        | 3         | OTC; QL (100 per 30 days) |
| ACCU-CHEK GUIDE GLUCOSE METER                                                                         | 9         | OTC; QL (1 per 365 days)  |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits        |
|----------------------------------------------------------------|-----------|------------------------------|
| ACCU-CHEK GUIDE L1-L2 CTRL SOL                                 | 1         | OTC                          |
| ACCU-CHEK GUIDE ME GLUCOSE MTR                                 | 9         | OTC; QL (1 per 365 days)     |
| ACCU-CHEK GUIDE TEST STRIPS                                    | 3         | OTC; QL (100 per 30 days)    |
| ACCU-CHEK SMARTVIEW CONTRL SOL                                 | 1         | OTC                          |
| ACCU-CHEK SMARTVIEW TEST STRIP                                 | 3         | OTC; QL (100 per 30 days)    |
| DEXCOM G6 RECEIVER                                             | 4         | PA; CGM; QL (1 per 720 days) |
| DEXCOM G6 SENSOR                                               | 4         | PA; CGM; QL (3 per 30 days)  |
| DEXCOM G6 TRANSMITTER                                          | 4         | PA; CGM; QL (1 per 68 days)  |
| DEXCOM G7 RECEIVER                                             | 4         | PA; CGM; QL (1 per 720 days) |
| DEXCOM G7 SENSOR                                               | 4         | PA; CGM; QL (3 per 30 days)  |
| FREESTYLE LIBRE 14 DAY READER                                  | 3         | PA; CGM; QL (1 per 720 days) |
| FREESTYLE LIBRE 14 DAY SENSOR                                  | 3         | PA; CGM; QL (2 per 28 days)  |
| FREESTYLE LIBRE 2 PLUS SENSOR                                  | 3         | PA; CGM; QL (2 per 30 days)  |
| FREESTYLE LIBRE 2 READER                                       | 3         | PA; CGM; QL (1 per 720 days) |
| FREESTYLE LIBRE 2 SENSOR                                       | 3         | PA; CGM; QL (2 per 28 days)  |
| FREESTYLE LIBRE 3 PLUS SENSOR                                  | 3         | PA; CGM; QL (2 per 30 days)  |
| FREESTYLE LIBRE 3 READER                                       | 3         | PA; CGM; QL (1 per 720 days) |
| FREESTYLE LIBRE 3 SENSOR                                       | 3         | PA; CGM; QL (2 per 28 days)  |
| ONETOUCH ULTRA CONTROL                                         | 1         | OTC                          |
| ONETOUCH ULTRA TEST                                            | 3         | OTC; QL (100 per 30 days)    |
| ONETOUCH ULTRA2 METER                                          | 9         | OTC; QL (1 per 365 days)     |
| ONETOUCH VERIO FLEX METER                                      | 9         | OTC; QL (1 per 365 days)     |
| ONETOUCH VERIO MID CONTROL                                     | 1         | OTC                          |
| ONETOUCH VERIO REFLECT METER                                   | 9         | OTC; QL (1 per 365 days)     |
| ONETOUCH VERIO TEST STRIPS                                     | 3         | OTC; QL (100 per 30 days)    |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>     |           |                              |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE<br>0.5 ML 29 GAUGE X 1/2" | 1         |                              |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS)                                 | 3         | QL (1 per 720 days)          |
| <b>GLUCOSE ELEVATING AGENTS</b>                                |           |                              |
| BAQSIMI                                                        | 3         |                              |
| <i>diazoxide</i>                                               | 2         |                              |
| GLUCAGON (HCL) EMERGENCY KIT                                   | 3         |                              |
| <i>glucagon emergency kit (human)</i>                          | 2         |                              |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits     |
|--------------------------------------------------------------|-----------|---------------------------|
| GVOKE                                                        | 3         |                           |
| GVOKE HYPOPEN 2-PACK                                         | 3         |                           |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3         |                           |
| PROGLYCEM                                                    | 4         |                           |
| ZEGALOGUE AUTOINJECTOR                                       | 4         | ST                        |
| ZEGALOGUE SYRINGE                                            | 4         | ST                        |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>    |           |                           |
| BD INTEGRA NEEDLE                                            | 1         |                           |
| BD MICROTAINER LANCET 30 GAUGE                               | 1         | OTC; QL (210 per 30 days) |
| BD SPECIALTY USE NEEDLES NEEDLE 30<br>GAUGE X 1/2"           | 1         |                           |
| GENTEEL VACUUM LANCING DEVICE                                | 1         | OTC; QL (2 per 365 days)  |
| LANCETS 33 GAUGE                                             | 1         | OTC; QL (210 per 30 days) |
| LANCING DEVICE                                               | 1         | OTC; QL (2 per 365 days)  |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                                  | 3         | QL (10 per 30 days)       |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)                               | 3         | QL (1 per 720 days)       |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                                 | 3         | QL (10 per 30 days)       |
| OMNIPOD DASH INTRO KIT (GEN 4)                               | 3         | QL (1 per 720 days)       |
| OMNIPOD DASH PODS (GEN 4)                                    | 3         | QL (10 per 30 days)       |
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE<br>X 1/2"               | 1         | OTC                       |
| V-GO 20                                                      | 3         | QL (30 per 30 days)       |
| V-GO 30                                                      | 3         | QL (30 per 30 days)       |
| V-GO 40                                                      | 3         | QL (30 per 30 days)       |
| <b>INSULIN THERAPY</b>                                       |           |                           |
| ADMELOG SOLOSTAR U-100 INSULIN                               | 4         | PA; QL (100 per 30 days)  |
| ADMELOG U-100 INSULIN LISPRO                                 | 4         | PA; QL (100 per 30 days)  |
| AFREZZA                                                      | 4         | PA; QL (100 per 30 days)  |
| APIDRA SOLOSTAR U-100 INSULIN                                | 4         | PA; QL (100 per 30 days)  |
| APIDRA U-100 INSULIN                                         | 4         | PA; QL (100 per 30 days)  |
| BASAGLAR KWIKPEN U-100 INSULIN                               | 4         | PA; QL (100 per 30 days)  |
| BASAGLAR TEMPO PEN(U-100)INSLN                               | CED       | PA; QL (100 per 30 days)  |
| FIASP FLEXTouch U-100 INSULIN                                | 4         | PA; QL (100 per 30 days)  |
| FIASP PENFILL U-100 INSULIN                                  | 4         | PA; QL (100 per 30 days)  |

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

| Drug Name                      | Drug Tier | Requirements / Limits    |
|--------------------------------|-----------|--------------------------|
| FIASP PUMPCART                 | 4         | PA; QL (100 per 30 days) |
| FIASP U-100 INSULIN            | 4         | PA; QL (100 per 30 days) |
| HUMALOG JUNIOR KWIKPEN U-100   | 3         | QL (100 per 30 days)     |
| HUMALOG KWIKPEN INSULIN        | 3         | QL (100 per 30 days)     |
| HUMALOG MIX 50-50 KWIKPEN      | 3         | QL (100 per 30 days)     |
| HUMALOG MIX 75-25 KWIKPEN      | 3         | QL (100 per 30 days)     |
| HUMALOG MIX 75-25(U-100)INSULN | 3         | QL (100 per 30 days)     |
| HUMALOG TEMPO PEN(U-100)INSULN | CED       | PA; QL (100 per 30 days) |
| HUMALOG U-100 INSULIN          | 3         | QL (100 per 30 days)     |
| HUMULIN 70/30 U-100 INSULIN    | 3         | QL (100 per 30 days)     |
| HUMULIN 70/30 U-100 KWIKPEN    | 3         | QL (100 per 30 days)     |
| HUMULIN N NPH INSULIN KWIKPEN  | 3         | QL (100 per 30 days)     |
| HUMULIN N NPH U-100 INSULIN    | 3         | QL (100 per 30 days)     |
| HUMULIN R REGULAR U-100 INSULN | 3         | QL (100 per 30 days)     |
| HUMULIN R U-500 (CONC) INSULIN | 3         | QL (100 per 30 days)     |
| HUMULIN R U-500 (CONC) KWIKPEN | 3         | QL (100 per 30 days)     |
| INSULIN ASP PRT-INSULIN ASPART | 3         | PA; QL (100 per 30 days) |
| INSULIN ASPART U-100           | 3         | PA; QL (100 per 30 days) |
| INSULIN DEGLUDEC               | 4         | PA; QL (100 per 30 days) |
| INSULIN GLARGINE U-300 CONC    | 4         | PA; QL (100 per 30 days) |
| INSULIN GLARGINE-YFGN          | 4         | PA; QL (100 per 30 days) |
| INSULIN LISPRO                 | 3         | PA; QL (100 per 30 days) |
| INSULIN LISPRO PROTAMIN-LISPRO | 3         | PA; QL (100 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN  | 3         | QL (100 per 30 days)     |
| LANTUS U-100 INSULIN           | 3         | QL (100 per 30 days)     |
| LYUMJEV KWIKPEN U-100 INSULIN  | 4         | PA; QL (100 per 30 days) |
| LYUMJEV KWIKPEN U-200 INSULIN  | 4         | PA; QL (100 per 30 days) |
| LYUMJEV TEMPO PEN(U-100)INSULN | CED       | PA; QL (100 per 30 days) |
| LYUMJEV U-100 INSULIN          | 4         | PA; QL (100 per 30 days) |
| NOVOLIN 70-30 FLEXPEN U-100    | 4         | ST; QL (100 per 30 days) |
| NOVOLIN N FLEXPEN              | 4         | ST; QL (100 per 30 days) |
| NOVOLIN R FLEXPEN              | 4         | ST; QL (100 per 30 days) |
| NOVOLOG FLEXPEN U-100 INSULIN  | 4         | PA; QL (100 per 30 days) |
| NOVOLOG MIX 70-30 U-100 INSULN | 4         | PA; QL (100 per 30 days) |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------|-----------|--------------------------|
| NOVOLOG MIX 70-30FLEXPEN U-100                                    | 4         | PA; QL (100 per 30 days) |
| NOVOLOG PENFILL U-100 INSULIN                                     | 4         | PA; QL (100 per 30 days) |
| NOVOLOG U-100 INSULIN ASPART                                      | 4         | PA; QL (100 per 30 days) |
| RELION NOVOLIN 70/30                                              | 4         | ST; QL (100 per 30 days) |
| RELION NOVOLIN N                                                  | 4         | ST; QL (100 per 30 days) |
| RELION NOVOLIN R                                                  | 4         | ST; QL (100 per 30 days) |
| REZVOGLAR KWIKPEN                                                 | CED       | PA; QL (100 per 30 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN)                                    | 4         | PA; QL (100 per 30 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN                                    | 4         | PA; QL (100 per 30 days) |
| SOLIQUA 100/33                                                    | 4         | ST; QL (18 per 28 days)  |
| TOUJEO MAX U-300 SOLOSTAR                                         | 3         | QL (100 per 30 days)     |
| TOUJEO SOLOSTAR U-300 INSULIN                                     | 3         | QL (100 per 30 days)     |
| TRESIBA FLEXTOUCH U-100                                           | 3         | QL (100 per 30 days)     |
| TRESIBA FLEXTOUCH U-200                                           | 3         | QL (100 per 30 days)     |
| TRESIBA U-100 INSULIN                                             | 3         | QL (100 per 30 days)     |
| XULTOPHY 100/3.6                                                  | 4         | ST; QL (15 per 28 days)  |
| <b>MISCELLANEOUS HORMONES</b>                                     |           |                          |
| ANDROGEL                                                          | 4         | PA                       |
| <i>cabergoline</i>                                                | 1         |                          |
| <i>calcitonin (salmon) nasal</i>                                  | 1         |                          |
| <i>calcitriol oral</i>                                            | 1         |                          |
| CERDELGA                                                          | 5         | PA; SP; QL (2 per 1 day) |
| CHORIONIC GONADOTROPIN, HUMAN                                     | 5         | PA; SP                   |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i>                        | 2         | PA; QL (2 per 1 day)     |
| <i>cinacalcet oral tablet 90 mg</i>                               | 2         | PA; QL (4 per 1 day)     |
| <i>danazol</i>                                                    | 2         |                          |
| DDAVP ORAL                                                        | 4         |                          |
| DEPO-TESTOSTERONE                                                 | 4         | PA                       |
| <i>desmopressin injection</i>                                     | 1         |                          |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | 1         |                          |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)      | 5         | SP                       |
| <i>desmopressin oral</i>                                          | 1         |                          |
| <i>doxercalciferol oral</i>                                       | 2         |                          |

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

| Drug Name                                   | Drug Tier | Requirements / Limits           |
|---------------------------------------------|-----------|---------------------------------|
| GALAFOLD                                    | 5         | PA; SP; LA; QL (14 per 28 days) |
| ISTURISA ORAL TABLET 1 MG, 5 MG             | 5         | PA; SP; LA; QL (4 per 1 day)    |
| JATENZO                                     | CED       | PA                              |
| <i>javygtor</i>                             | 5         | PA; SP                          |
| JYNARQUE ORAL TABLET 15 MG                  | 5         | PA; SP; LA; QL (2 per 1 day)    |
| JYNARQUE ORAL TABLET 30 MG                  | 5         | PA; SP; LA; QL (1 per 1 day)    |
| JYNARQUE ORAL TABLETS, SEQUENTIAL           | 5         | PA; SP; LA; QL (56 per 28 days) |
| KORLYM                                      | 5         | PA; SP; QL (4 per 1 day)        |
| KUVAN                                       | 5         | PA; SP                          |
| KYZATREX                                    | 4         | PA; QL (2 per 1 day)            |
| METHITEST                                   | CED       | PA                              |
| <i>methyltestosterone oral capsule</i>      | 2         | QL (5 per 1 day)                |
| <i>mifepristone oral tablet 300 mg</i>      | 5         | PA; SP; QL (4 per 1 day)        |
| <i>miglustat</i>                            | 5         | PA; SP; LA; QL (3 per 1 day)    |
| MYALEPT                                     | 5         | PA; SP; LA                      |
| NATESTO                                     | 4         | PA                              |
| NOC DURNA (MEN)                             | 4         | PA; QL (1 per 1 day)            |
| NOC DURNA (WOMEN)                           | 4         | PA; QL (1 per 1 day)            |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 5         | PA; SP                          |
| OPFOLDA                                     | 5         | PA; SP; QL (8 per 28 days)      |
| ORILISSA                                    | 4         | PA                              |
| OVIDREL                                     | 5         | PA; SP                          |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML  | 5         | PA; SP; LA; QL (0.5 per 1 day)  |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 5         | PA; SP; LA; QL (0.15 per 1 day) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML      | 5         | PA; SP; LA; QL (3 per 1 day)    |
| <i>paricalcitol oral</i>                    | 2         |                                 |
| PREGNYL                                     | 5         | PA; SP                          |
| RAYALDEE                                    | 4         | PA; QL (2 per 1 day)            |
| RECORLEV                                    | 5         | PA; SP; QL (8 per 1 day)        |
| ROCALTROL ORAL SOLUTION                     | 4         |                                 |
| SAMSCA ORAL TABLET 15 MG                    | 5         | PA; SP; QL (30 per 365 days)    |

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits            |
|------------------------------------------------------------------------------|-----------|----------------------------------|
| SAMSCA ORAL TABLET 30 MG                                                     | 5         | PA; SP; QL (60 per 365 days)     |
| <i>sapropterin</i>                                                           | 5         | PA; SP                           |
| SENSIPAR ORAL TABLET 30 MG, 60 MG                                            | 4         | PA; QL (2 per 1 day)             |
| SENSIPAR ORAL TABLET 90 MG                                                   | 4         | PA; QL (4 per 1 day)             |
| SOMAVERT                                                                     | 5         | PA; SP                           |
| STRENSIQ                                                                     | 5         | PA; SP; LA                       |
| SYNAREL                                                                      | 5         | PA; SP; QL (8 per 28 days)       |
| TESTIM                                                                       | 4         | PA                               |
| <i>testosterone cypionate intramuscular oil 100 mg/ml</i>                    | 1         | PA                               |
| <i>testosterone cypionate intramuscular oil 200 mg/ml</i>                    | 2         | PA                               |
| <i>testosterone enanthate</i>                                                | 1         | PA                               |
| <i>testosterone transdermal</i>                                              | 2         | PA                               |
| TLANDO                                                                       | CED       | PA                               |
| <i>tolvaptan oral tablet 15 mg</i>                                           | 5         | PA; SP; LA; QL (30 per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i>                                           | 5         | PA; SP; LA; QL (60 per 365 days) |
| UNDECATREX                                                                   | CED       | PA; QL (2 per 1 day)             |
| VOGELXO                                                                      | 4         | PA                               |
| VOXZOGO                                                                      | 5         | PA; SP; QL (1 per 1 day)         |
| XYOSTED                                                                      | CED       | PA                               |
| YORVIPATH                                                                    | 5         | PA; SP; QL (2 per 28 days)       |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG                                            | 4         |                                  |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                                       |           |                                  |
| <i>acarbose</i>                                                              | 1         |                                  |
| ACTOPLUS MET                                                                 | 4         |                                  |
| ACTOS                                                                        | 4         |                                  |
| ALOGLIPTIN                                                                   | 4         | ST                               |
| ALOGLIPTIN-METFORMIN                                                         | 4         | ST                               |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 4         | ST                               |
| BRENZAVVY                                                                    | 4         | ST; QL (1 per 1 day)             |
| BYDUREON BCISE                                                               | 4         | PA                               |
| CYCLOSET                                                                     | 4         |                                  |

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

| Drug Name                                                                      | Drug Tier | Requirements / Limits  |
|--------------------------------------------------------------------------------|-----------|------------------------|
| DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG | CED       | PA; QL (1 per 1 day)   |
| DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG  | CED       | PA; QL (2 per 1 day)   |
| DAPAGLIFLOZIN PROPANEDIOL                                                      | CED       | PA; QL (1 per 1 day)   |
| DUETACT                                                                        | CED       | PA                     |
| <i>exenatide</i>                                                               | 2         | PA                     |
| FARXIGA                                                                        | 3         | QL (1 per 1 day)       |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                | 1         |                        |
| GLIMEPIRIDE ORAL TABLET 3 MG                                                   | CED       | PA; QL (1 per 1 day)   |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                       | 1         |                        |
| GLIPIZIDE ORAL TABLET 2.5 MG                                                   | CED       | PA                     |
| <i>glipizide oral tablet extended release 24hr</i>                             | 1         |                        |
| <i>glipizide-metformin</i>                                                     | 1         |                        |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG                           | 4         |                        |
| <i>glyburide</i>                                                               | 1         |                        |
| <i>glyburide micronized</i>                                                    | 1         |                        |
| <i>glyburide-metformin</i>                                                     | 1         |                        |
| GLYXAMBI                                                                       | 3         |                        |
| INPEFA                                                                         | 4         | PA; QL (1 per 1 day)   |
| INVOKAMET                                                                      | 4         | ST; QL (2 per 1 day)   |
| INVOKAMET XR                                                                   | 4         | ST; QL (2 per 1 day)   |
| INVOKANA                                                                       | 4         | ST; QL (1 per 1 day)   |
| JANUMET                                                                        | 3         |                        |
| JANUMET XR                                                                     | 3         |                        |
| JANUVIA                                                                        | 3         |                        |
| JARDIANCE                                                                      | 3         |                        |
| JENTADUETO                                                                     | 3         |                        |
| JENTADUETO XR                                                                  | 3         |                        |
| KAZANO                                                                         | 4         | ST                     |
| <i>liraglutide</i>                                                             | 2         | PA; QL (9 per 28 days) |
| <i>metformin oral solution</i>                                                 | CED       | PA                     |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                          | 1         |                        |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| METFORMIN ORAL TABLET 625 MG                                                                                  | CED       | PA                       |
| <i>metformin oral tablet 750 mg</i>                                                                           | CED       | PA; QL (2 per 1 day)     |
| <i>metformin oral tablet extended release 24 hr</i>                                                           | 1         |                          |
| <i>metformin oral tablet extended release 24hr</i>                                                            | CED       | PA                       |
| <i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>                                                 | CED       | PA; QL (2 per 1 day)     |
| <i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>                                                   | CED       | PA                       |
| <i>miglitol</i>                                                                                               | 2         |                          |
| MOUNJARO                                                                                                      | 3         | PA; QL (2 per 28 days)   |
| <i>nateglinide</i>                                                                                            | 2         |                          |
| NESINA ORAL TABLET 12.5 MG, 25 MG                                                                             | 4         | ST                       |
| OSENI ORAL TABLET 12.5-30 MG, 25-45 MG                                                                        | 4         | ST                       |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 3         | PA; QL (3 per 28 days)   |
| <i>pioglitazone</i>                                                                                           | 1         |                          |
| <i>pioglitazone-glimepiride</i>                                                                               | CED       | PA                       |
| <i>pioglitazone-metformin</i>                                                                                 | 1         |                          |
| PRECOSE                                                                                                       | 4         |                          |
| <i>repaglinide</i>                                                                                            | 2         |                          |
| RIOMET                                                                                                        | CED       | PA                       |
| RYBELSUS ORAL TABLET 14 MG, 7 MG                                                                              | 3         | PA; QL (1 per 1 day)     |
| RYBELSUS ORAL TABLET 3 MG                                                                                     | 3         | PA; QL (30 per 365 days) |
| <i>saxagliptin</i>                                                                                            | 2         | ST                       |
| <i>saxagliptin-metformin</i>                                                                                  | 2         | ST                       |
| SEGLUROMET                                                                                                    | 4         | ST                       |
| SITAGLIPTIN                                                                                                   | CED       | PA                       |
| SITAGLIPTIN-METFORMIN ORAL TABLET                                                                             | CED       | PA; QL (2 per 1 day)     |
| SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR                                                        | CED       | PA                       |
| STEGLATRO                                                                                                     | 4         | ST                       |
| STEGLUJAN                                                                                                     | 4         | ST                       |
| SYMLINPEN 120                                                                                                 | 4         |                          |
| SYMLINPEN 60                                                                                                  | 4         |                          |
| SYNJARDY                                                                                                      | 3         |                          |

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

| Drug Name                                                                                                                | Drug Tier | Requirements / Limits  |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| SYNJARDY XR                                                                                                              | 3         |                        |
| TRADJENTA                                                                                                                | 3         |                        |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG                                             | 3         | QL (1 per 1 day)       |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG                                        | 3         | QL (2 per 1 day)       |
| TRULICITY                                                                                                                | 3         | PA; QL (2 per 28 days) |
| VICTOZA 2-PAK                                                                                                            | 4         | PA; QL (9 per 28 days) |
| VICTOZA 3-PAK                                                                                                            | 4         | PA; QL (9 per 28 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG                                           | 3         | QL (1 per 1 day)       |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG                                                   | 3         | QL (2 per 1 day)       |
| ZITUVIMET                                                                                                                | CED       | PA; QL (2 per 1 day)   |
| ZITUVIMET XR                                                                                                             | CED       | PA                     |
| ZITUVIO                                                                                                                  | CED       | PA                     |
| <b>THYROID HORMONES</b>                                                                                                  |           |                        |
| ARMOUR THYROID                                                                                                           | 4         |                        |
| CYTOMEL                                                                                                                  | 4         |                        |
| ERMEZA                                                                                                                   | CED       | PA                     |
| <i>euthyrox</i>                                                                                                          | 1         |                        |
| <i>levo-t</i>                                                                                                            | 1         |                        |
| LEVOTHYROXINE ORAL CAPSULE                                                                                               | 4         |                        |
| <i>levothyroxine oral tablet</i>                                                                                         | 1         |                        |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1         |                        |
| <i>liothyronine oral</i>                                                                                                 | 1         |                        |
| <i>np thyroid</i>                                                                                                        | 1         |                        |
| SYNTHROID                                                                                                                | 4         |                        |
| THYQUIDITY                                                                                                               | CED       | PA                     |
| TIROSINT                                                                                                                 | 4         |                        |
| TIROSINT-SOL                                                                                                             | CED       | PA                     |
| <i>unithroid</i>                                                                                                         | 1         |                        |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| <b>GASTROENTEROLOGY</b>                                       |           |                       |
| <b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>                    |           |                       |
| <i>anaspaz</i>                                                | 1         |                       |
| <i>chlordiazepoxide-clidinium</i>                             | 2         |                       |
| CUVPOSA                                                       | 4         | PA                    |
| DARTISLA                                                      | CED       | PA                    |
| <i>dicyclomine oral capsule</i>                               | 1         |                       |
| <i>dicyclomine oral solution</i>                              | 2         | QL (40 per 1 day)     |
| <i>dicyclomine oral tablet</i>                                | 1         |                       |
| <i>diphenoxylate-atropine oral liquid</i>                     | CED       | PA; QL (40 per 1 day) |
| <i>diphenoxylate-atropine oral tablet</i>                     | 1         |                       |
| <i>ed-spaz</i>                                                | 1         |                       |
| GLYCATE                                                       | CED       | PA                    |
| <i>glycopyrrolate oral solution</i>                           | 2         | PA                    |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                  | 1         |                       |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                      | CED       | PA                    |
| <i>hyoscyamine sulfate oral elixir</i>                        | 1         |                       |
| <i>hyoscyamine sulfate oral tablet</i>                        | 1         |                       |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | 1         |                       |
| <i>hyoscyamine sulfate oral tablet, disintegrating</i>        | 1         |                       |
| <i>hyoscyamine sulfate sublingual</i>                         | 1         |                       |
| <i>hyosyne oral drops</i>                                     | CED       | PA                    |
| <i>hyosyne oral elixir</i>                                    | 1         |                       |
| LEVBID                                                        | 4         |                       |
| LEVSIN ORAL                                                   | 4         |                       |
| LEVSIN/SL                                                     | 4         |                       |
| LIBRAX (WITH CLIDINIUM)                                       | 4         |                       |
| LOMOTIL                                                       | 4         |                       |
| <i>methscopolamine</i>                                        | 1         |                       |
| MOTOFEN                                                       | CED       | PA                    |
| MYTESI                                                        | 4         | PA                    |
| NULEV                                                         | 4         |                       |
| <i>oscimin</i>                                                | 1         |                       |

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

| Drug Name                                             | Drug Tier | Requirements / Limits         |
|-------------------------------------------------------|-----------|-------------------------------|
| <i>oscimin sl</i>                                     | 1         |                               |
| ROBINUL FORTE                                         | 4         |                               |
| ROBINUL ORAL                                          | 4         |                               |
| <i>symax fastabs</i>                                  | 1         |                               |
| <i>symax-sl</i>                                       | 1         |                               |
| <i>symax-sr</i>                                       | 1         |                               |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>          |           |                               |
| AKYNZEO (NETUPITANT)                                  | 4         | QL (1 per 28 days)            |
| <i>alosetron</i>                                      | 2         | PA; QL (2 per 1 day)          |
| <i>alvimopan</i>                                      | 2         |                               |
| AMITIZA                                               | 4         | QL (2 per 1 day)              |
| ANALPRAM-HC RECTAL                                    | 4         |                               |
| ANTIVERT ORAL TABLET 50 MG                            | CED       | PA                            |
| <i>anucort-hc</i>                                     | 1         |                               |
| ANUSOL-HC RECTAL SUPPOSITORY                          | 4         |                               |
| ANUSOL-HC TOPICAL                                     | 4         |                               |
| <i>aprepitant oral capsule 125 mg</i>                 | 2         | QL (5 per 28 days)            |
| <i>aprepitant oral capsule 40 mg</i>                  | 2         | 1 capsule per fill            |
| <i>aprepitant oral capsule 80 mg</i>                  | 2         | QL (10 per 28 days)           |
| <i>aprepitant oral capsule,dose pack</i>              | 2         | QL (15 per 28 days)           |
| APRISO                                                | 4         |                               |
| AZULFIDINE                                            | 4         |                               |
| AZULFIDINE EN-TABS                                    | 4         |                               |
| <i>balsalazide</i>                                    | 1         |                               |
| <i>betaine</i>                                        | 5         | SP                            |
| <i>bisacodyl oral</i>                                 | 9         | ACA; OTC                      |
| BONJESTA                                              | CED       | PA                            |
| <i>budesonide oral capsule,delayed,extend.release</i> | 1         |                               |
| <i>budesonide oral tablet,delayed and ext.release</i> | 2         | PA                            |
| <i>budesonide rectal</i>                              | 2         |                               |
| BYLVAY ORAL CAPSULE 1,200 MCG                         | 5         | PA; SP; LA; QL (5 per 1 day)  |
| BYLVAY ORAL CAPSULE 400 MCG                           | 5         | PA; SP; LA; QL (10 per 1 day) |
| BYLVAY ORAL PELLETT 200 MCG                           | 5         | PA; SP; LA; QL (8 per 1 day)  |
| BYLVAY ORAL PELLETT 600 MCG                           | 5         | PA; SP; LA; QL (4 per 1 day)  |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits         |
|-------------------------------------------------------------|-----------|-------------------------------|
| CANASA                                                      | 4         | QL (1 per 1 day)              |
| CHENODAL                                                    | 5         | PA; SP; LA; QL (7 per 1 day)  |
| CHOLBAM ORAL CAPSULE 250 MG                                 | 5         | PA; SP; QL (7 per 1 day)      |
| CHOLBAM ORAL CAPSULE 50 MG                                  | 5         | PA; SP; QL (4 per 1 day)      |
| CIMZIA POWDER FOR RECONST                                   | 5         | PA; SP; QL (2 per 28 days)    |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 5         | PA; SP; QL (2 per 28 days)    |
| <i>citrate of magnesia</i>                                  | 9         | ACA; OTC                      |
| <i>citroma</i>                                              | 9         | ACA; OTC                      |
| <i>clearlax oral powder</i>                                 | 9         | ACA; OTC                      |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML        | 4         |                               |
| COLAZAL                                                     | 4         |                               |
| COMPAZINE                                                   | 4         |                               |
| <i>compro</i>                                               | 1         |                               |
| <i>constulose</i>                                           | 1         |                               |
| CORTENEMA                                                   | 4         |                               |
| CORTIFOAM                                                   | 4         |                               |
| CREON                                                       | 3         |                               |
| <i>cromolyn oral</i>                                        | 1         |                               |
| CYSTADANE                                                   | 5         | SP                            |
| DICLEGIS                                                    | 4         | ST; QL (4 per 1 day)          |
| DIPENTUM                                                    | 4         | ST                            |
| <i>doxylamine-pyridoxine (vit b6)</i>                       | 2         | ST; QL (4 per 1 day)          |
| <i>dronabinol</i>                                           | 1         |                               |
| <i>dulcolax (magnesium hydroxide) oral suspension</i>       | 9         | ACA; OTC                      |
| EMEND ORAL CAPSULE 80 MG                                    | 4         | QL (10 per 28 days)           |
| EMEND ORAL CAPSULE,DOSE PACK                                | 4         | QL (15 per 28 days)           |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION                    | 4         | QL (5 per 28 days)            |
| ENTYVIO PEN                                                 | 5         | PA; SP; QL (1.36 per 28 days) |
| <i>enulose</i>                                              | 1         |                               |
| EOHILIA                                                     | 5         | PA; SP; QL (600 per 30 days)  |
| GASTROCROM                                                  | 4         |                               |
| GATTEX 30-VIAL                                              | 5         | PA; SP                        |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits        |
|--------------------------------------------------------------------|-----------|------------------------------|
| <i>gavilax oral powder</i>                                         | 9         | ACA; OTC                     |
| <i>gavilyte-c</i>                                                  | 1         | ACA                          |
| <i>gavilyte-g</i>                                                  | 1         | ACA                          |
| <i>gavilyte-n</i>                                                  | 1         | ACA                          |
| <i>generlac</i>                                                    | 1         |                              |
| <i>gentle laxative (bisacodyl) oral</i>                            | 9         | ACA; OTC                     |
| <i>gentle laxative (mag hydrox)</i>                                | 9         | ACA; OTC                     |
| <i>gentlelax</i>                                                   | 9         | ACA; OTC                     |
| GIMOTI                                                             | CED       | PA                           |
| GOLYTELY                                                           | 4         |                              |
| <i>granisetron hcl oral</i>                                        | 1         | QL (10 per 30 days)          |
| <i>hemmorex-hc rectal suppository 25 mg</i>                        | 1         |                              |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>             | 1         |                              |
| <i>hydrocortisone rectal</i>                                       | 1         |                              |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 1         |                              |
| <i>hydrocortisone-pramoxine rectal cream</i>                       | 2         |                              |
| IBSRELA                                                            | 4         | PA; QL (2 per 1 day)         |
| IQIRVO                                                             | 5         | PA; SP; QL (1 per 1 day)     |
| KRISTALOSE                                                         | CED       | PA                           |
| <i>lactulose oral packet</i>                                       | CED       | PA                           |
| <i>lactulose oral solution</i>                                     | 1         |                              |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>   | 9         | ACA; OTC                     |
| <i>laxative peg 3350</i>                                           | 9         | ACA; OTC                     |
| LIALDA                                                             | 4         |                              |
| <i>lidocaine hcl-hydrocortison ac rectal cream</i>                 | 1         |                              |
| LINZESS                                                            | 3         | QL (1 per 1 day)             |
| LIVDELZI                                                           | 5         | PA; SP; QL (1 per 1 day)     |
| LIVMARLI ORAL SOLUTION 19 MG/ML                                    | 5         | PA; SP; LA; QL (2 per 1 day) |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML                                   | 5         | PA; SP; LA; QL (3 per 1 day) |
| LOTRONEX                                                           | 4         | PA; QL (2 per 1 day)         |
| <i>lubiprostone</i>                                                | 2         | QL (2 per 1 day)             |
| <i>magnesium citrate oral solution</i>                             | 9         | ACA; OTC                     |
| MARINOL                                                            | 4         |                              |

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

| Drug Name                                                           | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------|-----------|------------------------------|
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                         | 1         |                              |
| <i>meclizine oral tablet 50 mg</i>                                  | CED       | PA                           |
| <i>mesalamine oral capsule (with del rel tablets)</i>               | 2         |                              |
| <i>mesalamine oral capsule, extended release</i>                    | 2         |                              |
| <i>mesalamine oral capsule,extended release 24hr</i>                | 2         |                              |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>      | 2         |                              |
| <i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>        | 2         | ST                           |
| <i>mesalamine rectal enema</i>                                      | 1         |                              |
| <i>mesalamine rectal suppository</i>                                | 1         | QL (1 per 1 day)             |
| <i>mesalamine with cleansing wipe</i>                               | CED       | PA                           |
| <i>metoclopramide hcl oral solution</i>                             | 1         |                              |
| <i>metoclopramide hcl oral tablet</i>                               | 1         |                              |
| <i>milk of magnesia</i>                                             | 9         | ACA; OTC                     |
| <i>milk of magnesia concentrated</i>                                | 9         | ACA; OTC                     |
| MOTEGRITY                                                           | 4         | ST; QL (1 per 1 day)         |
| MOVANTIK                                                            | 3         | QL (1 per 1 day)             |
| MOVIPREP                                                            | CED       | PA                           |
| <i>natura-lax</i>                                                   | 9         | ACA; OTC                     |
| <i>nitroglycerin rectal</i>                                         | 2         |                              |
| OCALIVA                                                             | 5         | PA; SP; LA; QL (1 per 1 day) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML                       | 5         | PA; SP; QL (2 per 28 days)   |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML) | 5         | PA; SP; QL (3 per 28 days)   |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML                                | 5         | PA; SP; QL (2 per 28 days)   |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)          | 5         | PA; SP; QL (3 per 28 days)   |
| <i>ondansetron hcl oral solution</i>                                | 1         |                              |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                       | 1         |                              |
| ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG                        | CED       | PA                           |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>            | 1         |                              |
| <i>onelax magnesium citrate</i>                                     | 9         | ACA; OTC                     |

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

| Drug Name                                                                                                                                                                                                            | Drug Tier | Requirements / Limits  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------|
| <i>oral saline laxative</i>                                                                                                                                                                                          | 9         | ACA; OTC               |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | 4         | ST                     |
| <i>peg 3350-electrolytes</i>                                                                                                                                                                                         | 1         | ACA                    |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i>                                                                                                                                                                                | CED       | PA; ACA                |
| <i>peg-electrolyte soln</i>                                                                                                                                                                                          | 1         | ACA                    |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                                                                                                                                        | 3         |                        |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG                                                                                                                                                                        | 4         |                        |
| PERTZYE                                                                                                                                                                                                              | 4         | ST                     |
| <i>phosphate laxative</i>                                                                                                                                                                                            | 9         | ACA; OTC               |
| PLENVU                                                                                                                                                                                                               | 4         |                        |
| <i>polyethylene glycol 3350 oral powder</i>                                                                                                                                                                          | 9         | ACA; OTC               |
| <i>powderlax oral powder</i>                                                                                                                                                                                         | 9         | ACA; OTC               |
| <i>prochlorperazine</i>                                                                                                                                                                                              | 1         |                        |
| <i>prochlorperazine maleate</i>                                                                                                                                                                                      | 1         |                        |
| PROCTOFOAM HC                                                                                                                                                                                                        | 3         |                        |
| <i>procto-med hc</i>                                                                                                                                                                                                 | 1         |                        |
| <i>proctosol hc topical</i>                                                                                                                                                                                          | 1         |                        |
| <i>proctozone-hc</i>                                                                                                                                                                                                 | 1         |                        |
| <i>prucalopride</i>                                                                                                                                                                                                  | 2         | ST; QL (1 per 1 day)   |
| <i>purelax oral powder</i>                                                                                                                                                                                           | 9         | ACA; OTC               |
| RECTIV                                                                                                                                                                                                               | 4         |                        |
| REGLAN ORAL                                                                                                                                                                                                          | 4         |                        |
| RELISTOR ORAL                                                                                                                                                                                                        | 4         | PA; QL (3 per 1 day)   |
| RELISTOR SUBCUTANEOUS SOLUTION                                                                                                                                                                                       | 4         | PA; QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                                                                                                                                                                           | 4         | PA; QL (0.6 per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                                                                                                                                                                            | 4         | PA; QL (0.4 per 1 day) |
| RELTONE                                                                                                                                                                                                              | CED       | PA                     |
| ROWASA RECTAL ENEMA KIT                                                                                                                                                                                              | CED       | PA                     |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits        |
|------------------------------------------------------------------|-----------|------------------------------|
| SANCUSO                                                          | 4         | QL (4 per 28 days)           |
| <i>scopolamine base</i>                                          | 1         | QL (10 per 30 days)          |
| SFROWASA                                                         | 4         |                              |
| SKYRIZI INTRAVENOUS                                              | 5         | PA; SP; QL (3 per 365 days)  |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 5         | PA; SP; QL (1.2 per 42 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 5         | PA; SP; QL (2.4 per 42 days) |
| <i>smoothlax oral powder</i>                                     | 9         | ACA; OTC                     |
| <i>sodium,potassium,mag sulfates</i>                             | 2         | ACA                          |
| SUCRAID                                                          | 5         | PA; SP; QL (8 per 1 day)     |
| SUFLAVE                                                          | 4         |                              |
| <i>sulfasalazine</i>                                             | 1         |                              |
| SUPREP BOWEL PREP KIT                                            | 4         |                              |
| SUTAB                                                            | CED       | PA                           |
| SYMPROIC                                                         | 3         | QL (1 per 1 day)             |
| SYNDROS                                                          | 4         | PA                           |
| TRANSDERM-SCOP                                                   | 4         | QL (10 per 30 days)          |
| <i>trimethobenzamide oral</i>                                    | 1         |                              |
| TRULANCE                                                         | 4         | PA; QL (1 per 1 day)         |
| UCERIS ORAL                                                      | 4         | PA                           |
| UCERIS RECTAL                                                    | 4         |                              |
| URSO FORTE                                                       | 4         |                              |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>                      | CED       | PA                           |
| <i>ursodiol oral capsule 300 mg</i>                              | 2         |                              |
| <i>ursodiol oral tablet</i>                                      | 2         |                              |
| VARUBI                                                           | 4         | QL (4 per 28 days)           |
| VELSIPITY                                                        | 5         | PA; SP; QL (1 per 1 day)     |
| VIBERZI                                                          | 4         | PA; QL (2 per 1 day)         |
| VIOKACE                                                          | 4         | ST                           |
| VOWST                                                            | 5         | PA; SP; QL (12 per 365 days) |
| <i>women's gentle laxative(bisac)</i>                            | 9         | ACA; OTC                     |

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

| Drug Name                                                                                                                                                                                                                                                                  | Drug Tier | Requirements / Limits                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 3         |                                          |
| ZYMFENTRA                                                                                                                                                                                                                                                                  | 5         | PA; SP; QL (2 per 28 days)               |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                                                       |           |                                          |
| ACIPHEX                                                                                                                                                                                                                                                                    | 4         | QL (2 per 1 day)                         |
| <i>amoxicil-clarithromy-lansopraz</i>                                                                                                                                                                                                                                      | 2         | QL (224 per 365 days)                    |
| <i>bismuth subcit k-metronidz-tcn</i>                                                                                                                                                                                                                                      | CED       | PA; QL (240 per 365 days)                |
| CARAFATE                                                                                                                                                                                                                                                                   | 4         |                                          |
| <i>cimetidine hcl oral</i>                                                                                                                                                                                                                                                 | 1         |                                          |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                                                                                                                                                                                                                       | 1         |                                          |
| CYTOTEC                                                                                                                                                                                                                                                                    | 4         |                                          |
| DEXILANT                                                                                                                                                                                                                                                                   | 4         | ST; QL (1 per 1 day)                     |
| <i>dexlansoprazole</i>                                                                                                                                                                                                                                                     | 2         | ST; QL (1 per 1 day)                     |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>                                                                                                                                                                                                    | 1         | QL (2 per 1 day)                         |
| <i>esomeprazole magnesium oral granules dr for susp in packet</i>                                                                                                                                                                                                          | 2         | PA for age 9 and older; QL (2 per 1 day) |
| <i>famotidine oral suspension for reconstitution</i>                                                                                                                                                                                                                       | 2         |                                          |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                                                                                                                                                                                 | 1         |                                          |
| KONVOMEF                                                                                                                                                                                                                                                                   | CED       | PA                                       |
| <i>lansoprazole oral capsule,delayed release(dr/ec)</i>                                                                                                                                                                                                                    | 1         | QL (2 per 1 day)                         |
| <i>lansoprazole oral tablet,disintegrat, delay rel</i>                                                                                                                                                                                                                     | 2         | PA for age 8 and older; QL (1 per 1 day) |
| <i>misoprostol</i>                                                                                                                                                                                                                                                         | 1         |                                          |
| NEXIUM                                                                                                                                                                                                                                                                     | 4         | QL (2 per 1 day)                         |
| NEXIUM PACKET                                                                                                                                                                                                                                                              | 4         | PA for age 9 and older; QL (2 per 1 day) |
| <i>nizatidine oral capsule</i>                                                                                                                                                                                                                                             | 2         |                                          |
| OMECLAMOX-PAK                                                                                                                                                                                                                                                              | CED       | PA                                       |
| <i>omeprazole oral capsule,delayed release(dr/ec)</i>                                                                                                                                                                                                                      | 1         | QL (2 per 1 day)                         |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                                                                                                                                                                                                           | CED       | PA                                       |

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

| Drug Name                                                | Drug Tier | Requirements / Limits                    |
|----------------------------------------------------------|-----------|------------------------------------------|
| <i>omeprazole-sodium bicarbonate oral packet</i>         | CED       | PA                                       |
| <i>pantoprazole oral granules dr for susp in packet</i>  | CED       | PA; QL (1 per 1 day)                     |
| <i>pantoprazole oral tablet, delayed release (dr/ec)</i> | 1         | QL (2 per 1 day)                         |
| PEPCID ORAL TABLET 40 MG                                 | 4         |                                          |
| PREVACID                                                 | 4         | QL (2 per 1 day)                         |
| PREVACID SOLUTAB                                         | 4         | PA for age 8 and older; QL (1 per 1 day) |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON            | CED       | PA                                       |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET             | CED       | PA; QL (1 per 1 day)                     |
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC)            | 4         | QL (2 per 1 day)                         |
| PYLERA                                                   | CED       | PA; QL (240 per 365 days)                |
| RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE           | CED       | PA; QL (1 per 1 day)                     |
| <i>rabeprazole oral tablet, delayed release (dr/ec)</i>  | 2         | QL (2 per 1 day)                         |
| <i>sucralfate oral suspension</i>                        | 2         |                                          |
| <i>sucralfate oral tablet</i>                            | 1         |                                          |
| TALICIA                                                  | 4         | QL (336 per 365 days)                    |
| VOQUEZNA                                                 | 4         | ST; QL (1 per 1 day)                     |
| VOQUEZNA DUAL PAK                                        | 4         | QL (2 per 365 days)                      |
| VOQUEZNA TRIPLE PAK                                      | 4         | QL (2 per 365 days)                      |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                                                                                                                         |   |                            |
|-------------------------------------------------------------------------------------------------------------------------|---|----------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML                     | 5 | PA; SP                     |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE                                                                              | 5 | PA; SP                     |
| ARCALYST                                                                                                                | 5 | PA; SP; QL (4 per 28 days) |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 5 | PA; SP                     |
| FULPHILA                                                                                                                | 5 | PA; SP                     |
| FYLNETRA                                                                                                                | 5 | PA; SP                     |

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

| Drug Name                                    | Drug Tier | Requirements / Limits      |
|----------------------------------------------|-----------|----------------------------|
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML      | 5         | PA; SP; QL (3 per 1 day)   |
| GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML  | 5         | PA; SP; QL (4.8 per 1 day) |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML   | 5         | PA; SP; QL (1.5 per 1 day) |
| GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML   | 5         | PA; SP; QL (2.4 per 1 day) |
| LEUKINE INJECTION RECON SOLN                 | 5         | PA; SP                     |
| MIRCERA                                      | 5         | PA; SP                     |
| NEULASTA                                     | 5         | PA; SP                     |
| NEULASTA ONPRO                               | 5         | PA; SP                     |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML       | 5         | PA; SP; QL (3 per 1 day)   |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML   | 5         | PA; SP; QL (4.8 per 1 day) |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML    | 5         | PA; SP; QL (1.5 per 1 day) |
| NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML    | 5         | PA; SP; QL (2.4 per 1 day) |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML       | 5         | PA; SP; QL (3 per 1 day)   |
| NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML   | 5         | PA; SP; QL (4.8 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML | 5         | PA; SP; QL (1.5 per 1 day) |
| NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML | 5         | PA; SP; QL (2.4 per 1 day) |
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML      | 5         | PA; SP; QL (1.5 per 1 day) |
| NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML      | 5         | PA; SP; QL (2.4 per 1 day) |
| NYVEPRIA                                     | 5         | SP                         |
| PROCRIT                                      | 5         | PA; SP                     |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML  | 5         | PA; SP; QL (1.5 per 1 day) |
| RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML  | 5         | SP; QL (2.4 per 1 day)     |
| RETACRIT                                     | 5         | PA; SP                     |

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

| Drug Name                                          | Drug Tier | Requirements / Limits                               |
|----------------------------------------------------|-----------|-----------------------------------------------------|
| ROLVEDON                                           | 5         | PA; SP                                              |
| RYZNEUTA                                           | CED       | SP                                                  |
| STIMUFEND                                          | 5         | PA; SP                                              |
| UDENYCA                                            | 5         | PA; SP                                              |
| UDENYCA AUTOINJECTOR                               | 5         | PA; SP                                              |
| UDENYCA ONBODY                                     | 5         | PA; SP                                              |
| XOLREMDI                                           | 5         | PA; SP; QL (4 per 1 day)                            |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML            | 5         | PA; SP; QL (1.5 per 1 day)                          |
| ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML            | 5         | PA; SP; QL (2.4 per 1 day)                          |
| ZIEXTENZO                                          | 5         | PA; SP                                              |
| <b>GROWTH HORMONES</b>                             |           |                                                     |
| EGRIFTA SV                                         | 5         | PA; SP                                              |
| GENOTROPIN                                         | 5         | PA; SP                                              |
| GENOTROPIN MINQUICK                                | 5         | PA; SP                                              |
| HUMATROPE INJECTION CARTRIDGE                      | 5         | PA; SP                                              |
| NGENLA                                             | 5         | PA; SP                                              |
| NORDITROPIN FLEXPOR                                | 5         | PA; SP                                              |
| NUTROPIN AQ NUSPIN                                 | 5         | PA; SP                                              |
| OMNITROPE                                          | 5         | PA; SP                                              |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG  | 5         | PA; SP                                              |
| SKYTROFA                                           | 5         | PA; SP                                              |
| SOGROYA                                            | 5         | PA; SP; QL (3 per 28 days)                          |
| ZOMACTON                                           | 5         | PA; SP                                              |
| <b>INTERFERONS</b>                                 |           |                                                     |
| ACTIMMUNE                                          | 5         | PA; SP                                              |
| ALFERON N                                          | 5         | SP                                                  |
| BESREMI                                            | 5         | PA; SP; QL (2 per 28 days)                          |
| PEGASYS                                            | 5         | SP                                                  |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b> |           |                                                     |
| ABRYSVO (PF)                                       | 9         | PA for age 59 and younger; ACA; QL (1 per 720 days) |
| ACTHIB (PF)                                        | 9         | ACA                                                 |

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

| Drug Name                           | Drug Tier | Requirements / Limits                               |
|-------------------------------------|-----------|-----------------------------------------------------|
| ADACEL(TDAP ADOLESN/ADULT)(PF)      | 9         | ACA                                                 |
| AFLURIA TRIV 2024-2025              | 9         | ACA                                                 |
| AFLURIA TRIV 2024-2025 (PF)         | 9         | ACA                                                 |
| AREXVY (PF)                         | 9         | PA for age 59 and younger; ACA; QL (1 per 720 days) |
| BEXSERO                             | 9         | ACA                                                 |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 9         | ACA                                                 |
| BOTOX                               | 5         | PA; SP                                              |
| CAPVAXIVE                           | 9         | ACA                                                 |
| COMIRNATY 2024-25 (12Y UP)(PF)      | 9         | ACA                                                 |
| DAPTACEL (DTAP PEDIATRIC) (PF)      | 9         | ACA                                                 |
| DAXXIFY                             | 5         | PA; SP                                              |
| DENGVAXIA (PF)                      | 9         | ACA                                                 |
| DYSPORT                             | 5         | PA; SP                                              |
| ENGRIX-B (PF)                       | 9         | ACA                                                 |
| ENGRIX-B PEDIATRIC (PF)             | 9         | ACA                                                 |
| FLUAD TRIV 2024-25(65Y UP)(PF)      | 9         | ACA                                                 |
| FLUARIX TRIV 2024-2025 (PF)         | 9         | ACA                                                 |
| FLUBLOK TRIV 2024-2025 (PF)         | 9         | ACA                                                 |
| FLUCELVAX TRIV 2024-2025            | 9         | ACA                                                 |
| FLUCELVAX TRIV 2024-2025 (PF)       | 9         | ACA                                                 |
| FLULAVAL TRIV 2024-2025 (PF)        | 9         | ACA                                                 |
| FLUMIST TRIVALENT 2024-2025         | 9         | ACA                                                 |
| FLUZONE HIGH-DOSE TRIV 24-25        | 9         | ACA                                                 |
| FLUZONE TRIV 2024-2025              | 9         | ACA                                                 |
| FLUZONE TRIV 2024-2025 (PF)         | 9         | ACA                                                 |
| GARDASIL 9 (PF)                     | 9         | ACA                                                 |
| GRASTEK                             | 4         | PA; QL (1 per 1 day)                                |
| HAVRIX (PF)                         | 9         | ACA                                                 |
| HEPLISAV-B (PF)                     | 9         | ACA                                                 |
| HIBERIX (PF)                        | 9         | ACA                                                 |
| INFANRIX (DTAP) (PF)                | 9         | ACA                                                 |
| IPOL                                | 9         | ACA                                                 |
| JYNNEOS (PF)                        | 9         | ACA                                                 |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits                               |
|--------------------------------------------------------------|-----------|-----------------------------------------------------|
| KINRIX (PF)                                                  | 9         | ACA                                                 |
| MENQUADFI (PF)                                               | 9         | ACA                                                 |
| MENVEO A-C-Y-W-135-DIP (PF)                                  | 9         | ACA                                                 |
| M-M-R II (PF)                                                | 9         | ACA                                                 |
| MODERNA COVID 24-25(6M-11Y)PF                                | 9         | ACA                                                 |
| MRESVIA (PF)                                                 | 9         | PA for age 59 and younger; ACA; QL (1 per 720 days) |
| MYOBLOC                                                      | 5         | PA; SP                                              |
| NOVAVAX COVID 2024-25(PF)(EUA)                               | 9         | ACA                                                 |
| ODACTRA                                                      | 4         | PA; QL (1 per 1 day)                                |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY                | 4         | PA; QL (1 per 1 day)                                |
| PALFORZIA (LEVEL 0)                                          | 5         | PA; SP; QL (15 per 365 days)                        |
| PALFORZIA (LEVEL 1)                                          | 5         | PA; SP; QL (45 per 365 days)                        |
| PALFORZIA (LEVEL 2)                                          | 5         | PA; SP; QL (90 per 365 days)                        |
| PALFORZIA (LEVEL 3)                                          | 5         | PA; SP; QL (45 per 365 days)                        |
| PALFORZIA (LEVEL 4)                                          | 5         | PA; SP; QL (15 per 365 days)                        |
| PALFORZIA (LEVEL 5)                                          | 5         | PA; SP; QL (30 per 365 days)                        |
| PALFORZIA (LEVEL 6)                                          | 5         | PA; SP; QL (60 per 365 days)                        |
| PALFORZIA (LEVEL 7)                                          | 5         | PA; SP; QL (30 per 365 days)                        |
| PALFORZIA (LEVEL 8)                                          | 5         | PA; SP; QL (60 per 365 days)                        |
| PALFORZIA (LEVEL 9)                                          | 5         | PA; SP; QL (30 per 365 days)                        |
| PALFORZIA (LEVEL 10)                                         | 5         | PA; SP; QL (60 per 365 days)                        |
| PALFORZIA INITIAL (1-3 YRS)                                  | 5         | PA; SP; QL (7 per 365 days)                         |
| PALFORZIA INITIAL (4-17 YRS)                                 | 5         | PA; SP; QL (13 per 365 days)                        |
| PALFORZIA LEVEL 11 MAINTENANCE                               | 5         | PA; SP; QL (30 per 30 days)                         |
| PEDIARIX (PF)                                                | 9         | ACA                                                 |
| PEDVAX HIB (PF)                                              | 9         | ACA                                                 |
| PENBRAYA (PF)                                                | 9         | ACA                                                 |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 9         | ACA                                                 |
| PFIZER COVID 2024-25(5Y-11Y)PF                               | 9         | ACA                                                 |
| PFIZER COVID 2024-25(6MO-4Y)PF                               | 9         | ACA                                                 |
| PNEUMOVAX-23 INJECTION SYRINGE                               | 9         | ACA                                                 |
| PREVNAR 20 (PF)                                              | 9         | ACA                                                 |

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

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| PRIORIX (PF)                   | 9         | ACA                   |
| PROQUAD (PF)                   | 9         | ACA                   |
| QUADRACEL (PF)                 | 9         | ACA                   |
| RAGWITEK                       | 4         | PA; QL (1 per 1 day)  |
| RECOMBIVAX HB (PF)             | 9         | ACA                   |
| ROTARIX ORAL SUSPENSION        | 9         | ACA                   |
| ROTATEQ VACCINE                | 9         | ACA                   |
| SHINGRIX (PF)                  | 9         | ACA                   |
| SPIKEVAX 2024-2025(12Y UP)(PF) | 9         | ACA                   |
| TENIVAC (PF)                   | 9         | ACA                   |
| TRUMENBA                       | 9         | ACA                   |
| TWINRIX (PF)                   | 9         | ACA                   |
| VAQTA (PF)                     | 9         | ACA                   |
| VARIVAX (PF)                   | 9         | ACA                   |
| VAXELIS (PF)                   | 9         | ACA                   |
| VAXNEUVANCE (PF)               | 9         | ACA                   |
| XEOMIN                         | 5         | PA; SP                |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                               |     |    |
|-----------------------------------------------|-----|----|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1   |    |
| <i>allopurinol oral tablet 200 mg</i>         | CED | PA |
| <i>colchicine oral capsule</i>                | CED | PA |
| <i>colchicine oral tablet</i>                 | 1   |    |
| COLCRYS                                       | 4   |    |
| <i>febuxostat</i>                             | 1   | ST |
| GLOPERBA                                      | CED | PA |
| MITIGARE                                      | CED | PA |
| <i>probenecid</i>                             | 1   |    |
| <i>probenecid-colchicine</i>                  | 1   |    |
| ULORIC                                        | 4   | ST |
| ZYLOPRIM ORAL TABLET 100 MG                   | 4   |    |

### OSTEOPOROSIS THERAPY

|                                   |     |    |
|-----------------------------------|-----|----|
| ACTONEL ORAL TABLET 150 MG, 35 MG | 4   |    |
| <i>alendronate oral solution</i>  | CED | PA |

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

| Drug Name                                                                 | Drug Tier | Requirements / Limits         |
|---------------------------------------------------------------------------|-----------|-------------------------------|
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>                  | 1         |                               |
| ATELVIA                                                                   | 4         | PA                            |
| BINOSTO                                                                   | CED       | PA                            |
| EVISTA                                                                    | 4         |                               |
| FORTEO                                                                    | 5         | PA; SP; QL (1 per 28 days)    |
| FOSAMAX ORAL TABLET 70 MG                                                 | 4         |                               |
| FOSAMAX PLUS D                                                            | 3         |                               |
| <i>ibandronate oral</i>                                                   | 1         |                               |
| <i>raloxifene</i>                                                         | 1         | ACA                           |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>                        | 2         |                               |
| <i>risedronate oral tablet, delayed release (dr/ec)</i>                   | CED       | PA                            |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | 5         | PA; SP; QL (1 per 28 days)    |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)        | 5         | PA; SP; QL (1 per 28 days)    |
| TYMLOS                                                                    | 5         | PA; SP; QL (1.56 per 28 days) |
| <b>OTHER RHEUMATOLOGICALS</b>                                             |           |                               |
| ABRILADA(CF)                                                              | CED       | PA; SP; QL (2 per 28 days)    |
| ABRILADA(CF) PEN                                                          | CED       | PA; SP; QL (2 per 28 days)    |
| ACTEMRA ACTPEN                                                            | 5         | PA; SP; QL (3.6 per 28 days)  |
| ACTEMRA SUBCUTANEOUS                                                      | 5         | PA; SP; QL (3.6 per 28 days)  |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT                             | CED       | PA; SP; QL (2 per 28 days)    |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT                                  | CED       | PA; SP; QL (2 per 28 days)    |
| ADALIMUMAB-AACF(CF) PEN CROHNS                                            | CED       | PA; SP; QL (3 per 365 days)   |
| ADALIMUMAB-AACF(CF) PEN PS-UV                                             | CED       | PA; SP; QL (2 per 365 days)   |
| ADALIMUMAB-AATY                                                           | CED       | PA; SP; QL (2 per 28 days)    |
| ADALIMUMAB-AATY(CF) AI CROHNS                                             | CED       | PA; SP; QL (3 per 365 days)   |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML                    | CED       | PA; SP; QL (0.8 per 28 days)  |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML                    | CED       | PA; SP; QL (1.6 per 28 days)  |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML           | CED       | PA; SP; QL (2 per 28 days)    |

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

| Drug Name                                                                       | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------|-----------|------------------------------|
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML                               | CED       | PA; SP; QL (0.8 per 28 days) |
| ADALIMUMAB-ADBIM                                                                | 5         | PA; SP; QL (2 per 28 days)   |
| ADALIMUMAB-ADBIM(CF) PEN CROHNS                                                 | 5         | PA; SP; QL (6 per 365 days)  |
| ADALIMUMAB-ADBIM(CF) PEN PS-UV                                                  | 5         | PA; SP; QL (4 per 365 days)  |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT                                   | CED       | PA; SP; QL (2 per 28 days)   |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT                                        | CED       | PA; SP; QL (2 per 28 days)   |
| ADALIMUMAB-RYVK                                                                 | CED       | PA; SP; QL (2 per 28 days)   |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML               | CED       | PA; SP; QL (0.8 per 28 days) |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML | CED       | PA; SP; QL (1.6 per 28 days) |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML                    | CED       | PA; SP; QL (0.4 per 28 days) |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML                    | CED       | PA; SP; QL (0.8 per 28 days) |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML                                  | CED       | PA; SP; QL (1.6 per 28 days) |
| ARAVA                                                                           | 4         |                              |
| AURANOFIN                                                                       | 4         | SP; QL (3 per 1 day)         |
| BENLYSTA SUBCUTANEOUS                                                           | 5         | PA; SP; QL (4 per 28 days)   |
| CUPRIMINE                                                                       | 5         | PA; SP; QL (16 per 1 day)    |
| CYLTEZO(CF)                                                                     | CED       | PA; SP; QL (2 per 28 days)   |
| CYLTEZO(CF) PEN                                                                 | CED       | PA; SP; QL (2 per 28 days)   |
| CYLTEZO(CF) PEN CROHN'S-UC-HS                                                   | CED       | PA; SP; QL (6 per 365 days)  |
| CYLTEZO(CF) PEN PSORIASIS-UV                                                    | CED       | PA; SP; QL (4 per 365 days)  |
| DEPEN TITRATABS                                                                 | 5         | PA; SP; QL (16 per 1 day)    |
| ENBREL MINI                                                                     | 5         | PA; SP; QL (4 per 28 days)   |
| ENBREL SUBCUTANEOUS SOLUTION                                                    | 5         | PA; SP; QL (4 per 28 days)   |
| ENBREL SUBCUTANEOUS SYRINGE                                                     | 5         | PA; SP; QL (4 per 28 days)   |
| ENBREL SURECLICK                                                                | 5         | PA; SP; QL (4 per 28 days)   |
| HADLIMA                                                                         | CED       | PA; SP; QL (1.6 per 28 days) |
| HADLIMA PUSHTOUCH                                                               | CED       | PA; SP; QL (1.6 per 28 days) |

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

| Drug Name                                                                                 | Drug Tier | Requirements / Limits          |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------|
| HADLIMA(CF)                                                                               | CED       | PA; SP; QL (0.8 per 28 days)   |
| HADLIMA(CF) PUSHTOUCH                                                                     | CED       | PA; SP; QL (0.8 per 28 days)   |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT                                               | CED       | PA; SP; QL (2 per 28 days)     |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT                                                        | CED       | PA; SP; QL (2 per 28 days)     |
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML              | CED       | PA; SP; QL (2 per 28 days)     |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074)                                                | CED       | PA; SP; QL (2 per 28 days)     |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)                                                | CED       | PA; SP; QL (2 per 28 days)     |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | CED       | PA; SP; QL (2 per 28 days)     |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)                               | CED       | PA; SP; QL (3 per 365 days)    |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)                            | CED       | PA; SP; QL (3 per 365 days)    |
| HYRIMOZ                                                                                   | CED       | PA; SP; QL (1.6 per 28 days)   |
| HYRIMOZ PEN                                                                               | CED       | PA; SP; QL (1.6 per 28 days)   |
| HYRIMOZ PEN CROHN'S-UC STARTER                                                            | CED       | PA; SP; QL (3 per 365 days)    |
| HYRIMOZ PEN PSORIASIS STARTER                                                             | CED       | PA; SP; QL (3 per 365 days)    |
| HYRIMOZ(CF)                                                                               | CED       | PA; SP; QL (2 per 28 days)     |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML                          | CED       | PA; SP; QL (3 per 365 days)    |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML             | CED       | PA; SP; QL (2 per 28 days)     |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML                                    | CED       | PA; SP; QL (2 per 28 days)     |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML                                    | CED       | PA; SP; QL (1.6 per 28 days)   |
| KEVZARA                                                                                   | 5         | PA; SP; QL (2.28 per 28 days)  |
| KINERET                                                                                   | 5         | PA; SP; QL (18.76 per 28 days) |
| <i>leflunomide</i>                                                                        | 1         |                                |
| OLUMIANT                                                                                  | 5         | PA; SP; QL (1 per 1 day)       |
| ORENCIA CLICKJECT                                                                         | 5         | PA; SP; QL (4 per 28 days)     |

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

| Drug Name                                                                                   | Drug Tier | Requirements / Limits        |
|---------------------------------------------------------------------------------------------|-----------|------------------------------|
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                                                      | 5         | PA; SP; QL (4 per 28 days)   |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML                                                   | 5         | PA; SP; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML                                                 | 5         | PA; SP; QL (2.8 per 28 days) |
| OTEZLA                                                                                      | 5         | PA; SP; QL (2 per 1 day)     |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 5         | PA; SP; QL (55 per 365 days) |
| OTREXUP (PF)                                                                                | 4         | ST                           |
| <i>penicillamine</i>                                                                        | 5         | PA; SP; QL (16 per 1 day)    |
| RASUVO (PF)                                                                                 | 4         | ST                           |
| RIDAURA                                                                                     | 4         | SP; QL (3 per 1 day)         |
| RINVOQ LQ                                                                                   | 5         | PA; SP; QL (12 per 1 day)    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG                                      | 5         | PA; SP; QL (1 per 1 day)     |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                                             | 5         | PA; SP; QL (56 per 365 days) |
| SAVELLA                                                                                     | 4         | ST                           |
| SIMLANDI(CF)                                                                                | 5         | PA; SP; QL (2 per 28 days)   |
| SIMLANDI(CF) AUTOINJECTOR                                                                   | 5         | PA; SP; QL (2 per 28 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                                                 | 5         | PA; SP; QL (1 per 28 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                                              | 5         | PA; SP; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                                                      | 5         | PA; SP; QL (1 per 28 days)   |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML                                                   | 5         | PA; SP; QL (0.5 per 28 days) |
| TYENNE AUTOINJECTOR                                                                         | 5         | PA; SP; QL (3.6 per 28 days) |
| TYENNE SUBCUTANEOUS                                                                         | 5         | PA; SP; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION                                                                       | 5         | PA; SP; QL (10 per 1 day)    |
| XELJANZ ORAL TABLET                                                                         | 5         | PA; SP; QL (2 per 1 day)     |
| XELJANZ XR                                                                                  | 5         | PA; SP; QL (1 per 1 day)     |
| YUFLYMA(CF)                                                                                 | CED       | PA; SP; QL (2 per 28 days)   |
| YUFLYMA(CF) AI CROHN'S-UC-HS                                                                | CED       | PA; SP; QL (3 per 365 days)  |

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

| Drug Name                | Drug Tier | Requirements / Limits        |
|--------------------------|-----------|------------------------------|
| YUFLYMA(CF) AUTOINJECTOR | CED       | PA; SP; QL (2 per 28 days)   |
| YUSIMRY(CF) PEN          | CED       | PA; SP; QL (1.6 per 28 days) |

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

|                             |   |          |
|-----------------------------|---|----------|
| CAYA CONTOURED              | 9 | ACA      |
| DUREX AVANTI BARE REAL FEEL | 9 | ACA; OTC |
| DUREX TROPICAL CONDOM       | 9 | ACA; OTC |
| FC2 FEMALE CONDOM           | 9 | ACA; OTC |
| FEMCAP VAGINAL DEVICE 22 MM | 9 | ACA      |
| TRUSTEX-RIA NON-LUB CONDOMS | 9 | ACA; OTC |
| WIDE-SEAL DIAPHRAGM         | 9 | ACA      |

### ESTROGENS & PROGESTINS

|                                                 |   |                  |
|-------------------------------------------------|---|------------------|
| ACTIVELLA                                       | 4 |                  |
| ANGELIQ                                         | 4 |                  |
| BIJUVA                                          | 4 | QL (1 per 1 day) |
| <i>camila</i>                                   | 1 | ACA              |
| CLIMARA                                         | 4 |                  |
| CLIMARA PRO                                     | 4 |                  |
| COMBIPATCH                                      | 4 |                  |
| <i>covaryx</i>                                  | 2 |                  |
| <i>covaryx h.s.</i>                             | 2 |                  |
| CRINONE                                         | 4 | PA               |
| <i>deblitane</i>                                | 1 | ACA              |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 4 | PA               |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE              | 4 | PA               |
| DIVIGEL                                         | 4 |                  |
| <i>dotti</i>                                    | 2 |                  |
| DUAVEE                                          | 4 | PA               |
| <i>eemt</i>                                     | 2 |                  |
| <i>eemt hs</i>                                  | 2 |                  |
| ELESTRIN                                        | 4 |                  |
| <i>emzahh</i>                                   | 1 | ACA              |

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

| Drug Name                                | Drug Tier | Requirements / Limits |
|------------------------------------------|-----------|-----------------------|
| <i>errin</i>                             | 1         | ACA                   |
| ESTRACE                                  | 4         |                       |
| <i>estradiol oral</i>                    | 1         |                       |
| <i>estradiol transdermal</i>             | 2         |                       |
| <i>estradiol vaginal</i>                 | 2         |                       |
| <i>estradiol-norethindrone acet</i>      | 2         |                       |
| ESTRATEST F.S.                           | 4         |                       |
| ESTRATEST H.S.                           | 4         |                       |
| ESTRING                                  | 4         |                       |
| ESTROGEL                                 | 4         |                       |
| <i>estrogens-methyltestosterone</i>      | 2         |                       |
| EVAMIST                                  | 4         |                       |
| FEMRING                                  | 4         |                       |
| <i>fyavolv</i>                           | 2         |                       |
| <i>gallifrey</i>                         | 1         |                       |
| <i>heather</i>                           | 1         | ACA                   |
| IMVEXXY MAINTENANCE PACK                 | 4         |                       |
| IMVEXXY STARTER PACK                     | 4         |                       |
| <i>incassia</i>                          | 1         | ACA                   |
| <i>jencycla</i>                          | 1         | ACA                   |
| <i>jinteli</i>                           | 2         |                       |
| <i>lyleq</i>                             | 1         | ACA                   |
| <i>lyllana</i>                           | 2         |                       |
| <i>lyza</i>                              | 1         | ACA                   |
| <i>medroxyprogesterone intramuscular</i> | 1         | ACA                   |
| <i>medroxyprogesterone oral</i>          | 1         |                       |
| MENEST                                   | 4         |                       |
| MENOSTAR                                 | 4         |                       |
| <i>mimvey</i>                            | 2         |                       |
| MINIVELLE                                | 4         |                       |
| <i>nora-be</i>                           | 1         | ACA                   |
| <i>norethindrone (contraceptive)</i>     | 1         | ACA                   |
| <i>norethindrone acetate</i>             | 1         |                       |

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2         |                       |
| OPILL                                                                        | 9         | OTC                   |
| PREMARIN ORAL                                                                | 3         |                       |
| PREMARIN VAGINAL                                                             | 3         |                       |
| PREMPHASE                                                                    | 3         |                       |
| PREMPRO                                                                      | 3         |                       |
| <i>progesterone</i>                                                          | 1         |                       |
| <i>progesterone micronized</i>                                               | 1         |                       |
| PROMETRIUM                                                                   | 4         |                       |
| PROVERA                                                                      | 4         |                       |
| <i>sharobel</i>                                                              | 1         | ACA                   |
| <i>tulana</i>                                                                | 1         | ACA                   |
| VAGIFEM                                                                      | 4         |                       |
| VIVELLE-DOT                                                                  | 4         |                       |
| <i>yuvafem</i>                                                               | 2         |                       |
| <b>MISCELLANEOUS OB/GYN</b>                                                  |           |                       |
| ANNOVERA                                                                     | 4         | QL (1 per 365 days)   |
| CLEOCIN VAGINAL                                                              | 4         |                       |
| <i>clindamycin phosphate vaginal</i>                                         | 1         |                       |
| CLINDESSE                                                                    | 4         |                       |
| <i>eluryng</i>                                                               | 1         | ACA                   |
| <i>enilloring</i>                                                            | 1         | ACA                   |
| <i>etonogestrel-ethinyl estradiol</i>                                        | 1         | ACA                   |
| GYNAZOLE-1                                                                   | 3         |                       |
| <i>haloette</i>                                                              | 1         | ACA                   |
| INTRAROSA                                                                    | 4         |                       |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                      | 1         |                       |
| <i>miconazole-3 vaginal suppository</i>                                      | 1         |                       |
| MIFEPREX                                                                     | 4         |                       |
| <i>mifepristone oral tablet 200 mg</i>                                       | 2         |                       |
| MYFEMBREE                                                                    | 4         | PA; QL (1 per 1 day)  |
| <i>norelgestromin-ethin.estradiol</i>                                        | 1         | ACA                   |
| NUVARING                                                                     | 4         | PA                    |

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

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| NUVESSA                                         | 4         |                       |
| ORIAHNN                                         | 4         | PA; QL (2 per 1 day)  |
| OSPHENA                                         | 4         | PA                    |
| PHEXXI                                          | CED       | PA                    |
| <i>terconazole</i>                              | 1         |                       |
| <i>tranexamic acid oral</i>                     | 2         |                       |
| TWIRLA                                          | CED       | PA                    |
| <i>vandazole</i>                                | 1         |                       |
| VCF CONTRACEPTIVE FILM                          | CED       | PA; OTC               |
| VCF CONTRACEPTIVE GEL                           | CED       | PA; ACA; OTC          |
| VEOZAH                                          | 4         | PA; QL (1 per 1 day)  |
| XACIATO                                         | 4         |                       |
| <i>xulane</i>                                   | 1         | ACA                   |
| <i>zafemy</i>                                   | 1         | ACA                   |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |           |                       |
| <i>afirmelle</i>                                | 1         | ACA                   |
| <i>after pill</i>                               | 9         | ACA; OTC              |
| AFTERA                                          | CED       | PA; OTC               |
| <i>altavera (28)</i>                            | 1         | ACA                   |
| <i>alyacen 1/35 (28)</i>                        | 1         | ACA                   |
| <i>alyacen 7/7/7 (28)</i>                       | 1         | ACA                   |
| <i>amethia</i>                                  | 1         | ACA                   |
| <i>amethyst (28)</i>                            | 1         | ACA                   |
| <i>apri</i>                                     | 1         | ACA                   |
| <i>aranelle (28)</i>                            | 1         | ACA                   |
| <i>ashlyna</i>                                  | 1         | ACA                   |
| <i>aubra</i>                                    | 1         | ACA                   |
| <i>aubra eq</i>                                 | 1         | ACA                   |
| <i>aurovela 1.5/30 (21)</i>                     | 1         | ACA                   |
| <i>aurovela 1/20 (21)</i>                       | 1         | ACA                   |
| <i>aurovela 24 fe</i>                           | 1         | ACA                   |
| <i>aurovela fe 1.5/30 (28)</i>                  | 1         | ACA                   |
| <i>aurovela fe 1-20 (28)</i>                    | 1         | ACA                   |
| <i>aviane</i>                                   | 1         | ACA                   |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>ayuna</i>                          | 1         | ACA                   |
| <i>azurette (28)</i>                  | 1         | ACA                   |
| BALCOLTRA                             | 4         | PA                    |
| <i>balziva (28)</i>                   | 1         | ACA                   |
| BEYAZ                                 | 4         | PA                    |
| <i>blisovi 24 fe</i>                  | 1         | ACA                   |
| <i>blisovi fe 1.5/30 (28)</i>         | 1         | ACA                   |
| <i>blisovi fe 1/20 (28)</i>           | 1         | ACA                   |
| <i>briellyn</i>                       | 1         | ACA                   |
| <i>camrese</i>                        | 1         | ACA                   |
| <i>camrese lo</i>                     | 1         | ACA                   |
| <i>caziant (28)</i>                   | 1         | ACA                   |
| <i>charlotte 24 fe</i>                | 1         | ACA                   |
| <i>chateal eq (28)</i>                | 1         | ACA                   |
| <i>cryselle (28)</i>                  | 1         | ACA                   |
| <i>cyred</i>                          | 1         | ACA                   |
| <i>cyred eq</i>                       | 1         | ACA                   |
| <i>dasetta 1/35 (28)</i>              | 1         | ACA                   |
| <i>dasetta 7/7/7 (28)</i>             | 1         | ACA                   |
| <i>daysee</i>                         | 1         | ACA                   |
| <i>desog-e.estradiol/e.estradiol</i>  | 1         | ACA                   |
| <i>dolishale</i>                      | 1         | ACA                   |
| <i>drospirenone-e.estradiol-lm,fa</i> | 1         | ACA                   |
| <i>drospirenone-ethinyl estradiol</i> | 1         | ACA                   |
| <i>econtra ez</i>                     | 9         | ACA; OTC              |
| <i>econtra one-step</i>               | 9         | ACA; OTC              |
| <i>elinest</i>                        | 1         | ACA                   |
| ELLA                                  | 4         | ACA                   |
| <i>enpresse</i>                       | 1         | ACA                   |
| <i>enskyce</i>                        | 1         | ACA                   |
| <i>estarylla</i>                      | 1         | ACA                   |
| <i>ethynodiol diac-eth estradiol</i>  | 1         | ACA                   |
| <i>falmina (28)</i>                   | 1         | ACA                   |
| <i>feirza</i>                         | 1         | ACA                   |

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

| Drug Name                                                                                          | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| FEMLYV                                                                                             | CED       | PA                    |
| <i>finzala</i>                                                                                     | 2         | ACA                   |
| <i>gemmily</i>                                                                                     | CED       | PA; ACA               |
| <i>hailey</i>                                                                                      | 1         | ACA                   |
| <i>hailey 24 fe</i>                                                                                | 1         | ACA                   |
| <i>hailey fe 1.5/30 (28)</i>                                                                       | 1         | ACA                   |
| <i>hailey fe 1/20 (28)</i>                                                                         | 1         | ACA                   |
| <i>her style</i>                                                                                   | 9         | ACA; OTC              |
| <i>iclevia</i>                                                                                     | 1         | ACA                   |
| <i>isibloom</i>                                                                                    | 1         | ACA                   |
| <i>jaimiess</i>                                                                                    | 1         | ACA                   |
| <i>jasmiel (28)</i>                                                                                | 1         | ACA                   |
| <i>jolessa</i>                                                                                     | 1         | ACA                   |
| <i>joyeaux</i>                                                                                     | 1         | ACA                   |
| <i>juleber</i>                                                                                     | 1         | ACA                   |
| <i>junel 1.5/30 (21)</i>                                                                           | 1         | ACA                   |
| <i>junel 1/20 (21)</i>                                                                             | 1         | ACA                   |
| <i>junel fe 1.5/30 (28)</i>                                                                        | 1         | ACA                   |
| <i>junel fe 1/20 (28)</i>                                                                          | 1         | ACA                   |
| <i>junel fe 24</i>                                                                                 | 1         | ACA                   |
| <i>kaitlib fe</i>                                                                                  | 1         | ACA                   |
| <i>kalliga</i>                                                                                     | 1         | ACA                   |
| <i>kariva (28)</i>                                                                                 | 1         | ACA                   |
| <i>kelnor 1/35 (28)</i>                                                                            | 1         | ACA                   |
| <i>kelnor 1/50 (28)</i>                                                                            | 1         | ACA                   |
| <i>kurvelo (28)</i>                                                                                | 1         | ACA                   |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 1         | ACA                   |
| <i>larin 1.5/30 (21)</i>                                                                           | 1         | ACA                   |
| <i>larin 1/20 (21)</i>                                                                             | 1         | ACA                   |
| <i>larin 24 fe</i>                                                                                 | 1         | ACA                   |
| <i>larin fe 1.5/30 (28)</i>                                                                        | 1         | ACA                   |
| <i>larin fe 1/20 (28)</i>                                                                          | 1         | ACA                   |
| <i>layolis fe</i>                                                                                  | 1         | ACA                   |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>leena 28</i>                       | 1         | ACA                   |
| <i>lessina</i>                        | 1         | ACA                   |
| <i>levonest (28)</i>                  | 1         | ACA                   |
| <i>levonorgest-eth.estradiol-iron</i> | 1         | ACA                   |
| <i>levonorgestrel</i>                 | 9         | ACA; OTC              |
| <i>levonorgestrel-ethinyl estrad</i>  | 1         | ACA                   |
| <i>levonorg-eth estrad triphasic</i>  | 1         | ACA                   |
| <i>levora-28</i>                      | 1         | ACA                   |
| LO LOESTRIN FE                        | 3         |                       |
| LOESTRIN 1.5/30 (21)                  | 4         | PA                    |
| LOESTRIN 1/20 (21)                    | 4         | PA                    |
| LOESTRIN FE 1.5/30 (28-DAY)           | 4         | PA                    |
| LOESTRIN FE 1/20 (28-DAY)             | 4         | PA                    |
| <i>lojaimiess</i>                     | 1         | ACA                   |
| <i>loryna (28)</i>                    | 1         | ACA                   |
| <i>low-ogestrel (28)</i>              | 1         | ACA                   |
| <i>lo-zumandimine (28)</i>            | 1         | ACA                   |
| <i>lutra (28)</i>                     | 1         | ACA                   |
| <i>marlissa (28)</i>                  | 1         | ACA                   |
| <i>merzee</i>                         | 1         | PA; ACA               |
| <i>mibelas 24 fe</i>                  | 1         | ACA                   |
| <i>microgestin 1.5/30 (21)</i>        | 1         | ACA                   |
| <i>microgestin 1/20 (21)</i>          | 1         | ACA                   |
| <i>microgestin fe 1.5/30 (28)</i>     | 1         | ACA                   |
| <i>microgestin fe 1/20 (28)</i>       | 1         | ACA                   |
| <i>mili</i>                           | 1         | ACA                   |
| <i>minzoya</i>                        | 1         | ACA                   |
| <i>mono-linyah</i>                    | 1         | ACA                   |
| <i>my choice</i>                      | 9         | ACA; OTC              |
| <i>my way</i>                         | 9         | ACA; OTC              |
| NATAZIA                               | 4         |                       |
| <i>necon 0.5/35 (28)</i>              | 1         | ACA                   |
| <i>new day</i>                        | 9         | ACA; OTC              |
| NEXTSTELLIS                           | 4         |                       |

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

| Drug Name                                                                               | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>nikki (28)</i>                                                                       | 1         | ACA                   |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 1         | ACA                   |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>            | 1         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral capsule</i>                                      | CED       | PA; ACA               |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>          | 1         | ACA                   |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable</i>                              | 1         | ACA                   |
| <i>norgestimate-ethinyl estradiol</i>                                                   | 1         | ACA                   |
| <i>nortrel 0.5/35 (28)</i>                                                              | 1         | ACA                   |
| <i>nortrel 1/35 (21)</i>                                                                | 1         | ACA                   |
| <i>nortrel 1/35 (28)</i>                                                                | 1         | ACA                   |
| <i>nortrel 7/7/7 (28)</i>                                                               | 1         | ACA                   |
| <i>nylia 1/35 (28)</i>                                                                  | 1         | ACA                   |
| <i>nylia 7/7/7 (28)</i>                                                                 | 1         | ACA                   |
| <i>ocella</i>                                                                           | 1         | ACA                   |
| <i>opcicon one-step</i>                                                                 | 9         | ACA; OTC              |
| <i>option-2</i>                                                                         | 9         | ACA; OTC              |
| <i>philith</i>                                                                          | 1         | ACA                   |
| <i>pimtrea (28)</i>                                                                     | 1         | ACA                   |
| PLAN B ONE-STEP                                                                         | CED       | PA; OTC               |
| <i>portia 28</i>                                                                        | 1         | ACA                   |
| <i>reclipsen (28)</i>                                                                   | 1         | ACA                   |
| <i>rivelsa</i>                                                                          | 1         | ACA                   |
| SAFYRAL                                                                                 | 4         | PA                    |
| <i>setlakin</i>                                                                         | 1         | ACA                   |
| <i>simliya (28)</i>                                                                     | 1         | ACA                   |
| <i>simpesse</i>                                                                         | 1         | ACA                   |
| SLYND                                                                                   | 4         |                       |
| <i>sprintec (28)</i>                                                                    | 1         | ACA                   |
| <i>sronyx</i>                                                                           | 1         | ACA                   |
| <i>syeda</i>                                                                            | 1         | ACA                   |
| TAKE ACTION                                                                             | CED       | PA; OTC               |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>tarina 24 fe</i>                   | 1         | ACA                   |
| <i>tarina fe 1/20 (28)</i>            | 1         | ACA                   |
| TAYTULLA                              | CED       | PA                    |
| <i>tilia fe</i>                       | 1         | ACA                   |
| <i>tri-estarylla</i>                  | 1         | ACA                   |
| <i>tri-legest fe</i>                  | 1         | ACA                   |
| <i>tri-lynyah</i>                     | 1         | ACA                   |
| <i>tri-lo-estarylla</i>               | 1         | ACA                   |
| <i>tri-lo-marzia</i>                  | 1         | ACA                   |
| <i>tri-lo-mili</i>                    | 1         | ACA                   |
| <i>tri-lo-sprintec</i>                | 1         | ACA                   |
| <i>tri-mili</i>                       | 1         | ACA                   |
| <i>tri-sprintec (28)</i>              | 1         | ACA                   |
| <i>trivora (28)</i>                   | 1         | ACA                   |
| <i>tri-vylibra</i>                    | 1         | ACA                   |
| <i>tri-vylibra lo</i>                 | 1         | ACA                   |
| <i>turqoz (28)</i>                    | 1         | ACA                   |
| TYBLUME                               | CED       | PA                    |
| <i>valtya</i>                         | 1         | ACA                   |
| <i>velivet triphasic regimen (28)</i> | 1         | ACA                   |
| <i>vestura (28)</i>                   | 1         | ACA                   |
| <i>vienva</i>                         | 1         | ACA                   |
| <i>viorele (28)</i>                   | 1         | ACA                   |
| <i>volnea (28)</i>                    | 1         | ACA                   |
| <i>vyfemla (28)</i>                   | 1         | ACA                   |
| <i>vylibra</i>                        | 1         | ACA                   |
| <i>wera (28)</i>                      | 1         | ACA                   |
| <i>wymzya fe</i>                      | 1         | ACA                   |
| <i>xarah fe</i>                       | 1         | ACA                   |
| <i>xelria fe</i>                      | 1         | ACA                   |
| YASMIN (28)                           | 4         | PA                    |
| YAZ (28)                              | 4         | PA                    |
| <i>zarah</i>                          | 1         | ACA                   |
| <i>zovia 1-35 (28)</i>                | 1         | ACA                   |

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

| Drug Name                                    | Drug Tier | Requirements / Limits |
|----------------------------------------------|-----------|-----------------------|
| zumandimine (28)                             | 1         | ACA                   |
| <b>OXYTOCICS</b>                             |           |                       |
| methylergonovine oral                        | 2         |                       |
| <b>OPHTHALMOLOGY</b>                         |           |                       |
| <b>ANTIBIOTICS</b>                           |           |                       |
| AZASITE                                      | 4         |                       |
| bacitracin ophthalmic (eye)                  | 2         |                       |
| bacitracin-polymyxin b                       | 1         |                       |
| BESIVANCE                                    | 4         |                       |
| BETADINE OPHTHALMIC PREP                     | 4         |                       |
| CILOXAN OPHTHALMIC (EYE) OINTMENT            | 4         |                       |
| ciprofloxacin hcl ophthalmic (eye)           | 1         |                       |
| erythromycin ophthalmic (eye)                | 1         |                       |
| gatifloxacin                                 | 2         |                       |
| gentamicin ophthalmic (eye) drops            | 1         |                       |
| levofloxacin ophthalmic (eye)                | 2         |                       |
| moxifloxacin ophthalmic (eye) drops          | 1         |                       |
| moxifloxacin ophthalmic (eye) drops, viscous | CED       | PA                    |
| NATACYN                                      | 4         |                       |
| neomycin-bacitracin-polymyxin                | 1         |                       |
| neomycin-polymyxin-gramicidin                | 1         |                       |
| neo-polycin                                  | 1         |                       |
| OCUFLOX                                      | 4         |                       |
| ofloxacin ophthalmic (eye)                   | 1         |                       |
| polycin                                      | 1         |                       |
| polymyxin b sulf-trimethoprim                | 1         |                       |
| tobramycin ophthalmic (eye)                  | 1         |                       |
| TOBREX OPHTHALMIC (EYE) OINTMENT             | 3         |                       |
| VIGAMOX                                      | 4         |                       |
| <b>ANTIVIRALS</b>                            |           |                       |
| trifluridine                                 | 1         |                       |
| ZIRGAN                                       | 4         |                       |
| <b>BETA-BLOCKERS</b>                         |           |                       |
| betaxolol ophthalmic (eye)                   | 2         |                       |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits  |
|--------------------------------------------------------------|-----------|------------------------|
| BETIMOL                                                      | 4         | ST                     |
| BETOPTIC S                                                   | 4         | ST                     |
| <i>carteolol</i>                                             | 2         |                        |
| ISTALOL                                                      | CED       | PA                     |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>              | 1         |                        |
| <i>timolol</i>                                               | 2         | ST                     |
| <i>timolol maleate (pf)</i>                                  | CED       | PA                     |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1         |                        |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>    | CED       | PA                     |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 2         | PA                     |
| TIMOPTIC OCUDOSE (PF)                                        | CED       | PA                     |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                      |           |                        |
| PHOSPHOLINE IODIDE                                           | 4         |                        |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                |           |                        |
| <i>atropine ophthalmic (eye) drops 1 %</i>                   | 2         |                        |
| ATROPINE SULFATE (PF)                                        | CED       | PA                     |
| CYCLOGYL                                                     | 4         |                        |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i>             | 1         |                        |
| <i>homatropaire</i>                                          | 1         |                        |
| MYDRIACYL                                                    | 4         |                        |
| <i>tropicamide</i>                                           | 1         |                        |
| <b>DIRECT ACTING MIOTICS</b>                                 |           |                        |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>  | 1         |                        |
| QLOSI                                                        | CED       | PA                     |
| VUITY                                                        | CED       | PA                     |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                         |           |                        |
| AKTEN (PF)                                                   | CED       | PA; QL (1 per 30 days) |
| ALCAINE                                                      | 4         |                        |
| <i>allergy eye (ketotifen)</i>                               | 1         | OTC                    |
| <i>altacaine</i>                                             | 1         |                        |
| <i>azelastine ophthalmic (eye)</i>                           | 1         |                        |
| <i>bepotastine besilate</i>                                  | 2         | ST                     |

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| Drug Name                                     | Drug Tier | Requirements / Limits                            |
|-----------------------------------------------|-----------|--------------------------------------------------|
| BEPREVE                                       | 4         | ST                                               |
| CEQUA                                         | 4         | ST                                               |
| <i>cromolyn ophthalmic (eye)</i>              | 1         |                                                  |
| <i>cyclosporine ophthalmic (eye)</i>          | 2         | QL (2 per 1 day)                                 |
| CYSTADROPS                                    | 5         | PA; SP; QL (20 per 28 days)                      |
| CYSTARAN                                      | 5         | PA; SP; QL (60 per 28 days)                      |
| <i>epinastine</i>                             | 2         |                                                  |
| <i>eye itch relief</i>                        | 1         | OTC                                              |
| <i>ketotifen fumarate</i>                     | 1         | OTC                                              |
| MIEBO (PF)                                    | 4         | PA; QL (3 per 30 days)                           |
| <i>olopatadine ophthalmic (eye)</i>           | 1         |                                                  |
| OXERVATE                                      | 5         | PA; SP; QL (56 per 720 days)                     |
| <i>proparacaine</i>                           | 1         |                                                  |
| RESTASIS                                      | 4         | QL (2 per 1 day)                                 |
| RESTASIS MULTIDOSE                            | 4         | ST; QL (5.5 per 28 days)                         |
| <i>tetracaine hcl</i>                         | 1         |                                                  |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE)          | 1         |                                                  |
| TYRVAYA                                       | 4         | ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS |
| VERKAZIA                                      | CED       | PA                                               |
| VEVYE                                         | CED       | PA                                               |
| XDEMVIY                                       | 5         | PA; SP; QL (10 per 365 days)                     |
| XIIDRA                                        | 3         | QL (2 per 1 day)                                 |
| ZERVIAE                                       | 4         | ST                                               |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |           |                                                  |
| ACULAR                                        | 4         |                                                  |
| ACULAR LS                                     | 4         |                                                  |
| ACUVAIL (PF)                                  | CED       | PA                                               |
| <i>bromfenac</i>                              | 2         |                                                  |
| BROMSITE                                      | 4         |                                                  |
| <i>diclofenac sodium ophthalmic (eye)</i>     | 1         |                                                  |
| <i>flurbiprofen sodium</i>                    | 2         |                                                  |
| ILEVRO                                        | 4         |                                                  |
| <i>ketorolac ophthalmic (eye)</i>             | 1         |                                                  |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits  |
|--------------------------------------------------------------|-----------|------------------------|
| NEVANAC                                                      | 4         |                        |
| PROLENSA                                                     | 4         |                        |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                               |           |                        |
| <i>acetazolamide</i>                                         | 1         |                        |
| <i>methazolamide</i>                                         | 2         |                        |
| <b>OTHER GLAUCOMA DRUGS</b>                                  |           |                        |
| AZOPT                                                        | 4         |                        |
| <i>bimatoprost ophthalmic (eye)</i>                          | 2         |                        |
| <i>brimonidine-timolol</i>                                   | 2         |                        |
| <i>brinzolamide</i>                                          | 2         |                        |
| COMBIGAN                                                     | 4         |                        |
| COSOPT                                                       | 4         |                        |
| COSOPT (PF)                                                  | 4         |                        |
| <i>dorzolamide</i>                                           | 1         |                        |
| <i>dorzolamide-timolol</i>                                   | 1         |                        |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 2         |                        |
| IYUZEH (PF)                                                  | CED       | PA                     |
| <i>latanoprost</i>                                           | 1         |                        |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %                        | 3         |                        |
| RHOPRESSA                                                    | 4         | ST                     |
| ROCKLATAN                                                    | 4         | ST                     |
| SIMBRINZA                                                    | 4         | ST                     |
| <i>tafluprost (pf)</i>                                       | 2         | ST                     |
| TRAVATAN Z                                                   | 4         | ST                     |
| <i>travoprost</i>                                            | 2         | ST                     |
| VYZULTA                                                      | 4         | ST; QL (5 per 30 days) |
| XALATAN                                                      | 4         |                        |
| XELPROS                                                      | CED       | PA                     |
| ZIOPTAN (PF)                                                 | 4         | ST                     |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                       |           |                        |
| MAXITROL                                                     | 4         |                        |
| <i>neomycin-bacitracin-poly-hc</i>                           | 1         |                        |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <i>neomycin-polymyxin b-dexameth</i>                           | 1         |                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                  | 1         |                       |
| <i>neo-polycin hc</i>                                          | 1         |                       |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT                             | CED       | PA                    |
| TOBRADEX ST                                                    | CED       | PA                    |
| <i>tobramycin-dexamethasone</i>                                | 1         |                       |
| ZYLET                                                          | 4         |                       |
| <b>STERIODS</b>                                                |           |                       |
| ALREX                                                          | 4         |                       |
| CLOBETASOL OPHTHALMIC (EYE)                                    | CED       | PA                    |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>         | 1         |                       |
| <i>difluprednate</i>                                           | 2         |                       |
| DUREZOL                                                        | 4         |                       |
| EYSUVIS                                                        | CED       | PA                    |
| FLAREX                                                         | 4         |                       |
| <i>fluorometholone</i>                                         | 1         |                       |
| FML FORTE                                                      | CED       | PA                    |
| FML LIQUIFILM                                                  | 4         |                       |
| INVELTYS                                                       | CED       | PA                    |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL                             | CED       | PA                    |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT                              | CED       | PA                    |
| LOTEMAX SM                                                     | CED       | PA                    |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel</i>        | CED       | PA                    |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension</i> | 2         |                       |
| MAXIDEX                                                        | 4         |                       |
| PRED FORTE                                                     | 4         |                       |
| PRED MILD                                                      | CED       | PA                    |
| <i>prednisolone acetate</i>                                    | 1         |                       |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>          | 1         |                       |
| <b>STERIOD-SULFONAMIDE COMBINATIONS</b>                        |           |                       |
| <i>sulfacetamide-prednisolone</i>                              | 1         |                       |
| <b>SULFONAMIDES</b>                                            |           |                       |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| <i>sulfacetamide sodium ophthalmic (eye)</i>                  | 2         |                       |
| <b>SYMPATHOMIMETICS</b>                                       |           |                       |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %                       | 4         | ST                    |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %                      | 4         |                       |
| <i>apraclonidine</i>                                          | 1         |                       |
| <i>brimonidine ophthalmic (eye) drops 0.1 %</i>               | 2         | ST                    |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>              | 2         |                       |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>               | 1         |                       |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE                         | 4         |                       |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>                          |           |                       |
| CYCLOMYDRIL                                                   | 4         |                       |
| <i>phenylephrine hcl ophthalmic (eye)</i>                     | 2         |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>                 |           |                       |
| <b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>            |           |                       |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML                  | 4         | PA                    |
| AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | CED       | PA                    |
| <i>carbinoxamine maleate oral liquid</i>                      | CED       | PA; QL (40 per 1 day) |
| CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR     | CED       | PA; QL (40 per 1 day) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                 | 1         |                       |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                 | 2         |                       |
| <i>cetirizine oral solution 1 mg/ml</i>                       | 1         |                       |
| CLARINEX ORAL TABLET                                          | 4         |                       |
| <i>clemastine oral syrup</i>                                  | CED       | PA; QL (60 per 1 day) |
| <i>clemastine oral tablet</i>                                 | 2         | QL (3 per 1 day)      |
| <i>cypheptadine</i>                                           | 1         |                       |
| <i>desloratadine oral tablet</i>                              | 1         |                       |
| <i>desloratadine oral tablet, disintegrating</i>              | CED       | PA                    |
| <i>dexchlorpheniramine maleate oral solution</i>              | CED       | PA                    |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML           | CED       | PA                    |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1         |                       |
| EPIPEN                                                                   | 4         |                       |
| EPIPEN JR                                                                | 4         |                       |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                          | 1         |                       |
| <i>hydroxyzine hcl oral tablet</i>                                       | 1         |                       |
| <i>hydroxyzine pamoate</i>                                               | 1         |                       |
| KARBINAL ER                                                              | CED       | PA                    |
| <i>levocetirizine</i>                                                    | 1         |                       |
| NEFFY                                                                    | CED       | PA                    |
| <i>promethazine oral</i>                                                 | 1         |                       |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i>                    | 1         |                       |
| <i>promethegan</i>                                                       | 1         |                       |
| RYCLORA                                                                  | CED       | PA                    |
| RYVENT                                                                   | 3         |                       |

#### COUGH & COLD THERAPY

|                                                            |     |                      |
|------------------------------------------------------------|-----|----------------------|
| <i>benzonatate oral capsule 100 mg, 200 mg</i>             | 1   |                      |
| <i>benzonatate oral capsule 150 mg</i>                     | 2   |                      |
| BROMFED DM                                                 | 4   |                      |
| <i>brompheniramine-pseudoeph-dm</i>                        | 1   |                      |
| CLARINEX-D 12 HOUR                                         | CED | PA                   |
| <i>codeine-guaifenesin</i>                                 | 1   |                      |
| <i>g tussin ac</i>                                         | 1   |                      |
| HYCODAN (WITH HOMATROPINE)                                 | 4   |                      |
| <i>hydrocodone-chlorpheniramine</i>                        | 1   | QL (120 per 30 days) |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i> | 1   |                      |
| <i>hydrocodone-homatropine oral tablet</i>                 | 1   |                      |
| <i>hydromet</i>                                            | 1   |                      |
| <i>maxi-tuss ac</i>                                        | 1   |                      |
| <i>promethazine-codeine</i>                                | 1   |                      |
| <i>promethazine-dm</i>                                     | 1   |                      |
| <i>promethazine-phenylephrine</i>                          | 1   |                      |
| TUXARIN ER                                                 | 4   | QL (24 per 30 days)  |

#### PULMONARY AGENTS

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

| Drug Name                                                                                                                                                                                 | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>24 hour nasal allergy</i>                                                                                                                                                              | 1         | OTC                          |
| ACCOLATE                                                                                                                                                                                  | 4         |                              |
| <i>acetylcysteine</i>                                                                                                                                                                     | 1         |                              |
| ADCIRCA                                                                                                                                                                                   | 5         | PA; SP; QL (2 per 1 day)     |
| ADEMPAS                                                                                                                                                                                   | 5         | PA; SP; LA; QL (3 per 1 day) |
| ADVAIR DISKUS                                                                                                                                                                             | 4         | PA                           |
| ADVAIR HFA                                                                                                                                                                                | 3         |                              |
| AIRDUO RESPICLICK                                                                                                                                                                         | 4         | PA                           |
| AIRSUPRA                                                                                                                                                                                  | CED       | PA                           |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>                                                                                                                                   | 2         | PA                           |
| <i>albuterol sulfate inhalation solution for nebulization</i>                                                                                                                             | 1         |                              |
| <i>albuterol sulfate oral</i>                                                                                                                                                             | 1         |                              |
| ALVESCO                                                                                                                                                                                   | 4         | PA                           |
| ALYFTREK ORAL TABLET 10-50-125 MG                                                                                                                                                         | 5         | PA; SP; QL (2 per 1 day)     |
| ALYFTREK ORAL TABLET 4-20-50 MG                                                                                                                                                           | 5         | PA; SP; QL (3 per 1 day)     |
| <i>alyq</i>                                                                                                                                                                               | 5         | PA; SP; QL (2 per 1 day)     |
| <i>ambrisentan</i>                                                                                                                                                                        | 5         | PA; SP; LA; QL (1 per 1 day) |
| ANORO ELLIPTA                                                                                                                                                                             | 3         |                              |
| <i>arformoterol</i>                                                                                                                                                                       | 2         |                              |
| ARNUITY ELLIPTA                                                                                                                                                                           | 3         |                              |
| ASMANEX HFA                                                                                                                                                                               | 4         | ST                           |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 4         | ST                           |
| ATROVENT HFA                                                                                                                                                                              | 4         |                              |
| <i>azelastine-fluticasone</i>                                                                                                                                                             | 2         | ST                           |
| BEVESPI AEROSPHERE                                                                                                                                                                        | 4         | ST                           |
| <i>bosentan oral tablet</i>                                                                                                                                                               | 5         | PA; SP; QL (2 per 1 day)     |
| BREO ELLIPTA                                                                                                                                                                              | 3         |                              |
| <i>breyana</i>                                                                                                                                                                            | 2         |                              |
| BREZTRI AEROSPHERE                                                                                                                                                                        | 4         | ST; QL (1 per 30 days)       |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits                                 |
|--------------------------------------------------------------------------|-----------|-------------------------------------------------------|
| BRONCHITOL                                                               | 5         | PA; 20 capsules per day; 10 capsules per 365 days; SP |
| BROVANA                                                                  | 4         |                                                       |
| <i>budesonide inhalation</i>                                             | 1         |                                                       |
| <i>budesonide nasal</i>                                                  | 1         | OTC                                                   |
| <i>budesonide-formoterol</i>                                             | 2         |                                                       |
| CINRYZE                                                                  | 5         | PA; SP                                                |
| COMBIVENT RESPIMAT                                                       | 3         |                                                       |
| <i>cromolyn inhalation</i>                                               | 1         |                                                       |
| DALIRESP                                                                 | 4         | PA; QL (1 per 1 day)                                  |
| DUAKLIR PRESSAIR                                                         | 4         | ST; QL (1 per 30 days)                                |
| DULERA                                                                   | 3         |                                                       |
| DYMISTA                                                                  | 4         | ST                                                    |
| ELIXOPHYLLIN                                                             | CED       | PA                                                    |
| ESBRIET ORAL CAPSULE                                                     | 5         | PA; SP; QL (6 per 1 day)                              |
| ESBRIET ORAL TABLET 267 MG                                               | 5         | PA; SP; QL (6 per 1 day)                              |
| ESBRIET ORAL TABLET 801 MG                                               | 5         | PA; SP; QL (3 per 1 day)                              |
| FASENRA                                                                  | 5         | PA; SP; QL (1 per 42 days)                            |
| FASENRA PEN                                                              | 5         | PA; SP; QL (1 per 42 days)                            |
| FIRAZYR                                                                  | 5         | PA; SP; QL (9 per 28 days)                            |
| <i>flunisolide</i>                                                       | 2         | ST                                                    |
| FLUTICASONE FUROATE-VILANTEROL                                           | 4         | PA                                                    |
| FLUTICASONE PROPIONATE INHALATION                                        | 4         | ST                                                    |
| <i>fluticasone propionate nasal</i>                                      | 1         |                                                       |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED | 1         |                                                       |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>     | 1         |                                                       |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER            | 4         | PA                                                    |
| <i>formoterol fumarate</i>                                               | 2         |                                                       |
| HAEGARDA                                                                 | 5         | PA; SP; LA                                            |
| HYPER-SAL                                                                | 4         |                                                       |
| <i>icatibant</i>                                                         | 5         | PA; SP; QL (9 per 28 days)                            |
| INCRUSE ELLIPTA                                                          | 3         |                                                       |

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

| Drug Name                                               | Drug Tier | Requirements / Limits          |
|---------------------------------------------------------|-----------|--------------------------------|
| <i>ipratropium bromide inhalation</i>                   | 1         |                                |
| <i>ipratropium-albuterol</i>                            | 1         |                                |
| KALYDECO                                                | 5         | PA; SP; QL (2 per 1 day)       |
| LETAIRIS                                                | 5         | PA; SP; LA; QL (1 per 1 day)   |
| <i>levalbuterol hcl</i>                                 | 2         |                                |
| LEVALBUTEROL TARTRATE                                   | 3         | ST                             |
| <i>mometasone nasal</i>                                 | 2         | ST                             |
| <i>montelukast</i>                                      | 1         |                                |
| <i>nasal allergy</i>                                    | 1         | OTC                            |
| <i>nebusal inhalation solution for nebulization 3 %</i> | 1         |                                |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %        | 4         |                                |
| NUCALA                                                  | 5         | PA; SP; LA; QL (1 per 28 days) |
| OFEV                                                    | 5         | PA; SP; QL (2 per 1 day)       |
| OHTUVAYRE                                               | 5         | PA; SP; QL (5 per 1 day)       |
| OMNARIS                                                 | 4         | ST                             |
| OPSUMIT                                                 | 5         | PA; SP; LA; QL (1 per 1 day)   |
| OPSYNVI                                                 | 5         | PA; SP; QL (1 per 1 day)       |
| ORKAMBI ORAL GRANULES IN PACKET                         | 5         | PA; SP; QL (2 per 1 day)       |
| ORKAMBI ORAL TABLET                                     | 5         | PA; SP; QL (4 per 1 day)       |
| ORLADEYO                                                | 5         | PA; SP; LA; QL (1 per 1 day)   |
| PERFOROMIST                                             | 4         |                                |
| <i>pirfenidone oral capsule</i>                         | 5         | PA; SP; QL (6 per 1 day)       |
| <i>pirfenidone oral tablet 267 mg</i>                   | 5         | PA; SP; QL (6 per 1 day)       |
| PIRFENIDONE ORAL TABLET 534 MG                          | 5         | PA; SP; QL (3 per 1 day)       |
| <i>pirfenidone oral tablet 801 mg</i>                   | 5         | PA; SP; QL (3 per 1 day)       |
| PROAIR DIGIHALER                                        | 4         | PA                             |
| PROAIR RESPICLICK                                       | 4         | PA                             |
| PULMICORT                                               | 4         |                                |
| PULMICORT FLEXHALER                                     | 3         |                                |
| <i>pulmosal</i>                                         | 1         |                                |
| PULMOZYME                                               | 5         | PA; SP; QL (5 per 1 day)       |
| QNASL                                                   | 4         | ST                             |
| QVAR REDIHALER                                          | 3         |                                |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits          |
|--------------------------------------------------------------------------|-----------|--------------------------------|
| REVATIO ORAL TABLET                                                      | 5         | PA; SP; QL (3 per 1 day)       |
| <i>roflumilast</i>                                                       | 2         | PA; QL (1 per 1 day)           |
| RUCONEST                                                                 | 5         | PA; SP; QL (2 per 28 days)     |
| RYALTRIS                                                                 | CED       | PA; QL (3 per 90 days)         |
| <i>sajazir</i>                                                           | 5         | PA; SP; QL (9 per 28 days)     |
| SEREVENT DISKUS                                                          | 3         |                                |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i> | 5         | PA; SP; QL (6 per 1 day)       |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                        | 5         | PA; SP; QL (3 per 1 day)       |
| SINGULAIR                                                                | 4         |                                |
| <i>sodium chloride inhalation</i>                                        | 1         |                                |
| SPIRIVA RESPIMAT                                                         | 3         |                                |
| SPIRIVA WITH HANDIHALER                                                  | CED       | PA                             |
| STIOLTO RESPIMAT                                                         | 3         |                                |
| STRIVERDI RESPIMAT                                                       | 3         |                                |
| SYMBICORT                                                                | 4         | PA                             |
| SYMDEKO                                                                  | 5         | PA; SP; QL (2 per 1 day)       |
| <i>tadalafil (pulm. hypertension)</i>                                    | 5         | PA; SP; QL (2 per 1 day)       |
| TADLIQ                                                                   | 5         | PA; SP; QL (10 per 1 day)      |
| TAKHZYRO SUBCUTANEOUS SOLUTION                                           | 5         | PA; SP; LA; QL (2 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML                                  | 5         | PA; SP; LA; QL (1 per 28 days) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)                    | 5         | PA; SP; LA; QL (2 per 28 days) |
| <i>terbutaline oral</i>                                                  | 1         |                                |
| TEZSPIRE                                                                 | 5         | PA; SP; QL (1.91 per 28 days)  |
| THEO-24                                                                  | 4         |                                |
| <i>theophylline oral elixir</i>                                          | CED       | PA                             |
| <i>theophylline oral solution</i>                                        | CED       | PA                             |
| <i>theophylline oral tablet extended release 12 hr</i>                   | 1         |                                |
| <i>theophylline oral tablet extended release 24 hr</i>                   | 1         |                                |
| <i>tiotropium bromide</i>                                                | CED       | PA                             |
| TRACLEER ORAL TABLET                                                     | 5         | PA; SP; LA; QL (2 per 1 day)   |
| TRACLEER ORAL TABLET FOR SUSPENSION                                      | 5         | PA; SP; LA; QL (4 per 1 day)   |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits            |
|-----------------------------------------------------------------------------|-----------|----------------------------------|
| TRELEGY ELLIPTA                                                             | 3         |                                  |
| <i>triamcinolone acetonide nasal</i>                                        | 1         | OTC                              |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL                                | 5         | PA; SP; QL (2 per 1 day)         |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL                                           | 5         | PA; SP; QL (3 per 1 day)         |
| TUDORZA PRESSAIR                                                            | 4         | ST                               |
| TYVASO                                                                      | 5         | PA; SP; QL (11.6 per 365 days)   |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 5         | PA; SP; QL (1 per 30 days)       |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG    | 5         | PA; SP; QL (1 per 365 days)      |
| TYVASO REFILL KIT                                                           | 5         | PA; SP; QL (81.2 per 28 days)    |
| TYVASO STARTER KIT                                                          | 5         | PA; SP; QL (1 per 365 days)      |
| VENTAVIS                                                                    | 5         | PA; SP; QL (9 per 1 day)         |
| VENTOLIN HFA                                                                | 1         |                                  |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 90 MG (45 MG X 2)            | 5         | PA; SP; QL (1 per 20 days)       |
| <i>wixela inhub</i>                                                         | 1         |                                  |
| XHANCE                                                                      | 4         | PA; QL (32 per 30 days)          |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML                                 | 5         | PA; SP; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML                               | 5         | PA; SP; LA; QL (2 per 28 days)   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML                              | 5         | PA; SP; LA; QL (0.5 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN                                              | 5         | PA; SP; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML                                       | 5         | PA; SP; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML                                     | 5         | PA; SP; LA; QL (2 per 28 days)   |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                                    | 5         | PA; SP; LA; QL (0.5 per 28 days) |
| XOPENEX HFA                                                                 | 4         | ST                               |
| YUPELRI                                                                     | 4         | ST; QL (3 per 1 day)             |
| <i>zafirlukast</i>                                                          | 2         |                                  |
| ZETONNA                                                                     | 4         | PA                               |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| <i>zileuton</i>                                                  | 2         | PA; QL (4 per 1 day)  |
| ZYFLO                                                            | 4         | PA; QL (4 per 1 day)  |
| <b>PULMONARY DEVICES</b>                                         |           |                       |
| AEROCHAMBER MECHANICAL VENT                                      | 3         |                       |
| AEROCHAMBER MINI                                                 | 2         |                       |
| AEROCHAMBER PLUS FLOW-VU                                         | 2         |                       |
| AEROCHAMBER PLUS Z STAT                                          | 2         |                       |
| AEROVENT PLUS                                                    | 2         |                       |
| COMPACT SPACE CHAMBER                                            | 2         |                       |
| EASIVENT HOLDING CHAMBER                                         | 2         |                       |
| FLEXICHAMBER                                                     | 2         |                       |
| MICROCHAMBER                                                     | 2         |                       |
| OPTICHAMBER DIAMOND VHC                                          | 2         |                       |
| POCKET CHAMBER                                                   | 2         |                       |
| RITEFLO AEROCHAMBER                                              | 2         |                       |
| SPACE CHAMBER                                                    | 2         |                       |
| VORTEX HOLDING CHAMBER                                           | 2         |                       |
| <b>UROLOGICALS</b>                                               |           |                       |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>                     |           |                       |
| <i>darifenacin</i>                                               | 2         |                       |
| <i>fesoterodine</i>                                              | 2         | ST; QL (1 per 1 day)  |
| <i>flavoxate</i>                                                 | 1         |                       |
| GEMTESA                                                          | 4         | ST; QL (1 per 1 day)  |
| <i>mirabegron</i>                                                | 2         | ST; QL (1 per 1 day)  |
| MYRBETRIQ ORAL<br>SUSPENSION,EXTENDED REL RECON                  | CED       | PA                    |
| MYRBETRIQ ORAL TABLET EXTENDED<br>RELEASE 24 HR                  | 4         | ST; QL (1 per 1 day)  |
| <i>oxybutynin chloride oral syrup</i>                            | 1         |                       |
| OXYBUTYNIN CHLORIDE ORAL TABLET<br>2.5 MG                        | CED       | PA                    |
| <i>oxybutynin chloride oral tablet 5 mg</i>                      | 1         |                       |
| <i>oxybutynin chloride oral tablet extended release<br/>24hr</i> | 1         |                       |
| OXYTROL                                                          | CED       | PA                    |

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

| Drug Name                                           | Drug Tier | Requirements / Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <i>solifenacin</i>                                  | 1         |                       |
| <i>tolterodine</i>                                  | 2         |                       |
| TOVIAZ                                              | 4         | ST; QL (1 per 1 day)  |
| <i>trospium oral capsule, extended release 24hr</i> | 2         |                       |
| <i>trospium oral tablet</i>                         | 1         |                       |
| VESICARE                                            | 4         |                       |
| VESICARE LS                                         | CED       | PA                    |

#### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

|                                           |     |                      |
|-------------------------------------------|-----|----------------------|
| <i>alfuzosin</i>                          | 1   |                      |
| AVODART                                   | 4   |                      |
| <i>dutasteride</i>                        | 1   |                      |
| <i>dutasteride-tamsulosin</i>             | 2   |                      |
| ENTADFI                                   | CED | PA; QL (1 per 1 day) |
| <i>finasteride oral tablet 5 mg</i>       | 1   |                      |
| FLOMAX                                    | 4   |                      |
| JALYN                                     | 4   |                      |
| PROSCAR                                   | 4   |                      |
| RAPAFLO                                   | 4   |                      |
| <i>silodosin</i>                          | 2   |                      |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 1   | QL (1 per 1 day)     |
| <i>tamsulosin</i>                         | 1   |                      |
| UROXATRAL                                 | 4   |                      |

#### CHOLINERGIC STIMULANTS

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

#### MISCELLANEOUS UROLOGICALS

|                                                       |   |                            |
|-------------------------------------------------------|---|----------------------------|
| CYSTAGON                                              | 5 | SP; LA                     |
| ELMIRON                                               | 4 |                            |
| K-PHOS NO 2                                           | 4 |                            |
| <i>potassium citrate oral tablet extended release</i> | 1 |                            |
| PROCYSBI                                              | 5 | PA; SP                     |
| RIVFLOZA                                              | 5 | PA; SP; QL (1 per 28 days) |
| UROCIT-K 10                                           | 4 |                            |
| UROCIT-K 15                                           | 4 |                            |

#### URINARY ANESTHETICS

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                            | 1         |                       |
| PYRIDIUM                                                                     | 4         |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>                               |           |                       |
| <b>ELECTROLYTES</b>                                                          |           |                       |
| AURYXIA                                                                      | 4         | ST; QL (12 per 1 day) |
| <i>calcium acetate(phosphat bind)</i>                                        | 1         | QL (12 per 1 day)     |
| <i>effe-r-k oral tablet, effervescent 25 meq</i>                             | 1         |                       |
| FERRIC CITRATE                                                               | 4         | ST; QL (12 per 1 day) |
| FOSRENOL ORAL POWDER IN PACKET                                               | CED       | PA; QL (3 per 1 day)  |
| FOSRENOL ORAL TABLET,CHEWABLE                                                | 4         | ST; QL (3 per 1 day)  |
| GALZIN                                                                       | 4         |                       |
| <i>klor-con</i>                                                              | CED       | PA                    |
| <i>klor-con 10</i>                                                           | 1         |                       |
| <i>klor-con 8</i>                                                            | 1         |                       |
| <i>klor-con m10</i>                                                          | 1         |                       |
| <i>klor-con m15</i>                                                          | 1         |                       |
| <i>klor-con m20</i>                                                          | 1         |                       |
| <i>klor-con/ef</i>                                                           | 1         |                       |
| <i>lanthanum</i>                                                             | 2         | ST; QL (3 per 1 day)  |
| LOKELMA                                                                      | 4         | PA; QL (3 per 1 day)  |
| POKONZA                                                                      | CED       | PA; QL (1 per 1 day)  |
| <i>potassium chloride oral capsule, extended release</i>                     | 1         |                       |
| <i>potassium chloride oral liquid</i>                                        | 1         |                       |
| <i>potassium chloride oral packet</i>                                        | CED       | PA                    |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 1         |                       |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ                       | CED       | PA                    |
| <i>potassium chloride oral tablet,er particles/crystals</i>                  | 1         |                       |
| REVELA ORAL POWDER IN PACKET 0.8 GRAM                                        | CED       | PA; QL (17 per 1 day) |
| REVELA ORAL POWDER IN PACKET 2.4 GRAM                                        | CED       | PA; QL (5 per 1 day)  |
| REVELA ORAL TABLET                                                           | 4         | QL (17 per 1 day)     |

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

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <i>sevelamer carbonate oral powder in packet 0.8 gram</i>               | CED       | PA; QL (17 per 1 day) |
| <i>sevelamer carbonate oral powder in packet 2.4 gram</i>               | CED       | PA; QL (5 per 1 day)  |
| <i>sevelamer carbonate oral tablet</i>                                  | 1         | QL (17 per 1 day)     |
| <i>sevelamer hcl oral tablet 400 mg</i>                                 | CED       | PA; QL (32 per 1 day) |
| <i>sevelamer hcl oral tablet 800 mg</i>                                 | CED       | PA; QL (16 per 1 day) |
| <i>sodium polystyrene sulfonate oral powder</i>                         | 1         |                       |
| <i>sps (with sorbitol)</i>                                              | 2         |                       |
| VELPHORO                                                                | 4         | ST; QL (6 per 1 day)  |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM                                   | 4         | PA; QL (4 per 1 day)  |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM                      | 4         | PA; QL (1 per 1 day)  |
| XPHOZAH                                                                 | 4         | PA; QL (2 per 1 day)  |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>           |           |                       |
| DOJOLVI                                                                 | 5         | PA; SP; LA            |
| <b>VITAMINS &amp; HEMATINICS</b>                                        |           |                       |
| <i>b complex 1 (with folic acid)</i>                                    | 9         | ACA; OTC              |
| <i>b complex-vitamin c-folic acid oral tablet</i>                       | 9         | ACA; OTC              |
| <i>balanced b-100 oral tablet</i>                                       | 9         | ACA; OTC              |
| <i>bal-care dha</i>                                                     | 1         |                       |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>              | 9         | ACA; OTC              |
| <i>classic prenatal</i>                                                 | 9         | ACA; OTC              |
| <i>c-nate dha</i>                                                       | 1         |                       |
| <i>complete natal dha</i>                                               | 1         |                       |
| <i>cyanocobalamin (vitamin b-12) injection</i>                          | 1         |                       |
| <i>dialyvite 800 oral tablet</i>                                        | 9         | ACA; OTC              |
| <i>dodex</i>                                                            | 1         |                       |
| <i>elite-ob</i>                                                         | 1         |                       |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 1         |                       |
| <i>flotrex</i>                                                          | CED       | ACA; OTC              |
| <i>fluoride (sodium) oral drops</i>                                     | 9         | ACA; OTC              |
| <i>fluoride (sodium) oral tablet, chewable</i>                          | 9         | ACA; OTC              |

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

| Drug Name                                                | Drug Tier | Requirements / Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <i>folic acid oral tablet 1 mg</i>                       | 1         |                       |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>           | 9         | ACA; OTC              |
| <i>folitab</i>                                           | 9         | ACA; OTC              |
| <i>folivane-ob</i>                                       | 1         |                       |
| <i>foltabs 800</i>                                       | 9         | ACA; OTC              |
| <i>full spectrum b-vitamin c</i>                         | 9         | ACA; OTC              |
| <i>kobee</i>                                             | 9         | ACA; OTC              |
| <i>ludent fluoride</i>                                   | 9         | ACA; OTC              |
| <i>m-natal plus</i>                                      | 1         |                       |
| <i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i> | CED       | ACA; OTC              |
| <i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>  | 9         | ACA; OTC              |
| <i>multi-vitamin with fluoride oral tablet, chewable</i> | 9         | ACA; OTC              |
| <i>mvc-fluoride</i>                                      | 9         | ACA; OTC              |
| <i>mynatal</i>                                           | 1         |                       |
| <i>mynatal plus</i>                                      | 1         |                       |
| <i>mynatal-z</i>                                         | 1         |                       |
| <i>newgen</i>                                            | 1         |                       |
| <i>one daily prenatal</i>                                | 9         | ACA; OTC              |
| <i>pnv-dha</i>                                           | 1         |                       |
| <i>pnv-omega</i>                                         | 1         |                       |
| <i>pnv-select</i>                                        | 1         |                       |
| <i>pr natal 400</i>                                      | 1         |                       |
| <i>pr natal 400 ec</i>                                   | 1         |                       |
| <i>pr natal 430</i>                                      | 1         |                       |
| <i>pr natal 430 ec</i>                                   | 1         |                       |
| <i>prenatabs fa</i>                                      | 1         |                       |
| <i>prenatabs rx</i>                                      | 1         |                       |
| <i>prenatal complete</i>                                 | 9         | ACA; OTC              |
| <i>prenatal multi-dha (algal oil)</i>                    | 9         | ACA; OTC              |
| <i>prenatal multivitamins</i>                            | 9         | ACA; OTC              |
| <i>prenatal one daily</i>                                | 9         | ACA; OTC              |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>          | 9         | ACA; OTC              |
| <i>prenatal plus</i>                                     | 1         |                       |
| <i>prenatal plus (calcium carb)</i>                      | 1         |                       |

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

| <b>Drug Name</b>                                       | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|--------------------------------------------------------|------------------|------------------------------|
| <i>prenatal vit no.179-iron-folic</i>                  | 9                | ACA; OTC                     |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 9                | ACA; OTC                     |
| <i>prenatal vitamin with minerals</i>                  | 9                | ACA; OTC                     |
| <i>prenatal-u</i>                                      | 1                |                              |
| <i>rena-vite</i>                                       | 9                | ACA; OTC                     |
| <i>se-natal 19</i>                                     | 1                |                              |
| <i>se-natal 19 chewable</i>                            | 1                |                              |
| <i>soluvita</i>                                        | 9                | ACA; OTC                     |
| <i>soluvita a,c,d with fluoride</i>                    | 9                | ACA; OTC                     |
| <i>stress formula with iron</i>                        | 9                | ACA; OTC                     |
| <i>stress formula with iron(sulf)</i>                  | 9                | ACA; OTC                     |
| <i>super b-50 complex</i>                              | 9                | ACA; OTC                     |
| <i>super quint</i>                                     | 9                | ACA; OTC                     |
| <i>taron-c dha</i>                                     | 1                |                              |
| <i>tricon</i>                                          | 9                | ACA; OTC                     |
| <i>trinatal rx 1</i>                                   | 1                |                              |
| <i>trinate</i>                                         | 1                |                              |
| <i>tri-vitamin with fluoride</i>                       | 9                | ACA; OTC                     |
| <i>vitamin b complex-folic acid oral tablet</i>        | 9                | ACA; OTC                     |
| <i>vitamins a,c,d and fluoride</i>                     | 9                | ACA; OTC                     |
| <i>wescap-c dha</i>                                    | 1                |                              |
| <i>wesnatal dha complete</i>                           | 1                |                              |
| <i>westab plus</i>                                     | 1                |                              |
| <i>zatean-pn dha</i>                                   | 1                |                              |
| <i>zatean-pn plus</i>                                  | 1                |                              |

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

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| .....                                    | <i>errin</i> .....                    | 120    | (immunosuppressive).....                  |
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| EPIFOAM.....                             | ESTROGEL.....                         | 120    | FANAPT.....                               |
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| PEMAZYRE .....                   | 20      | pioglitazone-metformin .....   | 99     | prednisolone acetate .....     | 132     |
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## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-882-8633. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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