

# 2025

October 1, 2025



## 2025 High Performance Formulary (List of Covered Drugs)

### PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN

**This formulary was updated on 10/1/2025.**

For more recent information or  
other questions, please contact  
**The Health Plan Pharmacy Services**  
at **1.800.624.6961** extension **7914**,  
or visit **[www.healthplan.org](http://www.healthplan.org)**.

## Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

### Definitions

**Prescription** – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

**Generic Drug** – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

**Brand Drug** – A prescription item only available from a single-source supplier.

**Multi-Source Brand Drugs** – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

## How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment (“copay”) at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

### Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drugs require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis and Crohn's disease.

Coverage for these agents is provided under your Specialty Pharmacy Benefit.

### **Drugs Requiring Prior Authorization**

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 5 days. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 48 hours.

### **Quantity per Dispensing Event (QPDE rules)**

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPDE) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPDE rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPDE rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPDE limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

### **Non-Formulary Coverage Review**

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 5 business days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within two business days of receipt or 72 hours, whichever is less.

### **Generic Difference Policy**

#### **(copayment policy for multi-source drugs)**

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

### **Out-of-Area Emergencies**

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

## Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a HealthPlan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
- Charges for lost or stolen prescription drugs unless noted within your Summary of Benefits. Please contact The Health Plan for details.
- Certain generic drugs when any version or strength become available over the counter.
- The charges for prescriptions related to non-covered services.

- The charge for any prescription prescribed to enhance athletic performance.
- Drugs prescribed to shorten the duration of the common cold.
- Drugs for treatment of infertility.
- Any packaging material, other than the standard pharmacy packaging.
- Nutritional and/or dietary supplements.
- Charges for the administration of any drug.
- Drugs consumed at the time and place where dispensed or where the prescription order is issued including, but not limited to, samples provided by a physician. This does not include any drugs used in conjunction with a diagnostic service or other drugs covered under medical supplies.
- Herbal or homeopathic products.
- Compound drugs unless there is at least one ingredient that requires a prescription.
- Allergenic extracts.
- Diagnostic agents.
- The cost of shipping or delivering a drug.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Pharmaceutical samples.

## Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could

cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

## List of Abbreviations

**1: Preferred Generic**

**2: Preferred Brand**

**3: Non-preferred Drug**

**4: Specialty Drugs**

**5: Medical Service Drugs**

**6: ACA Preventive Medications**

**ACA:** Affordable Care Act

**LA:** Limited Availability. The 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.

**DME:** Durable Medical Equipment. Will pull the DME benefit.

**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.

\* Note: To comply with various laws and regulations impacting plans, cost share and day supply limits may vary for some drugs. Please contact Pharmacy Services if you have a question about your specific drug coverage or consult your Summary of Benefits.

Pursuant to WV Code §33-16-3cc, §33-25A-8u, §33-16-3ff and §33-25A-8r, utilization management requirements may be removed for drugs used to treat behavioral, mental health and substance use disorders. Please contact Pharmacy Services if you have a question about your specific drug coverage.

**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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| Drug Name                                             | Drug Tier | Requirements / Limits |
|-------------------------------------------------------|-----------|-----------------------|
| <b>ANTI - INFECTIVES</b>                              |           |                       |
| <b>ANTIFUNGAL AGENTS</b>                              |           |                       |
| <i>clotrimazole</i>                                   | 1         |                       |
| CRESEMBA                                              | 2         | PA                    |
| <i>fluconazole oral suspension for reconstitution</i> | 1         |                       |
| <i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>  | 1         |                       |
| <i>fluconazole oral tablet 150 mg</i>                 | 1         | QL (99 per 99 days)   |
| <i>flucytosine</i>                                    | 1         | PA                    |
| <i>griseofulvin microsize</i>                         | 1         |                       |
| <i>griseofulvin ultramicrosize</i>                    | 1         |                       |
| <i>itraconazole</i>                                   | 1         | QL (99 per 99 days)   |
| <i>ketoconazole</i>                                   | 1         |                       |
| NOXAFIL                                               | 2         | PA                    |
| <i>nystatin</i>                                       | 1         |                       |
| <i>posaconazole</i>                                   | 1         | PA                    |
| <i>terbinafine hcl</i>                                | 1         |                       |
| <i>voriconazole</i>                                   | 1         | PA                    |
| <b>ANTIVIRALS</b>                                     |           |                       |
| <i>abacavir</i>                                       | 1         |                       |
| <i>abacavir-lamivudine</i>                            | 1         |                       |
| <i>acyclovir</i>                                      | 1         |                       |
| <i>adefovir</i>                                       | 1         |                       |
| <i>amantadine hcl</i>                                 | 1         |                       |
| APRETUDE                                              | 4         |                       |
| APTIVUS                                               | 2         |                       |

| Drug Name                                                                           | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>atazanavir</i>                                                                   | 1         |                         |
| BARACLUDE                                                                           | 2         |                         |
| BEYFORTUS                                                                           | 6         | ACA                     |
| BIKTARVY                                                                            | 2         |                         |
| CABENUVA                                                                            | 4         | PA; QL (99 per 99 days) |
| CIMDUO                                                                              | 2         |                         |
| <i>darunavir</i>                                                                    | 1         |                         |
| DELSTRIGO                                                                           | 2         |                         |
| DESCOVY ORAL TABLET 120-15 MG                                                       | 2         |                         |
| DESCOVY ORAL TABLET 200-25 MG                                                       | 6         | ACA                     |
| DOVATO                                                                              | 2         |                         |
| EDURANT                                                                             | 2         |                         |
| EDURANT PED                                                                         | 2         |                         |
| <i>efavirenz</i>                                                                    | 1         |                         |
| <i>efavirenz-emtricitabin-tenofovir</i>                                             | 1         |                         |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                           | 1         |                         |
| <i>emtricitabine</i>                                                                | 1         |                         |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1         |                         |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 6         | ACA                     |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 1         |                         |
| EMTRIVA                                                                             | 2         |                         |
| ENFLONISIA                                                                          | 6         | 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>entecavir</i>                                                                     | 1         |                         |
| EPCLUSA                                                                              | 2         | PA; QL (99 per 99 days) |
| <i>etravirine</i>                                                                    | 1         |                         |
| <i>famciclovir</i>                                                                   | 1         | QL (99 per 99 days)     |
| <i>fosamprenavir</i>                                                                 | 1         |                         |
| FUZEON                                                                               | 2         | PA; QL (99 per 99 days) |
| GENVOYA                                                                              | 2         |                         |
| HARVONI                                                                              | 2         | PA; QL (99 per 99 days) |
| INTELENCE                                                                            | 2         |                         |
| ISENTRESS                                                                            | 2         |                         |
| ISENTRESS HD                                                                         | 2         |                         |
| JULUCA                                                                               | 2         |                         |
| LAGEVRIO (EUA)                                                                       | 2         | QL (99 per 99 days)     |
| <i>lamivudine</i>                                                                    | 1         |                         |
| <i>lamivudine-zidovudine</i>                                                         | 1         |                         |
| <i>lopinavir-ritonavir</i>                                                           | 1         |                         |
| <i>maraviroc</i>                                                                     | 1         |                         |
| <i>nevirapine</i>                                                                    | 1         |                         |
| NORVIR                                                                               | 2         |                         |
| ODEFSEY                                                                              | 2         |                         |
| <i>oseltamivir</i>                                                                   | 1         | QL (99 per 99 days)     |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 300 MG (150 MG X 2)-100 MG | 2         | QL (99 per 99 days)     |

| Drug Name                                              | Drug Tier | Requirements / Limits |
|--------------------------------------------------------|-----------|-----------------------|
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5) | 2         |                       |
| PIFELTRO                                               | 2         |                       |
| PREVYMIS ORAL PELLETS IN PACKET                        | 2         |                       |
| PREVYMIS ORAL TABLET                                   | 2         | QL (99 per 99 days)   |
| PREZCOBIX                                              | 2         |                       |
| PREZISTA                                               | 2         |                       |
| RELENZA DISKHALER                                      | 3         | QL (99 per 99 days)   |
| REYATAZ                                                | 2         |                       |
| <i>ribavirin inhalation</i>                            | 1         | PA                    |
| <i>ribavirin oral</i>                                  | 4         | ST                    |
| <i>rimantadine</i>                                     | 1         |                       |
| <i>ritonavir</i>                                       | 1         |                       |
| SELZENTRY                                              | 2         |                       |
| SYNAGIS                                                | 4         | PA; LA                |
| <i>tenofovir disoproxil fumarate</i>                   | 1         |                       |
| TIVICAY                                                | 2         |                       |
| TIVICAY PD                                             | 2         |                       |
| TRIUMEQ                                                | 2         |                       |
| TRIUMEQ PD                                             | 2         |                       |
| TROGARZO                                               | 4         | PA                    |
| <i>valacyclovir</i>                                    | 1         | QL (99 per 99 days)   |
| <i>valganciclovir</i>                                  | 1         |                       |
| VEMLIDY                                                | 2         |                       |
| VIRACEPT                                               | 2         |                       |
| VIREAD                                                 | 2         |                       |
| YEZTUGO                                                | 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   |
|---------------------------------------------|-----------|-------------------------|
| ZEPATIER                                    | 2         | PA; QL (99 per 99 days) |
| <i>zidovudine</i>                           | 1         |                         |
| <b>CEPHALOSPORINS</b>                       |           |                         |
| <i>cefactor</i>                             | 1         |                         |
| <i>cefadroxil</i>                           | 1         |                         |
| <i>cefdinir</i>                             | 1         |                         |
| <i>cefixime</i>                             | 1         |                         |
| <i>cefpodoxime</i>                          | 1         |                         |
| <i>cefprozil</i>                            | 1         |                         |
| <i>cefuroxime axetil</i>                    | 1         |                         |
| <i>cephalexin</i>                           | 1         |                         |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b> |           |                         |
| <i>azithromycin</i>                         | 1         |                         |
| <i>clarithromycin</i>                       | 1         |                         |
| <i>e.e.s. 400</i>                           | 1         |                         |
| <i>ery-tab</i>                              | 1         |                         |
| <i>erythrocin (as stearate)</i>             | 1         |                         |
| <i>erythromycin</i>                         | 1         |                         |
| <i>erythromycin ethylsuccinate</i>          | 1         |                         |
| <i>fidaxomicin</i>                          | 1         | QL (99 per 99 days)     |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>         |           |                         |
| <i>albendazole</i>                          | 1         | QL (99 per 99 days)     |
| ALINIA                                      | 2         | QL (99 per 99 days)     |
| ARIKAYCE                                    | 4         | PA; LA                  |
| <i>atovaquone</i>                           | 1         |                         |

| Drug Name                    | Drug Tier | Requirements / Limits       |
|------------------------------|-----------|-----------------------------|
| <i>atovaquone-proguanil</i>  | 1         | QL (99 per 99 days)         |
| BENZNIDAZOLE                 | 2         | QL (99 per 99 days)         |
| CAYSTON                      | 4         | PA; LA; QL (99 per 99 days) |
| <i>chloroquine phosphate</i> | 1         |                             |
| <i>clindamycin hcl</i>       | 1         |                             |
| <i>clindamycin pediatric</i> | 1         |                             |
| COARTEM                      | 2         | QL (99 per 99 days)         |
| <i>cycloserine</i>           | 1         |                             |
| <i>dapsone</i>               | 1         |                             |
| EMVERM                       | 2         | QL (99 per 99 days)         |
| <i>ethambutol</i>            | 1         |                             |
| <i>hydroxychloroquine</i>    | 1         |                             |
| IMPAVIDO                     | 2         | PA; QL (99 per 99 days)     |
| <i>isoniazid</i>             | 1         |                             |
| <i>ivermectin</i>            | 1         | PA; QL (99 per 99 days)     |
| KITABIS PAK                  | 4         | PA; QL (99 per 99 days)     |
| <i>linezolid</i>             | 1         | PA                          |
| <i>mefloquine</i>            | 1         | QL (99 per 99 days)         |
| <i>metronidazole</i>         | 1         |                             |
| <i>neomycin</i>              | 1         |                             |
| <i>nitazoxanide</i>          | 1         | QL (99 per 99 days)         |
| <i>pentamidine</i>           | 1         | QL (99 per 99 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>praziquantel</i>                | 1         |                         |
| PRETOMANID                         | 3         | PA                      |
| PRIFTIN                            | 2         |                         |
| <i>primaquine</i>                  | 1         | QL (99 per 99 days)     |
| <i>pyrazinamide</i>                | 1         |                         |
| <i>pyrimethamine</i>               | 1         | PA                      |
| <i>quinine sulfate</i>             | 1         | QL (99 per 99 days)     |
| <i>rifabutin</i>                   | 1         |                         |
| <i>rifampin</i>                    | 1         |                         |
| SIRTURO                            | 2         | PA; LA                  |
| <i>tinidazole</i>                  | 1         | QL (99 per 99 days)     |
| <i>tobramycin</i>                  | 4         | PA; QL (99 per 99 days) |
| <i>tobramycin in 0.225 % nacl</i>  | 4         | PA; QL (99 per 99 days) |
| XIFAXAN                            | 2         | PA; QL (99 per 99 days) |
| <b>PENICILLINS</b>                 |           |                         |
| <i>amoxicillin</i>                 | 1         |                         |
| <i>amoxicillin-pot clavulanate</i> | 1         |                         |
| <i>ampicillin</i>                  | 1         |                         |
| AUGMENTIN                          | 2         |                         |
| <i>dicloxacillin</i>               | 1         |                         |
| <i>penicillin v potassium</i>      | 1         |                         |
| <b>QUINOLONES</b>                  |           |                         |
| <i>ciprofloxacin</i>               | 1         |                         |
| <i>ciprofloxacin hcl</i>           | 1         |                         |
| <i>levofloxacin</i>                | 1         |                         |
| <i>moxifloxacin</i>                | 1         |                         |

| Drug Name                                                             | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| <i>ofloxacin</i>                                                      | 1         |                       |
| <b>SULFA'S &amp; RELATED AGENTS</b>                                   |           |                       |
| <i>sulfadiazine</i>                                                   | 1         |                       |
| <i>sulfamethoxazole-trimethoprim</i>                                  | 1         |                       |
| <i>sulfatrim</i>                                                      | 1         |                       |
| <b>TETRACYCLINES</b>                                                  |           |                       |
| <i>avidoxy</i>                                                        | 1         |                       |
| <i>demeclocycline</i>                                                 | 1         |                       |
| <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>           | 1         | ST                    |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i>       | 1         | ST                    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>             | 1         |                       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>             | 1         | ST                    |
| <i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i> | 1         | ST                    |
| <i>doxycycline monohydrate oral suspension for reconstitution</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>doxycycline monohydrate oral tablet</i>            | 1         |                         |
| <i>minocycline oral capsule</i>                       | 1         |                         |
| <i>minocycline oral tablet</i>                        | 1         | ST                      |
| <i>minocycline oral tablet extended release 24 hr</i> | 1         | ST                      |
| <i>mondoxyne nl oral capsule 100 mg</i>               | 1         |                         |
| <i>mondoxyne nl oral capsule 75 mg</i>                | 1         | ST                      |
| <i>tetracycline oral capsule</i>                      | 1         |                         |
| <i>tetracycline oral tablet</i>                       | 1         | ST                      |
| <b>URINARY TRACT AGENTS</b>                           |           |                         |
| <i>fosfomycin tromethamine</i>                        | 1         |                         |
| <i>methenamine hippurate</i>                          | 1         |                         |
| <i>methenamine mandelate</i>                          | 1         |                         |
| <i>nitrofurantoin</i>                                 | 1         |                         |
| <i>nitrofurantoin macrocrystal</i>                    | 1         |                         |
| <i>nitrofurantoin monohyd/m-cryst</i>                 | 1         |                         |
| <i>trimethoprim</i>                                   | 1         |                         |
| <b>VANCOMYCIN</b>                                     |           |                         |
| <i>vancomycin oral capsule</i>                        | 1         | PA; QL (99 per 99 days) |
| <i>vancomycin oral recon soln</i>                     | 1         | QL (99 per 99 days)     |

| Drug Name                                           | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------|-----------|-------------------------|
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |           |                         |
| <b>ADJUNCTIVE AGENTS</b>                            |           |                         |
| KEPIVANCE                                           | 4         | PA                      |
| <i>leucovorin calcium</i>                           | 1         |                         |
| VISTOGARD                                           | 4         | PA; QL (99 per 99 days) |
| XGEVA                                               | 4         | PA; QL (99 per 99 days) |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b> |           |                         |
| <i>abiraterone</i>                                  | 4         | PA; QL (99 per 99 days) |
| <i>abirtega</i>                                     | 1         | PA; QL (99 per 99 days) |
| ADAKVEO                                             | 4         | PA                      |
| ADCETRIS                                            | 4         | PA                      |
| ALECENSA                                            | 4         | PA; QL (99 per 99 days) |
| ALIQOPA                                             | 4         | PA; LA                  |
| ALUNBRIG                                            | 4         | PA; QL (99 per 99 days) |
| AMTAGVI                                             | 4         | PA                      |
| <i>anastrozole</i>                                  | 1         |                         |
| AVMAPKI-FAKZYNJA                                    | 4         | PA                      |
| <i>azacitidine</i>                                  | 4         | PA                      |
| <i>azathioprine</i>                                 | 1         |                         |
| BALVERSA                                            | 4         | PA; LA                  |
| BAVENCIO                                            | 4         | PA; LA                  |
| <i>bendamustine</i>                                 | 4         | PA                      |
| BENDEKA                                             | 4         | PA                      |
| BESPONSA                                            | 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>bevacizumab</i>                            | 1         |                             |
| <i>bexarotene</i>                             | 4         | PA                          |
| <i>bicalutamide</i>                           | 1         |                             |
| BIZENGRI                                      | 4         | PA                          |
| BLINCYTO                                      | 4         | PA                          |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG  | 4         | PA                          |
| <i>bortezomib injection recon soln 3.5 mg</i> | 4         | PA                          |
| BORTEZOMIB INTRAVENOUS                        | 4         | PA                          |
| BOSULIF                                       | 4         | PA; QL (99 per 99 days)     |
| BRUKINSA                                      | 4         | PA; LA                      |
| CABOMETYX                                     | 4         | PA; LA; QL (99 per 99 days) |
| CALQUENCE (ACALABRUTINIB MAL)                 | 4         | PA; LA; QL (99 per 99 days) |
| <i>capecitabine</i>                           | 4         | PA; QL (99 per 99 days)     |
| CAPRELSA                                      | 4         | PA; LA; QL (99 per 99 days) |
| CARVYKTI                                      | 4         | PA                          |
| COMETRIQ                                      | 4         | PA; QL (99 per 99 days)     |
| COTELLIC                                      | 4         | PA; LA; QL (99 per 99 days) |
| <i>cyclophosphamide</i>                       | 1         |                             |
| <i>cyclosporine</i>                           | 1         |                             |
| <i>cyclosporine modified</i>                  | 1         |                             |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| CYRAMZA                               | 4         | PA                      |
| DANZITEN                              | 4         | PA                      |
| DARZALEX                              | 4         | PA; LA                  |
| <i>dasatinib</i>                      | 4         | PA; QL (99 per 99 days) |
| <i>decitabine</i>                     | 4         | PA                      |
| DROXIA                                | 2         |                         |
| ELIGARD                               | 4         | PA                      |
| ELIGARD (3 MONTH)                     | 4         | PA                      |
| ELIGARD (4 MONTH)                     | 4         | PA                      |
| ELIGARD (6 MONTH)                     | 4         | PA                      |
| ELZONRIS                              | 4         | PA                      |
| ENSACOVE                              | 4         | PA                      |
| ENSPRYNG                              | 4         | PA                      |
| ERBITUX                               | 4         | PA                      |
| <i>eribulin</i>                       | 4         | PA                      |
| ERIVEDGE                              | 4         | PA; QL (99 per 99 days) |
| ERLEADA                               | 4         | PA; QL (99 per 99 days) |
| <i>erlotinib</i>                      | 4         | PA; QL (99 per 99 days) |
| <i>etoposide</i>                      | 1         |                         |
| <i>everolimus (antineoplastic)</i>    | 4         | PA; QL (99 per 99 days) |
| <i>everolimus (immunosuppressive)</i> | 1         |                         |
| <i>exemestane</i>                     | 1         |                         |
| FENSOLVI                              | 4         | PA                      |
| <i>fludarabine</i>                    | 1         |                         |
| FOLOTYN                               | 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       |
|--------------------|-----------|-----------------------------|
| GAMIFANT           | 4         | PA                          |
| GAVRETO            | 4         | PA; LA; QL (99 per 99 days) |
| GAZYVA             | 4         | PA                          |
| <i>gefitinib</i>   | 4         | PA; QL (99 per 99 days)     |
| <i>gengraf</i>     | 1         |                             |
| GILOTRIF           | 4         | PA; QL (99 per 99 days)     |
| GLEOSTINE          | 2         |                             |
| GOMEKLI            | 4         | PA                          |
| HALAVEN            | 4         | PA                          |
| HYCAMTIN           | 4         | PA                          |
| <i>hydroxyurea</i> | 1         |                             |
| ICLUSIG            | 4         | PA; QL (99 per 99 days)     |
| IDHIFA             | 4         | PA; LA; QL (99 per 99 days) |
| <i>imatinib</i>    | 4         | PA; QL (99 per 99 days)     |
| IMBRUVICA          | 4         | ST; QL (99 per 99 days)     |
| IMFINZI            | 4         | PA; LA                      |
| IMKELDI            | 4         | PA                          |
| INLYTA             | 4         | PA; QL (99 per 99 days)     |
| ISTODAX            | 4         | PA                          |
| IWILFIN            | 4         | PA; LA                      |
| IXEMPRA            | 4         | PA                          |
| JAKAFI             | 4         | ST; QL (99 per 99 days)     |
| KADCYLA            | 4         | PA                          |
| KANJINTI           | 4         | PA                          |

| Drug Name              | Drug Tier | Requirements / Limits   |
|------------------------|-----------|-------------------------|
| KEYTRUDA               | 4         | PA                      |
| KIMMTRAK               | 4         | PA                      |
| KISQALI                | 4         | PA; QL (99 per 99 days) |
| KYMRIAH                | 4         | PA                      |
| KYPROLIS               | 4         | PA                      |
| <i>lanreotide</i>      | 4         | PA; QL (99 per 99 days) |
| <i>lapatinib</i>       | 4         | PA; QL (99 per 99 days) |
| <i>lenalidomide</i>    | 4         | PA; QL (99 per 99 days) |
| LENVIMA                | 4         | PA; QL (99 per 99 days) |
| <i>letrozole</i>       | 1         |                         |
| LEUKERAN               | 2         |                         |
| <i>leuprolide</i>      | 4         | PA                      |
| LIBTAYO                | 4         | PA                      |
| LONSURF                | 4         | PA                      |
| LOQTORZI               | 4         | PA                      |
| LORBRENA               | 4         | PA; QL (99 per 99 days) |
| LUNSUMIO               | 4         | PA                      |
| LUPKYNIS               | 4         | PA; QL (99 per 99 days) |
| LUPRON DEPOT           | 4         | PA                      |
| LUPRON DEPOT (3 MONTH) | 4         | PA                      |
| LUPRON DEPOT (4 MONTH) | 4         | PA                      |
| LUPRON DEPOT (6 MONTH) | 4         | PA                      |
| LYNPARZA               | 4         | PA; QL (99 per 99 days) |
| LYSODREN               | 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       |
|---------------------------------------|-----------|-----------------------------|
| LYTGOBI                               | 4         | PA; LA                      |
| MATULANE                              | 4         | PA                          |
| <i>megestrol</i>                      | 1         |                             |
| MEKINIST                              | 4         | PA; QL (99 per 99 days)     |
| <i>mercaptopurine oral suspension</i> | 4         | ST                          |
| <i>mercaptopurine oral tablet</i>     | 1         |                             |
| <i>methotrexate sodium</i>            | 1         |                             |
| <i>methotrexate sodium (pf)</i>       | 1         |                             |
| <i>mitoxantrone</i>                   | 4         | PA                          |
| <i>mycophenolate mofetil</i>          | 1         |                             |
| <i>mycophenolate sodium</i>           | 1         |                             |
| MYHIBBIN                              | 2         |                             |
| MYLERAN                               | 2         |                             |
| MYLOTARG                              | 4         | PA; LA                      |
| <i>nelarabine</i>                     | 4         | PA                          |
| NEMLUVIO                              | 4         | PA; QL (99 per 99 days)     |
| NERLYNX                               | 4         | PA; LA                      |
| <i>nilotinib hcl</i>                  | 4         | PA; QL (99 per 99 days)     |
| <i>nilutamide</i>                     | 1         | PA                          |
| NINLARO                               | 4         | PA; QL (99 per 99 days)     |
| NUBEQA                                | 4         | PA; LA; QL (99 per 99 days) |
| <i>octreotide acetate</i>             | 4         | PA                          |
| <i>octreotide, microspheres</i>       | 4         | PA; QL (99 per 99 days)     |

| Drug Name                       | Drug Tier | Requirements / Limits       |
|---------------------------------|-----------|-----------------------------|
| ODOMZO                          | 4         | PA; LA; QL (99 per 99 days) |
| OJEMDA                          | 4         | PA                          |
| ONIVYDE                         | 4         | PA                          |
| OPDIVO                          | 4         | PA                          |
| OPDIVO QVANTIG                  | 4         | PA                          |
| OPDUALAG                        | 4         | PA                          |
| ORSERDU                         | 4         | PA; QL (99 per 99 days)     |
| <i>paclitaxel protein-bound</i> | 4         | PA                          |
| <i>pazopanib</i>                | 4         | PA; QL (99 per 99 days)     |
| PEMAZYRE                        | 4         | PA; LA; QL (99 per 99 days) |
| PERJETA                         | 4         | PA                          |
| PHESGO                          | 4         | PA                          |
| PIQRAY                          | 4         | PA                          |
| POMALYST                        | 4         | PA; LA                      |
| POTELIGEO                       | 4         | PA                          |
| PRALATREXATE                    | 4         | PA                          |
| PROGRAF                         | 2         |                             |
| PURIXAN                         | 4         | ST                          |
| REVLIMID                        | 4         | PA; LA; QL (99 per 99 days) |
| REVUFORJ                        | 4         | PA                          |
| <i>romidepsin</i>               | 4         | PA                          |
| ROZLYTREK                       | 4         | PA; LA; QL (99 per 99 days) |
| RUXIENCE                        | 4         | PA                          |

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| Drug Name               | Drug Tier | Requirements / Limits       |
|-------------------------|-----------|-----------------------------|
| RYDAPT                  | 4         | PA; QL (99 per 99 days)     |
| SCSEMBLIX               | 4         | PA; QL (99 per 99 days)     |
| SIGNIFOR                | 4         | PA                          |
| <i>sirolimus</i>        | 1         |                             |
| SOLTAMOX                | 3         |                             |
| SOMATULINE DEPOT        | 4         | PA; QL (99 per 99 days)     |
| <i>sorafenib</i>        | 4         | PA; QL (99 per 99 days)     |
| STIVARGA                | 4         | PA; QL (99 per 99 days)     |
| <i>sunitinib malate</i> | 4         | PA; QL (99 per 99 days)     |
| SYLVANT                 | 4         | PA                          |
| TABRECTA                | 4         | PA                          |
| <i>tacrolimus</i>       | 1         |                             |
| TAFINLAR                | 4         | PA; QL (99 per 99 days)     |
| TAGRISSO                | 4         | PA; LA; QL (99 per 99 days) |
| TALZENNA                | 4         | PA; QL (99 per 99 days)     |
| <i>tamoxifen</i>        | 1         |                             |
| TECELRA                 | 4         | PA                          |
| TECENTRIQ               | 4         | PA; LA                      |
| TECENTRIQ HYBREZA       | 4         | PA                          |
| TEMODAR                 | 4         | PA                          |
| <i>temozolomide</i>     | 4         | PA                          |
| <i>temsirolimus</i>     | 4         | PA                          |
| TEVIMBRA                | 4         | PA                          |
| THALOMID                | 4         | PA; QL (99 per 99 days)     |

| Drug Name                         | Drug Tier | Requirements / Limits       |
|-----------------------------------|-----------|-----------------------------|
| TIBSOVO                           | 4         | PA                          |
| <i>topotecan</i>                  | 4         | PA                          |
| <i>toremifene</i>                 | 1         |                             |
| <i>torpenz</i>                    | 4         | PA; QL (99 per 99 days)     |
| TRAZIMERA                         | 4         | PA                          |
| <i>tretinoin (antineoplastic)</i> | 1         |                             |
| TRIPTODUR                         | 4         | PA                          |
| UNITUXIN                          | 4         | PA                          |
| VECTIBIX                          | 4         | PA                          |
| VENCLEXTA                         | 4         | PA; LA; QL (99 per 99 days) |
| VENCLEXTA STARTING PACK           | 4         | PA; QL (99 per 99 days)     |
| VERZENIO                          | 4         | PA; LA; QL (99 per 99 days) |
| VIJOICE                           | 4         | PA; QL (99 per 99 days)     |
| VITRAKVI                          | 4         | PA; LA; QL (99 per 99 days) |
| VIZIMPRO                          | 4         | PA; QL (99 per 99 days)     |
| VONJO                             | 4         | PA; QL (99 per 99 days)     |
| VYLOY                             | 4         | PA                          |
| VYXEOS                            | 4         | PA                          |
| XALKORI                           | 4         | PA; QL (99 per 99 days)     |
| XERMELO                           | 4         | PA; LA; QL (99 per 99 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       |
|-----------|-----------|-----------------------------|
| XOSPATA   | 4         | PA; LA; QL (99 per 99 days) |
| XTANDI    | 4         | PA; QL (99 per 99 days)     |
| YERVOY    | 4         | PA                          |
| YESCARTA  | 4         | PA                          |
| YONDELIS  | 4         | PA                          |
| ZEJULA    | 4         | PA; LA; QL (99 per 99 days) |
| ZELBORAF  | 4         | PA; QL (99 per 99 days)     |
| ZIRABEV   | 4         | PA                          |
| ZOLADEX   | 4         | PA                          |
| ZOLINZA   | 4         | PA; QL (99 per 99 days)     |
| ZYDELIG   | 4         | PA; QL (99 per 99 days)     |
| ZYKADIA   | 4         | PA; QL (99 per 99 days)     |
| ZYNYZ     | 4         | PA                          |

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

|                        |   |        |
|------------------------|---|--------|
| <i>carbamazepine</i>   | 1 |        |
| <i>clobazam</i>        | 1 | PA     |
| <i>clonazepam</i>      | 1 |        |
| DIACOMIT               | 4 | PA     |
| <i>diazepam</i>        | 1 |        |
| DILANTIN               | 2 |        |
| <i>divalproex</i>      | 1 |        |
| EPIDIOLEX              | 4 | PA; LA |
| <i>eslicarbazepine</i> | 1 |        |
| <i>ethosuximide</i>    | 1 |        |

| Drug Name                                            | Drug Tier | Requirements / Limits   |
|------------------------------------------------------|-----------|-------------------------|
| <i>felbamate</i>                                     | 1         |                         |
| <i>gabapentin oral capsule</i>                       | 1         |                         |
| <i>gabapentin oral solution</i>                      | 1         |                         |
| <i>gabapentin oral tablet</i>                        | 1         |                         |
| <i>gabapentin oral tablet extended release 24 hr</i> | 1         | ST                      |
| <i>lacosamide</i>                                    | 1         |                         |
| <i>lamotrigine</i>                                   | 1         |                         |
| <i>levetiracetam</i>                                 | 1         |                         |
| <i>methsuximide</i>                                  | 1         |                         |
| NAYZILAM                                             | 2         | PA; QL (99 per 99 days) |
| <i>oxcarbazepine</i>                                 | 1         |                         |
| <i>perampanel</i>                                    | 1         |                         |
| <i>phenobarbital</i>                                 | 1         |                         |
| <i>phenytoin</i>                                     | 1         |                         |
| <i>phenytoin sodium extended</i>                     | 1         |                         |
| <i>pregabalin oral capsule</i>                       | 1         |                         |
| <i>pregabalin oral solution</i>                      | 1         |                         |
| <i>pregabalin oral tablet extended release 24 hr</i> | 1         | PA                      |
| <i>primidone</i>                                     | 1         |                         |
| <i>roweepra</i>                                      | 1         |                         |
| <i>rufinamide</i>                                    | 1         | PA                      |
| <i>subvenite</i>                                     | 1         |                         |
| <i>subvenite starter (blue) kit</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>subvenite starter (green) kit</i>                  | 1         |                             |
| <i>subvenite starter (orange) kit</i>                 | 1         |                             |
| <i>tiagabine</i>                                      | 1         |                             |
| <i>topiramate oral capsule, sprinkle</i>              | 1         |                             |
| <i>topiramate oral capsule, extended release 24hr</i> | 1         | ST                          |
| <i>topiramate oral capsule, sprinkle, er 24hr</i>     | 1         | ST                          |
| <i>topiramate oral solution</i>                       | 1         |                             |
| <i>topiramate oral tablet</i>                         | 1         |                             |
| <i>valproic acid</i>                                  | 1         |                             |
| <i>valproic acid (as sodium salt)</i>                 | 1         |                             |
| <i>vigabatrin</i>                                     | 4         | PA; LA; QL (99 per 99 days) |
| <i>vigadrone</i>                                      | 4         | PA; QL (99 per 99 days)     |
| <i>zonisamide</i>                                     | 1         |                             |
| ZTALMY                                                | 4         | PA; LA                      |
| <b>ANTIPARKINSONISM AGENTS</b>                        |           |                             |
| <i>apomorphine</i>                                    | 4         | PA; QL (99 per 99 days)     |
| <i>benztropine</i>                                    | 1         |                             |
| <i>bromocriptine</i>                                  | 1         |                             |
| <i>carbidopa</i>                                      | 1         | PA                          |
| <i>carbidopa-levodopa</i>                             | 1         |                             |
| <i>carbidopa-levodopa-entacapone</i>                  | 1         |                             |

| Drug Name                                      | Drug Tier | Requirements / Limits   |
|------------------------------------------------|-----------|-------------------------|
| <i>entacapone</i>                              | 1         |                         |
| INBRIJA                                        | 4         | PA; QL (99 per 99 days) |
| NEUPRO                                         | 3         |                         |
| <i>pramipexole</i>                             | 1         |                         |
| <i>rasagiline</i>                              | 1         |                         |
| <i>ropinirole</i>                              | 1         |                         |
| <i>selegiline hcl</i>                          | 1         |                         |
| <i>tolcapone</i>                               | 1         | PA                      |
| <i>trihexyphenidyl</i>                         | 1         |                         |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b> |           |                         |
| AJOVY AUTOINJECTOR                             | 2         | PA; QL (99 per 99 days) |
| AJOVY SYRINGE                                  | 2         | PA; QL (99 per 99 days) |
| <i>almotriptan malate</i>                      | 1         | ST; QL (99 per 99 days) |
| <i>dihydroergotamine injection</i>             | 1         | PA                      |
| <i>dihydroergotamine nasal</i>                 | 1         | ST; QL (99 per 99 days) |
| <i>eletriptan</i>                              | 1         | QL (99 per 99 days)     |
| EMGALITY PEN                                   | 2         | PA; QL (99 per 99 days) |
| EMGALITY SYRINGE                               | 2         | PA; QL (99 per 99 days) |
| ERGOMAR                                        | 3         |                         |
| <i>ergotamine-caffeine</i>                     | 1         |                         |
| <i>frovatriptan</i>                            | 1         | ST; QL (99 per 99 days) |
| <i>migergot</i>                                | 1         |                         |
| <i>naratriptan</i>                             | 1         | QL (99 per 99 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>rizatriptan</i>           | 1         | QL (99 per 99 days)     |
| <i>sumatriptan</i>           | 1         | QL (99 per 99 days)     |
| <i>sumatriptan succinate</i> | 1         | QL (99 per 99 days)     |
| <i>sumatriptan-naproxen</i>  | 1         | ST; QL (99 per 99 days) |
| <i>zolmitriptan nasal</i>    | 1         | ST; QL (99 per 99 days) |
| <i>zolmitriptan oral</i>     | 1         | QL (99 per 99 days)     |

#### MISCELLANEOUS NEUROLOGICAL THERAPY

|                                              |   |                             |
|----------------------------------------------|---|-----------------------------|
| AUSTEDO                                      | 4 | PA; LA; QL (99 per 99 days) |
| AUSTEDO XR                                   | 4 | PA; QL (99 per 99 days)     |
| AUSTEDO XR TITRATION KT(WK1-4)               | 4 | PA; QL (99 per 99 days)     |
| <i>dalfampridine</i>                         | 4 | PA; QL (99 per 99 days)     |
| <i>dichlorphenamide</i>                      | 4 | PA                          |
| <i>donepezil oral tablet 10 mg, 5 mg</i>     | 1 |                             |
| <i>donepezil oral tablet 23 mg</i>           | 1 | ST                          |
| <i>donepezil oral tablet, disintegrating</i> | 1 |                             |
| <i>edaravone</i>                             | 4 | PA                          |
| FIRDAPSE                                     | 4 | PA; LA                      |
| <i>galantamine</i>                           | 1 |                             |
| <i>memantine</i>                             | 1 |                             |
| <i>memantine-donepezil</i>                   | 1 | ST                          |

| Drug Name                     | Drug Tier | Requirements / Limits       |
|-------------------------------|-----------|-----------------------------|
| NUEDEXTA                      | 2         | PA                          |
| <i>ormalvi</i>                | 4         | PA                          |
| RADICAVA                      | 4         | PA                          |
| RADICAVA ORS STARTER KIT SUSP | 4         | PA                          |
| <i>rivastigmine</i>           | 1         |                             |
| <i>rivastigmine tartrate</i>  | 1         |                             |
| SKYSONA                       | 4         | PA                          |
| SPINRAZA (PF)                 | 4         | PA; QL (99 per 99 days)     |
| <i>tetrabenazine</i>          | 4         | PA; QL (99 per 99 days)     |
| TYSABRI                       | 4         | PA; LA; QL (99 per 99 days) |
| ZEPOSIA                       | 4         | PA; QL (99 per 99 days)     |
| ZEPOSIA STARTER KIT (28-DAY)  | 4         | PA; QL (99 per 99 days)     |
| ZEPOSIA STARTER PACK (7-DAY)  | 4         | PA; QL (99 per 99 days)     |
| ZOLGENSMA                     | 4         | PA                          |

#### MUSCLE RELAXANTS & ANTISPASMODIC THERAPY

|                                                            |   |    |
|------------------------------------------------------------|---|----|
| <i>baclofen oral solution</i>                              | 1 | PA |
| <i>baclofen oral suspension</i>                            | 1 |    |
| <i>baclofen oral tablet</i>                                | 1 |    |
| <i>chlorzoxazone</i>                                       | 1 |    |
| <i>cyclobenzaprine oral capsule, extended release 24hr</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>cyclobenzaprine oral tablet</i>          | 1         |                         |
| <i>dantrolene</i>                           | 1         |                         |
| <i>metaxalone</i>                           | 1         |                         |
| <i>methocarbamol</i>                        | 1         |                         |
| <i>orphenadrine citrate</i>                 | 1         |                         |
| <i>orphenadrine-asa-caffeine</i>            | 1         |                         |
| <i>orphengesic forte</i>                    | 1         |                         |
| <i>pyridostigmine bromide</i>               | 1         |                         |
| <i>tanlor</i>                               | 1         |                         |
| <i>tizanidine</i>                           | 1         |                         |
| <b>NARCOTIC ANALGESICS</b>                  |           |                         |
| <i>acetaminophen-caff-dihydrocod</i>        | 1         | ST; QL (99 per 99 days) |
| <i>acetaminophen-codeine</i>                | 1         | ST; QL (99 per 99 days) |
| <i>ascomp with codeine</i>                  | 1         |                         |
| <b>BRIXADI</b>                              | 4         |                         |
| <i>buprenorphine</i>                        | 1         | ST                      |
| <i>buprenorphine hcl injection solution</i> | 1         |                         |
| <i>buprenorphine hcl injection syringe</i>  | 1         | ST; QL (99 per 99 days) |
| <i>buprenorphine hcl sublingual</i>         | 1         |                         |
| <i>butalbital-acetaminop-caf-cod</i>        | 1         |                         |
| <i>butalbital-acetaminophen</i>             | 1         |                         |
| <i>butalbital-acetaminophen-caff</i>        | 1         |                         |
| <i>butalbital-aspirin-caffeine</i>          | 1         |                         |

| Drug Name                          | Drug Tier | Requirements / Limits   |
|------------------------------------|-----------|-------------------------|
| <i>codeine sulfate</i>             | 1         | ST; QL (99 per 99 days) |
| <i>codeine-butalbital-asa-caff</i> | 1         |                         |
| <i>diskets</i>                     | 1         |                         |
| <i>endocet</i>                     | 1         | ST; QL (99 per 99 days) |
| <i>fentanyl</i>                    | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone bitartrate</i>      | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone-acetaminophen</i>   | 1         | ST; QL (99 per 99 days) |
| <i>hydrocodone-ibuprofen</i>       | 1         | ST; QL (99 per 99 days) |
| <i>hydromorphone</i>               | 1         | ST; QL (99 per 99 days) |
| <i>levorphanol tartrate</i>        | 1         | ST; QL (99 per 99 days) |
| <i>methadone</i>                   | 1         |                         |
| <i>methadose</i>                   | 1         |                         |
| <i>morphine</i>                    | 1         | ST; QL (99 per 99 days) |
| <i>morphine concentrate</i>        | 1         | ST; QL (99 per 99 days) |
| <i>oxycodone</i>                   | 1         | ST; QL (99 per 99 days) |
| <i>oxycodone-acetaminophen</i>     | 1         | ST; QL (99 per 99 days) |
| <i>oxymorphone</i>                 | 1         | ST; QL (99 per 99 days) |
| <i>prolate</i>                     | 1         | ST; QL (99 per 99 days) |
| <b>SUBLOCADE</b>                   | 4         |                         |
| <i>tencon</i>                      | 1         |                         |
| <b>NON-NARCOTIC ANALGESICS</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>aspirin</i>                                                 | 6         | ACA; OTC                |
| <i>aspirin childrens</i>                                       | 6         | ACA; OTC                |
| <i>bayer low dose aspirin</i>                                  | 6         | ACA; OTC                |
| <i>buprenorphine-naloxone</i>                                  | 1         |                         |
| <i>butorphanol</i>                                             | 1         | ST; QL (99 per 99 days) |
| <i>celecoxib</i>                                               | 1         |                         |
| <i>diclofenac potassium oral capsule</i>                       | 1         | ST                      |
| <i>diclofenac potassium oral powder in packet</i>              | 1         | ST; QL (99 per 99 days) |
| <i>diclofenac potassium oral tablet 25 mg</i>                  | 1         | ST                      |
| <i>diclofenac potassium oral tablet 50 mg</i>                  | 1         |                         |
| <i>diclofenac sodium oral</i>                                  | 1         |                         |
| <i>diclofenac sodium topical drops</i>                         | 1         | QL (99 per 99 days)     |
| <i>diclofenac sodium topical solution in metered-dose pump</i> | 1         | ST; QL (99 per 99 days) |
| <i>diclofenac-misoprostol</i>                                  | 1         |                         |
| <i>diflunisal</i>                                              | 1         |                         |
| <i>ecotrin low strength</i>                                    | 6         | ACA; OTC                |
| <i>etodolac</i>                                                | 1         |                         |
| <i>fenoprofen</i>                                              | 1         | ST                      |
| <i>flurbiprofen</i>                                            | 1         |                         |
| <i>ibu</i>                                                     | 1         |                         |
| <i>ibuprofen</i>                                               | 1         |                         |
| <i>ibuprofen-famotidine</i>                                    | 1         | ST                      |

| Drug Name                                                   | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------------|-----------|-------------------------|
| <i>indomethacin oral capsule</i>                            | 1         |                         |
| <i>indomethacin oral capsule, extended release</i>          | 1         |                         |
| <i>indomethacin oral suspension</i>                         | 1         | ST                      |
| <i>indomethacin rectal</i>                                  | 1         |                         |
| <i>ketoprofen oral capsule 25 mg</i>                        | 1         | ST                      |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                 | 1         |                         |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>      | 1         | ST                      |
| <i>ketorolac</i>                                            | 1         | QL (99 per 99 days)     |
| <i>lofena</i>                                               | 1         | ST                      |
| <i>lofexidine</i>                                           | 1         | PA; QL (99 per 99 days) |
| <i>meclofenamate</i>                                        | 1         |                         |
| <i>mefenamic acid</i>                                       | 1         |                         |
| <i>meloxicam</i>                                            | 1         | QL (99 per 99 days)     |
| <i>meloxicam submicronized</i>                              | 1         | ST; QL (99 per 99 days) |
| <i>nabumetone</i>                                           | 1         |                         |
| <i>naloxone</i>                                             | 1         | PA                      |
| <i>naltrexone</i>                                           | 1         |                         |
| <i>naproxen oral suspension</i>                             | 1         | ST                      |
| <i>naproxen oral tablet</i>                                 | 1         |                         |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 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>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1         | ST                      |
| <i>naproxen sodium oral tablet</i>                          | 1         |                         |
| <i>naproxen sodium oral tablet, er multiphase 24 hr</i>     | 1         | ST                      |
| <i>naproxen-esomeprazole</i>                                | 1         | ST                      |
| NUCYNTA                                                     | 3         | ST; QL (99 per 99 days) |
| NUCYNTA ER                                                  | 3         | ST; QL (99 per 99 days) |
| <i>oxaprozin</i>                                            | 1         |                         |
| <i>piroxicam</i>                                            | 1         |                         |
| REXTOVY                                                     | 2         | QL (99 per 99 days)     |
| <i>salsalate</i>                                            | 1         |                         |
| <i>st joseph aspirin</i>                                    | 6         | ACA; OTC                |
| <i>sulindac</i>                                             | 1         |                         |
| <i>tolmetin</i>                                             | 1         | ST                      |
| <i>tramadol</i>                                             | 1         | ST; QL (99 per 99 days) |
| <i>tramadol-acetaminophen</i>                               | 1         | ST; QL (99 per 99 days) |
| VISCO-3                                                     | 4         | PA                      |
| VIVITROL                                                    | 4         |                         |
| ZUBSOLV                                                     | 2         |                         |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                              |           |                         |
| ABILIFY ASIMTUFI                                            | 2         |                         |
| ABILIFY MAINTENA                                            | 2         |                         |
| <i>alprazolam</i>                                           | 1         |                         |

| Drug Name                                                | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------|-----------|-------------------------|
| <i>alprazolam intensol</i>                               | 1         |                         |
| <i>amitriptyline</i>                                     | 1         |                         |
| <i>amitriptyline-chlordiazepoxide</i>                    | 1         |                         |
| <i>amoxapine</i>                                         | 1         |                         |
| <i>amphetamine sulfate</i>                               | 1         | PA                      |
| <i>aripiprazole oral solution</i>                        | 1         |                         |
| <i>aripiprazole oral tablet</i>                          | 1         | QL (99 per 99 days)     |
| <i>aripiprazole oral tablet, disintegrating</i>          | 1         | QL (99 per 99 days)     |
| ARISTADA                                                 | 2         |                         |
| ARISTADA INITIO                                          | 2         |                         |
| <i>armodafinil</i>                                       | 1         | PA; QL (99 per 99 days) |
| <i>asenapine maleate</i>                                 | 1         | QL (99 per 99 days)     |
| <i>atomoxetine</i>                                       | 1         | PA                      |
| BELSOMRA                                                 | 3         | ST; QL (99 per 99 days) |
| <i>bupropion hcl oral tablet</i>                         | 1         |                         |
| <i>bupropion hcl oral tablet extended release 24 hr</i>  | 1         | QL (99 per 99 days)     |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i> | 1         | QL (99 per 99 days)     |
| <i>buspirone</i>                                         | 1         |                         |
| <i>chlordiazepoxide hcl</i>                              | 1         |                         |
| <i>chlorpromazine</i>                                    | 1         |                         |
| <i>citalopram oral solution</i>                          | 1         |                         |
| <i>citalopram oral tablet</i>                            | 1         | QL (99 per 99 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>clomipramine</i>                                                        | 1         |                         |
| <i>clonidine hcl</i>                                                       | 1         | PA                      |
| <i>clorazepate dipotassium</i>                                             | 1         |                         |
| <i>clozapine</i>                                                           | 1         |                         |
| <i>desipramine</i>                                                         | 1         |                         |
| <i>desvenlafaxine succinate</i>                                            | 1         | ST; QL (99 per 99 days) |
| <i>dexmethylphenidate</i>                                                  | 1         | PA                      |
| <i>dextroamphetamine sulfate</i>                                           | 1         | PA                      |
| <i>dextroamphetamine-amphetamine</i>                                       | 1         | PA                      |
| <i>diazepam</i>                                                            | 1         |                         |
| <i>diazepam intensol</i>                                                   | 1         |                         |
| <i>doxepin oral capsule</i>                                                | 1         |                         |
| <i>doxepin oral concentrate</i>                                            | 1         |                         |
| <i>doxepin oral tablet</i>                                                 | 1         | ST; QL (99 per 99 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1         | QL (99 per 99 days)     |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>               | 1         | ST; QL (99 per 99 days) |
| <i>ergoloid</i>                                                            | 1         |                         |
| ERZOFRI                                                                    | 2         |                         |
| <i>escitalopram oxalate oral solution</i>                                  | 1         | ST                      |
| <i>escitalopram oxalate oral tablet</i>                                    | 1         | QL (99 per 99 days)     |
| <i>estazolam</i>                                                           | 1         | QL (99 per 99 days)     |
| <i>eszopiclone</i>                                                         | 1         | QL (99 per 99 days)     |

| Drug Name                                              | Drug Tier | Requirements / Limits   |
|--------------------------------------------------------|-----------|-------------------------|
| FETZIMA                                                | 3         | ST; QL (99 per 99 days) |
| <i>fluoxetine oral capsule 10 mg, 40 mg</i>            | 1         | QL (99 per 99 days)     |
| <i>fluoxetine oral capsule 20 mg</i>                   | 1         |                         |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 1         | ST; QL (99 per 99 days) |
| <i>fluoxetine oral solution</i>                        | 1         |                         |
| <i>fluoxetine oral tablet 10 mg</i>                    | 1         | ST; QL (99 per 99 days) |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i>             | 1         | ST                      |
| <i>fluphenazine hcl</i>                                | 1         |                         |
| <i>flurazepam</i>                                      | 1         | QL (99 per 99 days)     |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 1         | ST; QL (99 per 99 days) |
| <i>fluvoxamine oral tablet</i>                         | 1         | QL (99 per 99 days)     |
| <i>guanfacine</i>                                      | 1         | PA                      |
| <i>haloperidol</i>                                     | 1         |                         |
| <i>haloperidol lactate</i>                             | 1         |                         |
| <i>imipramine hcl</i>                                  | 1         |                         |
| <i>imipramine pamoate</i>                              | 1         |                         |
| <i>lisdexamfetamine oral capsule</i>                   | 1         | PA                      |
| <i>lisdexamfetamine oral tablet, chewable</i>          | 1         | ST                      |
| <i>lithium carbonate</i>                               | 1         |                         |
| <i>lithium citrate</i>                                 | 1         |                         |
| <i>lorazepam</i>                                       | 1         |                         |
| <i>lorazepam intensol</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>loxapine succinate</i>                                      | 1         |                         |
| LUMRYZ                                                         | 4         | ST; QL (99 per 99 days) |
| LUMRYZ STARTER PACK                                            | 4         | ST                      |
| <i>lurasidone</i>                                              | 1         | QL (99 per 99 days)     |
| MARPLAN                                                        | 3         |                         |
| <i>methamphetamine</i>                                         | 1         | PA                      |
| <i>methylphenidate</i>                                         | 1         | ST                      |
| <i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i> | 1         | ST                      |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i>     | 1         | PA                      |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50</i>      | 1         | PA                      |
| <i>methylphenidate hcl oral solution</i>                       | 1         | PA                      |
| <i>methylphenidate hcl oral tablet</i>                         | 1         | PA                      |
| <i>methylphenidate hcl oral tablet extended release</i>        | 1         | PA                      |
| <i>methylphenidate hcl oral tablet extended release 24hr</i>   | 1         | PA                      |
| <i>methylphenidate hcl oral tablet,chewable</i>                | 1         | PA                      |
| <i>midazolam</i>                                               | 1         |                         |
| <i>mirtazapine</i>                                             | 1         |                         |
| <i>modafinil</i>                                               | 1         | PA; QL (99 per 99 days) |
| <i>molindone</i>                                               | 1         |                         |

| Drug Name                                                | Drug Tier | Requirements / Limits   |
|----------------------------------------------------------|-----------|-------------------------|
| <i>nortriptyline</i>                                     | 1         |                         |
| <i>olanzapine</i>                                        | 1         | QL (99 per 99 days)     |
| <i>olanzapine-fluoxetine</i>                             | 1         |                         |
| <i>paliperidone</i>                                      | 1         | QL (99 per 99 days)     |
| <i>paroxetine hcl oral suspension</i>                    | 1         | ST                      |
| <i>paroxetine hcl oral tablet</i>                        | 1         | QL (99 per 99 days)     |
| <i>paroxetine hcl oral tablet extended release 24 hr</i> | 1         | ST; QL (99 per 99 days) |
| <i>paroxetine mesylate(menop.sym )</i>                   | 1         | ST; QL (99 per 99 days) |
| <i>perphenazine</i>                                      | 1         |                         |
| <i>perphenazine-amitriptyline</i>                        | 1         |                         |
| <i>phenelzine</i>                                        | 1         |                         |
| <i>pimozide</i>                                          | 1         |                         |
| <i>procentra</i>                                         | 1         | PA                      |
| <i>protriptyline</i>                                     | 1         |                         |
| <i>quetiapine</i>                                        | 1         | QL (99 per 99 days)     |
| <i>ramelteon</i>                                         | 1         | QL (99 per 99 days)     |
| REXULTI                                                  | 3         | QL (99 per 99 days)     |
| <i>risperidone microspheres</i>                          | 1         |                         |
| <i>risperidone oral solution</i>                         | 1         |                         |
| <i>risperidone oral tablet</i>                           | 1         | QL (99 per 99 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>risperidone oral tablet, disintegrating</i>         | 1         | QL (99 per 99 days)         |
| RYKINDO                                                | 2         |                             |
| <i>sertraline oral capsule</i>                         | 1         | ST; QL (99 per 99 days)     |
| <i>sertraline oral concentrate</i>                     | 1         |                             |
| <i>sertraline oral tablet</i>                          | 1         | QL (99 per 99 days)         |
| SODIUM OXYBATE                                         | 4         | ST; LA; QL (99 per 99 days) |
| SUNOSI                                                 | 2         | PA; QL (99 per 99 days)     |
| <i>thioridazine</i>                                    | 1         |                             |
| <i>thiothixene</i>                                     | 1         |                             |
| <i>tranylcypromine</i>                                 | 1         |                             |
| <i>trazodone</i>                                       | 1         |                             |
| <i>triazolam</i>                                       | 1         | QL (99 per 99 days)         |
| <i>trifluoperazine</i>                                 | 1         |                             |
| <i>trimipramine</i>                                    | 1         |                             |
| TRINTELLIX                                             | 3         | ST; QL (99 per 99 days)     |
| <i>venlafaxine oral capsule, extended release 24hr</i> | 1         | QL (99 per 99 days)         |
| <i>venlafaxine oral tablet</i>                         | 1         | QL (99 per 99 days)         |
| <i>venlafaxine oral tablet extended release 24hr</i>   | 1         | ST; QL (99 per 99 days)     |
| <i>vilazodone</i>                                      | 1         | ST; QL (99 per 99 days)     |
| XYWAV                                                  | 4         | ST; LA; QL (99 per 99 days) |

| Drug Name              | Drug Tier | Requirements / Limits |
|------------------------|-----------|-----------------------|
| <i>zaleplon</i>        | 1         | QL (99 per 99 days)   |
| <i>zenzedi</i>         | 1         | PA                    |
| <i>ziprasidone hcl</i> | 1         | QL (99 per 99 days)   |
| <i>zolpidem</i>        | 1         | QL (99 per 99 days)   |
| ZURZUVAE               | 4         | QL (99 per 99 days)   |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

|                                |   |                         |
|--------------------------------|---|-------------------------|
| AVONEX                         | 4 | PA; QL (99 per 99 days) |
| BETASERON                      | 4 | PA; QL (99 per 99 days) |
| <i>dimethyl fumarate</i>       | 2 | PA; QL (99 per 99 days) |
| <i>fingolimod</i>              | 4 | PA; QL (99 per 99 days) |
| <i>glatiramer</i>              | 4 | PA; QL (99 per 99 days) |
| <i>glatopa</i>                 | 4 | PA; QL (99 per 99 days) |
| KESIMPTA PEN                   | 4 | PA; QL (99 per 99 days) |
| MAYZENT                        | 4 | PA; QL (99 per 99 days) |
| MAYZENT STARTER(FOR 1MG MAINT) | 4 | PA; QL (99 per 99 days) |
| MAYZENT STARTER(FOR 2MG MAINT) | 4 | PA; QL (99 per 99 days) |
| OCREVUS                        | 4 | PA; QL (99 per 99 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   |
|----------------------|-----------|-------------------------|
| OCREVUS<br>ZUNOVO    | 4         | PA; QL (99 per 99 days) |
| PLEGRIDY             | 4         | PA; QL (99 per 99 days) |
| REBIF (WITH ALBUMIN) | 4         | PA; QL (99 per 99 days) |
| REBIF REBIDOSE       | 4         | PA; QL (99 per 99 days) |
| REBIF TITRATION PACK | 4         | PA; QL (99 per 99 days) |
| <i>teriflunomide</i> | 4         | PA; QL (99 per 99 days) |
| VUMERITY             | 4         | PA; QL (99 per 99 days) |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|                            |   |  |
|----------------------------|---|--|
| <i>amiodarone</i>          | 1 |  |
| <i>dofetilide</i>          | 1 |  |
| <i>flecainide</i>          | 1 |  |
| <i>mexiletine</i>          | 1 |  |
| <i>pacerone</i>            | 1 |  |
| <i>propafenone</i>         | 1 |  |
| <i>quinidine gluconate</i> | 1 |  |
| <i>quinidine sulfate</i>   | 1 |  |
| <i>sotalol</i>             | 1 |  |
| <i>sotalol af</i>          | 1 |  |
| SOTYLIZE                   | 2 |  |

### ANTIHYPERTENSIVE THERAPY

|                                      |   |  |
|--------------------------------------|---|--|
| <i>acebutolol</i>                    | 1 |  |
| <i>aliskiren</i>                     | 1 |  |
| <i>amiloride</i>                     | 1 |  |
| <i>amiloride-hydrochlorothiazide</i> | 1 |  |

| Drug Name                              | Drug Tier | Requirements / Limits |
|----------------------------------------|-----------|-----------------------|
| <i>amlodipine</i>                      | 1         |                       |
| <i>amlodipine-benazepril</i>           | 1         |                       |
| <i>amlodipine-olmesartan</i>           | 1         |                       |
| <i>amlodipine-valsartan</i>            | 1         |                       |
| <i>amlodipine-valsartan-hcthiiazid</i> | 1         |                       |
| <i>atenolol</i>                        | 1         |                       |
| <i>atenolol-chlorthalidone</i>         | 1         |                       |
| <i>benazepril</i>                      | 1         |                       |
| <i>benazepril-hydrochlorothiazide</i>  | 1         |                       |
| <i>betaxolol</i>                       | 1         |                       |
| <i>bisoprolol fumarate</i>             | 1         |                       |
| <i>bisoprolol-hydrochlorothiazide</i>  | 1         |                       |
| <i>bumetanide</i>                      | 1         |                       |
| <i>candesartan</i>                     | 1         |                       |
| <i>candesartan-hydrochlorothiazid</i>  | 1         |                       |
| <i>captopril</i>                       | 1         |                       |
| <i>captopril-hydrochlorothiazide</i>   | 1         |                       |
| <i>cartia xt</i>                       | 1         |                       |
| <i>carvedilol</i>                      | 1         |                       |
| <i>carvedilol phosphate</i>            | 1         |                       |
| <i>chlorthalidone</i>                  | 1         |                       |
| <i>clonidine</i>                       | 1         | QL (99 per 99 days)   |
| <i>clonidine hcl</i>                   | 1         |                       |
| <i>diltiazem</i>                       | 1         |                       |
| <i>dilt-xr</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>doxazosin</i>                      | 1         | QL (99 per 99 days)     |
| <i>enalapril maleate</i>              | 1         |                         |
| <i>enalapril-hydrochlorothiazide</i>  | 1         |                         |
| <i>eplerenone</i>                     | 1         |                         |
| <i>epoprostenol</i>                   | 4         | PA                      |
| <i>eprosartan</i>                     | 1         |                         |
| <i>ethacrynic acid</i>                | 1         |                         |
| <i>felodipine</i>                     | 1         |                         |
| <i>fosinopril</i>                     | 1         |                         |
| <i>fosinopril-hydrochlorothiazide</i> | 1         |                         |
| <i>furosemide</i>                     | 1         |                         |
| <i>guanfacine</i>                     | 1         |                         |
| <i>hydralazine</i>                    | 1         |                         |
| <i>hydrochlorothiazide</i>            | 1         |                         |
| <i>indapamide</i>                     | 1         |                         |
| <i>irbesartan</i>                     | 1         |                         |
| <i>irbesartan-hydrochlorothiazide</i> | 1         |                         |
| <i>isosorbide-hydralazine</i>         | 1         |                         |
| <i>isradipine</i>                     | 1         |                         |
| KERENDIA ORAL TABLET 10 MG, 20 MG     | 2         | PA; QL (99 per 99 days) |
| KERENDIA ORAL TABLET 40 MG            | 2         | PA                      |
| <i>labetalol</i>                      | 1         |                         |
| <i>lisinopril</i>                     | 1         |                         |
| <i>lisinopril-hydrochlorothiazide</i> | 1         |                         |
| <i>losartan</i>                       | 1         |                         |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>losartan-hydrochlorothiazide</i>   | 1         |                       |
| <i>matzim la</i>                      | 1         |                       |
| <i>methyldopa</i>                     | 1         |                       |
| <i>methyldopa-hydrochlorothiazide</i> | 1         |                       |
| <i>metolazone</i>                     | 1         |                       |
| <i>metoprolol succinate</i>           | 1         |                       |
| <i>metoprolol ta-hydrochlorothiaz</i> | 1         |                       |
| <i>metoprolol tartrate</i>            | 1         |                       |
| <i>metryrosine</i>                    | 1         | PA                    |
| <i>minoxidil</i>                      | 1         |                       |
| <i>moexipril</i>                      | 1         |                       |
| <i>nadolol</i>                        | 1         |                       |
| <i>nebivolol</i>                      | 1         |                       |
| <i>nicardipine</i>                    | 1         |                       |
| <i>nifedipine</i>                     | 1         |                       |
| <i>nimodipine</i>                     | 1         |                       |
| <i>nisoldipine</i>                    | 1         |                       |
| <i>olmesartan</i>                     | 1         |                       |
| <i>olmesartan-amlodipin-hcthiacid</i> | 1         |                       |
| <i>olmesartan-hydrochlorothiazide</i> | 1         |                       |
| <i>perindopril erbumine</i>           | 1         |                       |
| <i>phenoxybenzamine</i>               | 1         | PA                    |
| <i>pindolol</i>                       | 1         |                       |
| <i>prazosin</i>                       | 1         |                       |
| <i>propranolol</i>                    | 1         |                       |
| <i>propranolol-hydrochlorothiazid</i> | 1         |                       |
| <i>quinapril</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>quinapril-hydrochlorothiazide</i>                 | 1         |                             |
| <i>ramipril</i>                                      | 1         |                             |
| <i>spironolactone</i>                                | 1         |                             |
| <i>spironolacton-hydrochlorothiaz</i>                | 1         |                             |
| <i>telmisartan</i>                                   | 1         |                             |
| <i>telmisartan-amlodipine</i>                        | 1         |                             |
| <i>telmisartan-hydrochlorothiazid</i>                | 1         |                             |
| <i>terazosin</i>                                     | 1         | QL (99 per 99 days)         |
| <i>tiadylt er</i>                                    | 1         |                             |
| <i>timolol maleate</i>                               | 1         |                             |
| <i>torse mide</i>                                    | 1         |                             |
| <i>trandolapril</i>                                  | 1         |                             |
| <i>trandolapril-verapamil</i>                        | 1         |                             |
| <i>treprostinil sodium</i>                           | 4         | PA                          |
| <i>triamterene</i>                                   | 1         |                             |
| <i>triamterene-hydrochlorothiazid</i>                | 1         |                             |
| UPTRAVI                                              | 4         | PA; LA; QL (99 per 99 days) |
| <i>valsartan</i>                                     | 1         |                             |
| <i>valsartan-hydrochlorothiazide</i>                 | 1         |                             |
| <i>veletri</i>                                       | 4         | PA                          |
| <i>verapamil oral capsule, 24 hr er pellet ct</i>    | 1         | ST                          |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 1         |                             |

| Drug Name                                     | Drug Tier | Requirements / Limits       |
|-----------------------------------------------|-----------|-----------------------------|
| <i>verapamil oral tablet</i>                  | 1         |                             |
| <i>verapamil oral tablet extended release</i> | 1         |                             |
| <b>CARDIAC GLYCOSIDES</b>                     |           |                             |
| <i>digoxin</i>                                | 1         |                             |
| <b>COAGULATION THERAPY</b>                    |           |                             |
| ADVATE                                        | 4         | PA                          |
| ADYNOVATE                                     | 4         | PA                          |
| AFSTYLA                                       | 4         | PA                          |
| ALHEMO PEN                                    | 4         | PA                          |
| ALPHANATE                                     | 4         | PA                          |
| ALTUVIIIIO                                    | 4         | PA                          |
| <i>aminocaproic acid</i>                      | 1         |                             |
| <i>aspirin-dipyridamole</i>                   | 1         |                             |
| BENEFIX                                       | 4         | PA                          |
| CABLIVI                                       | 4         | PA; LA                      |
| CEPROTIN (BLUE BAR)                           | 4         | PA                          |
| CEPROTIN (GREEN BAR)                          | 4         | PA                          |
| <i>cilostazol</i>                             | 1         |                             |
| <i>clopidogrel</i>                            | 1         |                             |
| COAGADEX                                      | 4         | PA                          |
| CORIFACT                                      | 4         | PA                          |
| <i>dabigatran etexilate</i>                   | 1         |                             |
| <i>dipyridamole</i>                           | 1         |                             |
| DOPTELET (15 TAB PACK)                        | 4         | PA; LA; QL (99 per 99 days) |
| ELIQUIS                                       | 2         |                             |
| ELIQUIS DVT-PE TREAT 30D START                | 2         |                             |
| ELOCTATE                                      | 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>eltrombopag olamine</i>             | 4         | PA                    |
| <i>enoxaparin</i>                      | 4         | PA                    |
| ESPEROCT                               | 4         | PA                    |
| FEIBA NF                               | 4         | PA                    |
| <i>fondaparinux</i>                    | 4         | PA                    |
| HEMGENIX                               | 4         | PA                    |
| HEMLIBRA                               | 4         | PA                    |
| HEMOFIL M HIGH                         | 4         | PA                    |
| HEMOFIL M LOW                          | 4         | PA                    |
| HEMOFIL M MID                          | 4         | PA                    |
| HEMOFIL M SUPER HIGH                   | 4         | PA                    |
| <i>hep flush-10 (pf)</i>               | 1         | PA                    |
| <i>heparin (porcine)</i>               | 1         | PA                    |
| <i>heparin (porcine) in 0.9% nacl</i>  | 1         |                       |
| <i>heparin (porcine) in 5 % dex</i>    | 1         |                       |
| <i>heparin (porcine) in nacl (pf)</i>  | 1         | PA                    |
| <i>heparin lock flush (porcine)</i>    | 1         | PA                    |
| <i>heparin lockflush(porcine)(pf )</i> | 1         | PA                    |
| <i>heparin(porcine) in 0.45% nacl</i>  | 1         | PA                    |
| <i>heparin, porcine (pf)</i>           | 1         | PA                    |
| HUMATE-P                               | 4         | PA                    |
| HYMPAVZI PEN                           | 4         | PA                    |
| IDELVION                               | 4         | PA                    |
| <i>jantoven</i>                        | 1         |                       |
| JIVI                                   | 4         | PA                    |
| KOGENATE FS                            | 4         | PA                    |

| Drug Name                                           | Drug Tier | Requirements / Limits       |
|-----------------------------------------------------|-----------|-----------------------------|
| KOVALTRY                                            | 4         | PA                          |
| NOVOEIGHT                                           | 4         | PA                          |
| NPLATE                                              | 4         | PA                          |
| OBIZUR                                              | 4         | PA                          |
| <i>pentoxifylline</i>                               | 1         |                             |
| <i>phytonadione (vitamin k1) injection solution</i> | 1         | PA                          |
| <i>phytonadione (vitamin k1) injection syringe</i>  | 1         |                             |
| <i>phytonadione (vitamin k1) oral</i>               | 1         | PA; QL (99 per 99 days)     |
| <i>prasugrel hcl</i>                                | 1         |                             |
| PROFILNINE                                          | 4         | PA                          |
| RIASTAP                                             | 4         | PA                          |
| <i>rivaroxaban</i>                                  | 1         |                             |
| ROCTAVIAN                                           | 4         | PA                          |
| SEVENFACT                                           | 4         | PA                          |
| TAVALISSE                                           | 4         | PA; LA; QL (99 per 99 days) |
| <i>ticagrelor</i>                                   | 1         |                             |
| TRETTEN                                             | 4         | PA                          |
| <i>vitamin k</i>                                    | 1         | PA                          |
| <i>vitamin k1</i>                                   | 1         | PA                          |
| VONVENDI                                            | 4         | PA                          |
| <i>warfarin</i>                                     | 1         |                             |
| XARELTO                                             | 2         |                             |
| XARELTO DVT-PE TREAT 30D START                      | 2         |                             |
| XYNTHA                                              | 4         | PA                          |
| XYNTHA SOLOFUSE                                     | 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    |
|-------------------------------------------------------------------------|-----------|--------------------------|
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                                |           |                          |
| <i>amlodipine-atorvastatin</i>                                          | 1         | QL (99 per 99 days)      |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                            | 6         | ACA; QL (99 per 99 days) |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                            | 1         | QL (99 per 99 days)      |
| <i>cholestyramine (with sugar)</i>                                      | 1         |                          |
| <i>cholestyramine light</i>                                             | 1         |                          |
| <i>colesevelam</i>                                                      | 1         |                          |
| <i>colestipol</i>                                                       | 1         |                          |
| <i>ezetimibe</i>                                                        | 1         |                          |
| <i>ezetimibe-simvastatin</i>                                            | 1         | QL (99 per 99 days)      |
| <i>fenofibrate micronized oral capsule 130 mg</i>                       | 1         | ST                       |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 1         |                          |
| <i>fenofibrate nanocrystallized</i>                                     | 1         |                          |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                            | 1         | ST                       |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                            | 1         |                          |
| <i>fenofibric acid</i>                                                  | 1         |                          |
| <i>fenofibric acid (choline)</i>                                        | 1         |                          |
| <i>fluvastatin</i>                                                      | 6         | ACA; QL (99 per 99 days) |
| <i>gemfibrozil</i>                                                      | 1         |                          |
| <i>icosapent ethyl</i>                                                  | 1         | PA                       |
| JUXTAPID                                                                | 4         | PA; LA                   |

| Drug Name                                                | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------|-----------|--------------------------|
| <i>lovastatin</i>                                        | 6         | ACA; QL (99 per 99 days) |
| <i>niacin</i>                                            | 1         |                          |
| <i>omega-3 acid ethyl esters</i>                         | 1         | PA                       |
| <i>pitavastatin calcium</i>                              | 6         | ACA; QL (99 per 99 days) |
| <i>pravastatin</i>                                       | 6         | ACA; QL (99 per 99 days) |
| <i>prevalite</i>                                         | 1         |                          |
| REPATHA<br>PUSHTRONEX                                    | 2         | PA                       |
| REPATHA<br>SURECLICK                                     | 2         | PA                       |
| REPATHA<br>SYRINGE                                       | 2         | PA                       |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>              | 6         | ACA; QL (99 per 99 days) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>             | 1         | QL (99 per 99 days)      |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 6         | ACA; QL (99 per 99 days) |
| <i>simvastatin oral tablet 80 mg</i>                     | 1         | QL (99 per 99 days)      |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>               |           |                          |
| ATTRUBY                                                  | 4         | PA                       |
| CAMZYOS                                                  | 4         | PA; QL (99 per 99 days)  |
| ENTRESTO<br>SPRINKLE                                     | 2         | QL (99 per 99 days)      |
| <i>ivabradine</i>                                        | 1         | PA                       |
| <i>ranolazine</i>                                        | 1         |                          |
| <i>sacubitril-valsartan</i>                              | 1         | QL (99 per 99 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   |
|-------------------------------------------------------|-----------|-------------------------|
| VERQUVO                                               | 2         | QL (99 per 99 days)     |
| VYNDAMAX                                              | 4         | PA                      |
| VYNDAQEL                                              | 4         | PA                      |
| <b>NITRATES</b>                                       |           |                         |
| <i>isosorbide dinitrate</i>                           | 1         |                         |
| <i>isosorbide mononitrate</i>                         | 1         |                         |
| <i>nitro-bid</i>                                      | 1         |                         |
| <i>nitroglycerin</i>                                  | 1         |                         |
| <i>nitro-time</i>                                     | 1         |                         |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                |           |                         |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                 |           |                         |
| <i>acitretin</i>                                      | 1         |                         |
| <i>calcipotriene</i>                                  | 1         | QL (99 per 99 days)     |
| <i>calcipotriene-betamethasone topical ointment</i>   | 1         | ST; QL (99 per 99 days) |
| <i>calcipotriene-betamethasone topical suspension</i> | 1         | QL (99 per 99 days)     |
| <i>calcitriol</i>                                     | 1         |                         |
| <i>hydrocortisone-pramoxine</i>                       | 1         | ST                      |
| SELARSDI INTRAVENOUS                                  | 4         | PA                      |
| SELARSDI SUBCUTANEOUS                                 | 4         | PA; QL (99 per 99 days) |
| <i>selenium sulfide</i>                               | 1         |                         |
| SKYRIZI                                               | 4         | PA; QL (99 per 99 days) |
| SOTYKTU                                               | 4         | PA; QL (99 per 99 days) |

| Drug Name                      | Drug Tier | Requirements / Limits   |
|--------------------------------|-----------|-------------------------|
| SPEVIGO                        | 4         | PA                      |
| STELARA INTRAVENOUS            | 4         | PA                      |
| STELARA SUBCUTANEOUS           | 4         | PA; QL (99 per 99 days) |
| <i>sulfacetamide sodium</i>    | 1         |                         |
| TALTZ AUTOINJECTOR             | 4         | PA; QL (99 per 99 days) |
| TALTZ AUTOINJECTOR (2 PACK)    | 4         | PA; QL (99 per 99 days) |
| TALTZ AUTOINJECTOR (3 PACK)    | 4         | PA; QL (99 per 99 days) |
| TALTZ SYRINGE                  | 4         | PA; QL (99 per 99 days) |
| TREMFYA INTRAVENOUS            | 4         | PA                      |
| TREMFYA PEN                    | 4         | PA; QL (99 per 99 days) |
| TREMFYA PEN INDUCTION PK-CROHN | 4         | PA; QL (99 per 99 days) |
| TREMFYA SUBCUTANEOUS           | 4         | PA; QL (99 per 99 days) |
| USTEKINUMAB-TTWE INTRAVENOUS   | 4         | PA                      |
| USTEKINUMAB-TTWE SUBCUTANEOUS  | 4         | PA; QL (99 per 99 days) |
| YESINTEK INTRAVENOUS           | 4         | PA                      |
| YESINTEK SUBCUTANEOUS          | 4         | PA; QL (99 per 99 days) |
| <b>BURN THERAPY</b>            |           |                         |
| <i>silver sulfadiazine</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>ssd</i>                           | 1         |                         |
| <b>MISCELLANEOUS DERMATOLOGICALS</b> |           |                         |
| ADBRY                                | 4         | PA; QL (99 per 99 days) |
| <i>ammonium lactate</i>              | 1         |                         |
| CIBINQO                              | 4         | PA; QL (99 per 99 days) |
| <i>diclofenac sodium</i>             | 1         | PA; QL (99 per 99 days) |
| <i>doxepin</i>                       | 1         | ST; QL (99 per 99 days) |
| DUPIXENT PEN                         | 4         | PA; QL (99 per 99 days) |
| DUPIXENT SYRINGE                     | 4         | PA; QL (99 per 99 days) |
| EBGLYSS PEN                          | 4         | PA; QL (99 per 99 days) |
| EBGLYSS SYRINGE                      | 4         | PA                      |
| EUCRISA                              | 2         | ST; QL (99 per 99 days) |
| <i>fluorouracil</i>                  | 1         |                         |
| <i>imiquimod</i>                     | 1         |                         |
| <i>methoxsalen</i>                   | 1         |                         |
| <i>methyl salicylate</i>             | 1         |                         |
| <i>pimecrolimus</i>                  | 1         | ST; QL (99 per 99 days) |
| <i>podofilox topical gel</i>         | 1         | ST; QL (99 per 99 days) |
| <i>podofilox topical solution</i>    | 1         |                         |
| <i>prudoxin</i>                      | 1         | ST; QL (99 per 99 days) |
| <i>tacrolimus</i>                    | 1         | ST; QL (99 per 99 days) |

| Drug Name                                 | Drug Tier | Requirements / Limits   |
|-------------------------------------------|-----------|-------------------------|
| VALCHLOR                                  | 4         | PA                      |
| <i>wintergreen oil</i>                    | 1         |                         |
| <b>THERAPY FOR ACNE</b>                   |           |                         |
| <i>acutane</i>                            | 1         |                         |
| <i>adapalene topical cream</i>            | 1         |                         |
| <i>adapalene topical gel</i>              | 1         |                         |
| <i>adapalene topical gel with pump</i>    | 1         |                         |
| <i>adapalene topical solution</i>         | 1         |                         |
| <i>adapalene topical swab</i>             | 1         | ST                      |
| <i>adapalene-benzoyl peroxide</i>         | 1         |                         |
| <i>amnesteam</i>                          | 1         |                         |
| <i>avar</i>                               | 1         | ST                      |
| <i>azelaic acid</i>                       | 1         |                         |
| <i>benzeapro</i>                          | 1         |                         |
| <i>benzoyl peroxide</i>                   | 1         |                         |
| <i>bp 10-1</i>                            | 1         | ST                      |
| <i>brimonidine</i>                        | 1         | PA                      |
| <i>claravis</i>                           | 1         |                         |
| <i>clindacin</i>                          | 1         | ST; QL (99 per 99 days) |
| <i>clindacin etz</i>                      | 1         |                         |
| <i>clindacin p</i>                        | 1         |                         |
| <i>clindamycin phosphate topical foam</i> | 1         | ST; QL (99 per 99 days) |
| <i>clindamycin phosphate topical gel</i>  | 1         | QL (99 per 99 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>clindamycin phosphate topical gel, once daily</i> | 1         | ST; QL (99 per 99 days) |
| <i>clindamycin phosphate topical lotion</i>          | 1         | QL (99 per 99 days)     |
| <i>clindamycin phosphate topical solution</i>        | 1         | QL (99 per 99 days)     |
| <i>clindamycin phosphate topical swab</i>            | 1         |                         |
| <i>clindamycin-benzoyl peroxide</i>                  | 1         |                         |
| <i>clindamycin-tretinoin</i>                         | 1         |                         |
| <i>dapsone</i>                                       | 1         |                         |
| <i>ery pads</i>                                      | 1         |                         |
| <i>erygel</i>                                        | 1         |                         |
| <i>erythromycin with ethanol</i>                     | 1         |                         |
| <i>erythromycin-benzoyl peroxide</i>                 | 1         |                         |
| <i>isotretinoin</i>                                  | 1         |                         |
| <i>ivermectin</i>                                    | 1         | QL (99 per 99 days)     |
| <i>metronidazole</i>                                 | 1         |                         |
| <i>neuac</i>                                         | 1         |                         |
| <i>rosadan</i>                                       | 1         |                         |
| <i>rosula cleansing cloths</i>                       | 1         |                         |
| <i>sss 10-5 topical cream</i>                        | 1         |                         |
| <i>sss 10-5 topical foam</i>                         | 1         | ST                      |

| Drug Name                                                                      | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %</i> | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %</i>        | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>             | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>                  | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical lotion</i>                              | 1         | ST                    |
| <i>sulfacetamide sodium-sulfur topical pads, medicated</i>                     | 1         |                       |
| <i>sulfacetamide sodium-sulfur topical suspension</i>                          | 1         | ST                    |
| <i>sulfacetamide-sulfur 9-4% clsr</i>                                          | 1         | ST                    |
| <i>sulfacleanse 8-4</i>                                                        | 1         | ST                    |
| <i>tazarotene</i>                                                              | 1         | PA                    |
| <i>tretinoin</i>                                                               | 1         |                       |
| <i>tretinoin microspheres</i>                                                  | 1         |                       |
| <i>zenatane</i>                                                                | 1         |                       |
| <b>TOPICAL ANESTHETICS</b>                                                     |           |                       |
| <i>dermacinrx lidocan</i>                                                      | 1         | ST                    |
| <i>lidocaine hcl</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>lidocaine hcl-hydrocortison ac</i>             | 1         |                         |
| <i>lidocaine topical adhesive patch,medicated</i> | 1         | ST                      |
| <i>lidocaine topical ointment</i>                 | 1         | QL (99 per 99 days)     |
| <i>lidocaine viscous</i>                          | 1         |                         |
| <i>lidocaine-prilocaine topical cream</i>         | 1         | QL (99 per 99 days)     |
| <i>lidocaine-prilocaine topical kit</i>           | 1         |                         |
| <i>lidocan iii</i>                                | 1         | ST                      |
| <i>lidocan iv</i>                                 | 1         | ST                      |
| <i>lidocan v</i>                                  | 1         | ST                      |
| <i>lidocort</i>                                   | 1         |                         |
| ZTLIDO                                            | 2         | ST                      |
| <b>TOPICAL ANTIBACTERIALS</b>                     |           |                         |
| <i>gentamicin</i>                                 | 1         | QL (99 per 99 days)     |
| <i>lugols</i>                                     | 1         |                         |
| <i>mupirocin</i>                                  | 1         | QL (99 per 99 days)     |
| <i>mupirocin calcium</i>                          | 1         | ST; QL (99 per 99 days) |
| <i>strong iodine</i>                              | 1         |                         |
| <i>sulfacetamide sodium (acne)</i>                | 1         |                         |
| SULFAMYLON                                        | 2         |                         |
| <b>TOPICAL ANTIFUNGALS</b>                        |           |                         |
| <i>ciclodan topical cream</i>                     | 1         | QL (99 per 99 days)     |
| <i>ciclodan topical solution</i>                  | 1         |                         |
| <i>ciclopirox topical cream</i>                   | 1         | QL (99 per 99 days)     |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>ciclopirox topical gel</i>         | 1         | QL (99 per 99 days)     |
| <i>ciclopirox topical shampoo</i>     | 1         | QL (99 per 99 days)     |
| <i>ciclopirox topical solution</i>    | 1         |                         |
| <i>ciclopirox topical suspension</i>  | 1         | QL (99 per 99 days)     |
| <i>ciclopirox-ure-camph-menth-euc</i> | 1         |                         |
| <i>clotrimazole</i>                   | 1         | QL (99 per 99 days)     |
| <i>clotrimazole-betamethasone</i>     | 1         | QL (99 per 99 days)     |
| <i>econazole nitrate</i>              | 1         | QL (99 per 99 days)     |
| ERTACZO                               | 3         | QL (99 per 99 days)     |
| EXELDERM                              | 3         | QL (99 per 99 days)     |
| <i>ketoconazole topical cream</i>     | 1         | QL (99 per 99 days)     |
| <i>ketoconazole topical foam</i>      | 1         | ST; QL (99 per 99 days) |
| <i>ketoconazole topical shampoo</i>   | 1         | QL (99 per 99 days)     |
| <i>ketodan</i>                        | 1         | ST; QL (99 per 99 days) |
| <i>ketodan kit</i>                    | 1         | ST                      |
| <i>klayesta</i>                       | 1         | QL (99 per 99 days)     |
| LULICONAZOLE                          | 3         | QL (99 per 99 days)     |
| <i>naftifine</i>                      | 1         | QL (99 per 99 days)     |
| <i>nyamyc</i>                         | 1         | QL (99 per 99 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>nystatin</i>                                | 1         | QL (99 per 99 days)     |
| <i>nystatin-triamcinolone</i>                  | 1         | QL (99 per 99 days)     |
| <i>nystop</i>                                  | 1         | QL (99 per 99 days)     |
| <i>oxiconazole</i>                             | 1         | QL (99 per 99 days)     |
| <i>tavaborole</i>                              | 1         | ST                      |
| <b>TOPICAL ANTIVIRALS</b>                      |           |                         |
| <i>acyclovir</i>                               | 1         | PA; QL (99 per 99 days) |
| <i>penciclovir</i>                             | 1         |                         |
| XERESE                                         | 3         |                         |
| <b>TOPICAL CORTICOSTEROIDS</b>                 |           |                         |
| <i>ala-cort</i>                                | 1         |                         |
| <i>alclometasone</i>                           | 1         |                         |
| <i>amcinonide</i>                              | 1         | ST                      |
| <i>apexicon e</i>                              | 1         | ST                      |
| <i>baser</i>                                   | 1         | ST                      |
| <i>betamethasone dipropionate</i>              | 1         |                         |
| <i>betamethasone valerate topical cream</i>    | 1         |                         |
| <i>betamethasone valerate topical foam</i>     | 1         | ST                      |
| <i>betamethasone valerate topical lotion</i>   | 1         |                         |
| <i>betamethasone valerate topical ointment</i> | 1         |                         |
| <i>betamethasone, augmented</i>                | 1         |                         |

| Drug Name                                    | Drug Tier | Requirements / Limits   |
|----------------------------------------------|-----------|-------------------------|
| <i>clobetasol scalp</i>                      | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical cream</i>              | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical foam</i>               | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical gel</i>                | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical lotion</i>             | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical ointment</i>           | 1         | QL (99 per 99 days)     |
| <i>clobetasol topical shampoo</i>            | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol topical spray, non-aerosol</i> | 1         | ST; QL (99 per 99 days) |
| <i>clobetasol-emollient topical cream</i>    | 1         | QL (99 per 99 days)     |
| <i>clobetasol-emollient topical foam</i>     | 1         | ST; QL (99 per 99 days) |
| <i>clocortolone pivalate</i>                 | 1         | ST                      |
| <i>clodan</i>                                | 1         | ST; QL (99 per 99 days) |
| <i>desonide topical cream</i>                | 1         |                         |
| <i>desonide topical gel</i>                  | 1         | ST                      |
| <i>desonide topical lotion</i>               | 1         | ST                      |
| <i>desonide topical ointment</i>             | 1         |                         |
| <i>desoximetasone</i>                        | 1         | ST                      |
| <i>diflorasone</i>                           | 1         | ST; QL (99 per 99 days) |
| <i>fluocinolone</i>                          | 1         |                         |
| <i>fluocinolone and shower cap</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>fluocinonide topical cream 0.05 %</i>       | 1         | QL (99 per 99 days)     |
| <i>fluocinonide topical cream 0.1 %</i>        | 1         | ST; QL (99 per 99 days) |
| <i>fluocinonide topical gel</i>                | 1         | QL (99 per 99 days)     |
| <i>fluocinonide topical ointment</i>           | 1         | QL (99 per 99 days)     |
| <i>fluocinonide topical solution</i>           | 1         | QL (99 per 99 days)     |
| <i>fluocinonide-e</i>                          | 1         | QL (99 per 99 days)     |
| <i>flurandrenolide</i>                         | 1         | ST; QL (99 per 99 days) |
| <i>fluticasone propionate topical cream</i>    | 1         |                         |
| <i>fluticasone propionate topical lotion</i>   | 1         | ST                      |
| <i>fluticasone propionate topical ointment</i> | 1         |                         |
| <i>halcinonide topical cream</i>               | 1         | ST                      |
| <i>halcinonide topical solution</i>            | 1         |                         |
| <i>halobetasol propionate topical cream</i>    | 1         |                         |
| <i>halobetasol propionate topical foam</i>     | 1         | ST                      |
| <i>halobetasol propionate topical ointment</i> | 1         |                         |
| <i>hydrocortisone</i>                          | 1         |                         |

| Drug Name                                                             | Drug Tier | Requirements / Limits   |
|-----------------------------------------------------------------------|-----------|-------------------------|
| <i>hydrocortisone butyrate topical cream</i>                          | 1         | QL (99 per 99 days)     |
| <i>hydrocortisone butyrate topical lotion</i>                         | 1         | ST; QL (99 per 99 days) |
| <i>hydrocortisone butyrate topical ointment</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>hydrocortisone butyrate topical solution</i>                       | 1         | ST; QL (99 per 99 days) |
| <i>hydrocortisone valerate</i>                                        | 1         |                         |
| <i>mometasone</i>                                                     | 1         |                         |
| <i>prednicarbate</i>                                                  | 1         |                         |
| <i>scalacort</i>                                                      | 1         |                         |
| <i>tovet emollient</i>                                                | 1         | ST; QL (99 per 99 days) |
| <i>triamcinolone acetonide topical aerosol</i>                        | 1         | ST; QL (99 per 99 days) |
| <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>                | 1         | ST                      |
| <i>triderm</i>                                                        | 1         | ST                      |
| <b>TOPICAL ENZYMES</b>                                                |           |                         |
| SANTYL                                                                | 2         | QL (99 per 99 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 |
|-----------------------------------------------|-----------|-----------------------|
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>     |           |                       |
| <i>crotan</i>                                 | 1         |                       |
| <i>malathion</i>                              | 1         |                       |
| <i>permethrin</i>                             | 1         |                       |
| <i>pruradik</i>                               | 1         |                       |
| <i>spinosad</i>                               | 1         |                       |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b> |           |                       |
| <b>IRRIGATING SOLUTIONS</b>                   |           |                       |
| <i>lactated ringers</i>                       | 1         |                       |
| <i>neomycin-polymyxin b gu</i>                | 1         |                       |
| <i>ringer's</i>                               | 1         |                       |
| <b>MISCELLANEOUS AGENTS</b>                   |           |                       |
| <i>acamprosate</i>                            | 1         |                       |
| <i>acetic acid</i>                            | 1         |                       |
| <i>anagrelide</i>                             | 1         |                       |
| <i>caffeine citrate</i>                       | 1         |                       |
| CARBAGLU                                      | 4         | PA; LA                |
| <i>carglumic acid</i>                         | 4         | PA                    |
| <i>cevimeline</i>                             | 1         |                       |
| CHEMET                                        | 2         | PA                    |
| <i>deferasirox</i>                            | 4         | PA                    |
| <i>deferiprone</i>                            | 4         | PA                    |
| <i>disulfiram</i>                             | 1         |                       |
| EMPAVELI                                      | 4         | PA; LA                |
| ENJAYMO                                       | 4         | PA                    |
| EPYSQLI                                       | 4         | PA                    |
| FABHALTA                                      | 4         | PA                    |
| FERRIPROX                                     | 4         | PA                    |
| FERRIPROX (2 TIMES A DAY)                     | 4         | PA                    |

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| <i>glutamine (sickle cell)</i>       | 4         | PA                      |
| INCRELEX                             | 4         | PA; LA                  |
| LAMZEDE                              | 4         | PA                      |
| <i>levocarnitine</i>                 | 1         |                         |
| <i>levocarnitine (with sugar)</i>    | 1         |                         |
| <i>midodrine</i>                     | 1         |                         |
| <i>nitisinone</i>                    | 4         | PA; LA                  |
| NITYR                                | 4         | PA; LA                  |
| PHEBURANE                            | 4         | PA                      |
| PROLASTIN-C                          | 4         | PA; LA                  |
| REVCovi                              | 4         | PA; LA                  |
| REZDIFFRA                            | 4         | PA; QL (99 per 99 days) |
| <i>riluzole</i>                      | 1         | PA                      |
| <i>risedronate</i>                   | 1         | QL (99 per 99 days)     |
| <i>sodium chloride 0.9 %</i>         | 1         | PA                      |
| <i>sodium chloride injection</i>     | 1         | PA                      |
| <i>sodium chloride irrigation</i>    | 1         |                         |
| <i>sodium phenylbutyrate</i>         | 1         | PA                      |
| SOLIRIS                              | 4         | PA                      |
| <i>tiopronin</i>                     | 4         | PA                      |
| <i>trientine</i>                     | 1         | PA                      |
| <i>venxxiva</i>                      | 4         | PA                      |
| <i>water for irrigation, sterile</i> | 1         |                         |
| XENPOZYME                            | 4         | PA                      |
| XURIDEN                              | 4         | PA                      |
| ZEMAIRA                              | 4         | PA; 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>zoledronic acid-mannitol-water</i>                        | 4         | PA                    |
| <b>SMOKING DETERRENTS</b>                                    |           |                       |
| <i>bupropion hcl (smoking deter)</i>                         | 6         | ACA                   |
| <i>nicorette buccal gum</i>                                  | 6         | ACA; OTC              |
| NICORETTE BUCCAL LOZENGE                                     | 6         | ACA; OTC              |
| NICORETTE BUCCAL MINI LOZENGE                                | 6         | ACA; OTC              |
| <i>nicotine</i>                                              | 6         | ACA; OTC              |
| <i>nicotine (polacrilex)</i>                                 | 6         | ACA; OTC              |
| NICOTROL NS                                                  | 6         | ACA                   |
| <i>quit 2</i>                                                | 6         | ACA; OTC              |
| <i>quit 4</i>                                                | 6         | ACA; OTC              |
| <i>stop smoking aid</i>                                      | 6         | ACA; OTC              |
| <i>varenicline tartrate</i>                                  | 6         | ACA                   |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                    |           |                       |
| <b>MISCELLANEOUS AGENTS</b>                                  |           |                       |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>    | 1         | QL (99 per 99 days)   |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> | 1         |                       |
| <i>chlorhexidine gluconate</i>                               | 1         |                       |
| <i>ipratropium bromide</i>                                   | 1         | QL (99 per 99 days)   |
| <i>kourzeq</i>                                               | 1         |                       |
| <i>olopatadine</i>                                           | 1         | QL (99 per 99 days)   |
| <i>oralone</i>                                               | 1         |                       |

| Drug Name                              | Drug Tier | Requirements / Limits |
|----------------------------------------|-----------|-----------------------|
| <i>paroex oral rinse</i>               | 1         |                       |
| <i>periogard</i>                       | 1         |                       |
| <i>pilocarpine hcl</i>                 | 1         |                       |
| <i>triamcinolone acetonide</i>         | 1         |                       |
| <b>MISCELLANEOUS OTIC PREPARATIONS</b> |           |                       |
| <i>acetic acid</i>                     | 1         |                       |
| <i>ciprofloxacin hcl</i>               | 1         |                       |
| <i>flac otic oil</i>                   | 1         |                       |
| <i>fluocinolone acetonide oil</i>      | 1         |                       |
| <i>hydrocortisone-acetic acid</i>      | 1         |                       |
| <i>ofloxacin</i>                       | 1         |                       |
| <b>OTIC STEROID / ANTIBIOTIC</b>       |           |                       |
| CIPRO HC                               | 3         |                       |
| <i>ciprofloxacin-dexamethasone</i>     | 1         |                       |
| CORTISPORIN-TC                         | 3         |                       |
| <i>neomycin-polymyxin-hc</i>           | 1         |                       |
| <b>ENDOCRINE/DIABETES</b>              |           |                       |
| <b>ADRENAL HORMONES</b>                |           |                       |
| <i>cortisone</i>                       | 1         |                       |
| <i>deflazacort</i>                     | 4         | PA                    |
| <i>dexabliss</i>                       | 1         | PA                    |
| <i>dexamethasone intensol</i>          | 1         |                       |
| <i>dexamethasone oral elixir</i>       | 1         |                       |
| <i>dexamethasone oral solution</i>     | 1         |                       |
| <i>dexamethasone oral tablet</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>dexamethasone oral tablets,dose pack</i>            | 1         | PA                      |
| <i>fludrocortisone</i>                                 | 1         |                         |
| <i>hydrocortisone</i>                                  | 1         |                         |
| <i>jaythari</i>                                        | 1         | PA                      |
| <i>methylprednisolone</i>                              | 1         |                         |
| <i>millipred</i>                                       | 1         |                         |
| <i>millipred dp</i>                                    | 1         |                         |
| <i>prednisolone</i>                                    | 1         |                         |
| <i>prednisolone sodium phosphate</i>                   | 1         |                         |
| <i>prednisone</i>                                      | 1         |                         |
| <i>prednisone intensol</i>                             | 1         |                         |
| <b>ANTITHYROID AGENTS</b>                              |           |                         |
| <i>methimazole</i>                                     | 1         |                         |
| <i>potassium iodide</i>                                | 1         |                         |
| <i>propylthiouracil</i>                                | 1         |                         |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b> |           |                         |
| DEXCOM G6 RECEIVER                                     | DME       | ST; QL (99 per 99 days) |
| DEXCOM G6 SENSOR                                       | DME       | ST; QL (99 per 99 days) |
| DEXCOM G6 TRANSMITTER                                  | DME       | ST; QL (99 per 99 days) |
| DEXCOM G7 RECEIVER                                     | DME       | ST; QL (99 per 99 days) |
| DEXCOM G7 SENSOR                                       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE CONTROL                                      | 2         | OTC                     |
| FREESTYLE FLASH SYSTEM                                 | 2         | OTC                     |
| FREESTYLE FREEDOM                                      | 2         | OTC                     |

| Drug Name                      | Drug Tier | Requirements / Limits   |
|--------------------------------|-----------|-------------------------|
| FREESTYLE FREEDOM LITE         | 2         | OTC                     |
| FREESTYLE INSULINX             | 2         | OTC                     |
| FREESTYLE INSULINX TEST STRIPS | 2         | OTC                     |
| FREESTYLE LIBRE 14 DAY READER  | DME       | ST                      |
| FREESTYLE LIBRE 14 DAY SENSOR  | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 2 PLUS SENSOR  | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 2 READER       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 2 SENSOR       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 PLUS SENSOR  | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 READER       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LIBRE 3 SENSOR       | DME       | ST; QL (99 per 99 days) |
| FREESTYLE LITE METER           | 2         | OTC                     |
| FREESTYLE LITE STRIPS          | 2         | OTC                     |
| FREESTYLE PRECISION NEO STRIPS | 2         | OTC                     |
| FREESTYLE SIDEKICK II          | 2         | OTC                     |
| FREESTYLE SYSTEM KIT           | 2         | OTC                     |
| FREESTYLE TEST                 | 2         | 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 |
|------------------------------------------------------------|-----------|-----------------------|
| MEDISENSE                                                  | 2         | OTC                   |
| MEDISENSE GLUCOSE KETONE                                   | 2         | OTC                   |
| ONETOUCH ULTRA CONTROL                                     | 2         | OTC                   |
| ONETOUCH ULTRA TEST                                        | 2         | OTC                   |
| ONETOUCH ULTRA2 METER                                      | 2         | OTC                   |
| ONETOUCH VERIO FLEX METER                                  | 2         | OTC                   |
| ONETOUCH VERIO MID CONTROL                                 | 2         | OTC                   |
| ONETOUCH VERIO REFLECT METER                               | 2         | OTC                   |
| ONETOUCH VERIO TEST STRIPS                                 | 2         | OTC                   |
| PRECISION XTRA KETONE-GLUCOSE                              | 2         | OTC                   |
| PRECISION XTRA MONITOR                                     | 2         | OTC                   |
| PRECISION XTRA TEST                                        | 2         | OTC                   |
| TRUE METRIX AIR GLUCOSE METER                              | 2         | OTC                   |
| TRUE METRIX GLUCOSE METER                                  | 2         | OTC                   |
| TRUE METRIX GO GLUCOSE METER                               | 2         | OTC                   |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b> |           |                       |

| Drug Name                                                 | Drug Tier | Requirements / Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| INSULIN SYRINGE-NEEDLE U-100                              | 2         |                       |
| OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)                           | 2         | QL (99 per 99 days)   |
| <b>GLUCOSE ELEVATING AGENTS</b>                           |           |                       |
| BAQSIMI                                                   | 2         | QL (99 per 99 days)   |
| <i>diazoxide</i>                                          | 1         |                       |
| <i>glucagon emergency kit (human)</i>                     | 1         | QL (99 per 99 days)   |
| GVOKE                                                     | 2         | QL (99 per 99 days)   |
| GVOKE HYPOPEN 2-PACK                                      | 2         | QL (99 per 99 days)   |
| GVOKE PFS 2-PACK SYRINGE                                  | 2         | QL (99 per 99 days)   |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b> |           |                       |
| BD INTEGRA NEEDLE                                         | 2         |                       |
| BD MICROTAINER LANCET                                     | 2         | OTC                   |
| BD SPECIALTY USE NEEDLES                                  | 2         |                       |
| CEQR SIMPLICITY                                           | 2         |                       |
| ILET STARTER KIT-INSET                                    | 2         |                       |
| LANCETS                                                   | 2         | OTC                   |
| LANCING DEVICE                                            | 2         | OTC                   |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                               | 2         | QL (99 per 99 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   |
|--------------------------------|-----------|-------------------------|
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2         | QL (99 per 99 days)     |
| OMNIPOD 5 G6-G7 PODS (GEN 5)   | 2         | ST; QL (99 per 99 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2         | QL (99 per 99 days)     |
| OMNIPOD DASH PODS (GEN 4)      | 2         | QL (99 per 99 days)     |
| TWIIIST STARTER KIT            | 2         |                         |
| V-GO 20                        | 2         |                         |
| V-GO 30                        | 2         |                         |
| V-GO 40                        | 2         |                         |
| <b>INSULIN THERAPY</b>         |           |                         |
| HUMALOG JUNIOR KWIKPEN U-100   | 2         |                         |
| HUMALOG KWIKPEN INSULIN        | 2         |                         |
| HUMALOG MIX 50-50 KWIKPEN      | 2         |                         |
| HUMALOG MIX 75-25 KWIKPEN      | 2         |                         |
| HUMALOG MIX 75-25(U-100)INSULN | 2         |                         |
| HUMALOG TEMPO PEN(U-100)INSULN | 2         |                         |
| HUMALOG U-100 INSULIN          | 2         |                         |
| HUMULIN 70/30 U-100 INSULIN    | 2         |                         |
| HUMULIN 70/30 U-100 KWIKPEN    | 2         |                         |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| HUMULIN N NPH INSULIN KWIKPEN  | 2         |                       |
| HUMULIN N NPH U-100 INSULIN    | 2         |                       |
| HUMULIN R REGULAR U-100 INSULN | 2         |                       |
| HUMULIN R U-500 (CONC) INSULIN | 2         |                       |
| HUMULIN R U-500 (CONC) KWIKPEN | 2         |                       |
| INSULIN ASP PRT-INSULIN ASPART | 3         |                       |
| INSULIN ASPART U-100           | 3         |                       |
| INSULIN GLARGINE-YFGN          | 2         |                       |
| INSULIN LISPRO                 | 2         |                       |
| INSULIN LISPRO PROTAMIN-LISPRO | 2         |                       |
| LYUMJEV KWIKPEN U-100 INSULIN  | 2         |                       |
| LYUMJEV KWIKPEN U-200 INSULIN  | 2         |                       |
| LYUMJEV TEMPO PEN(U-100)INSULN | 2         |                       |
| LYUMJEV U-100 INSULIN          | 2         |                       |
| SEMGLEE(INSULIN GLARGINE-YFGN) | 2         |                       |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 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   |
|--------------------------------------|-----------|-------------------------|
| SOLIQUA 100/33                       | 3         | QL (99 per 99 days)     |
| TOUJEO MAX U-300 SOLOSTAR            | 2         |                         |
| TOUJEO SOLOSTAR U-300 INSULIN        | 2         |                         |
| TRESIBA FLEXTOUCH U-100              | 3         |                         |
| TRESIBA FLEXTOUCH U-200              | 3         |                         |
| TRESIBA U-100 INSULIN                | 3         |                         |
| <b>MISCELLANEOUS HORMONES</b>        |           |                         |
| ALDURAZYME                           | 4         | PA                      |
| BRINEURA                             | 4         | PA                      |
| <i>cabergoline</i>                   | 1         | QL (99 per 99 days)     |
| <i>calcitonin (salmon) injection</i> | 1         | PA                      |
| <i>calcitonin (salmon) nasal</i>     | 1         |                         |
| CERDELGA                             | 4         | PA; QL (99 per 99 days) |
| CEREZYME                             | 4         | PA                      |
| <i>cinacalcet</i>                    | 1         | ST                      |
| <i>clomiphene citrate</i>            | 1         |                         |
| CRYSVITA                             | 4         | PA; QL (99 per 99 days) |
| <i>danazol</i>                       | 1         |                         |
| <i>desmopressin injection</i>        | 4         | PA                      |

| Drug Name                                                          | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------|-----------|-----------------------------|
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 1         | PA                          |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)       | 2         | PA                          |
| <i>desmopressin oral</i>                                           | 1         |                             |
| <i>doxercalciferol</i>                                             | 1         | ST                          |
| ELAPRASE                                                           | 4         | PA                          |
| ELFABRIO                                                           | 4         | PA                          |
| FABRAZYME                                                          | 4         | PA                          |
| <i>javygtor</i>                                                    | 4         | PA                          |
| KANUMA                                                             | 4         | PA                          |
| LUMIZYME                                                           | 4         | PA                          |
| MEPSEVII                                                           | 4         | PA                          |
| METHITEST                                                          | 2         | PA                          |
| <i>methyltestosterone</i>                                          | 1         | PA                          |
| <i>mifepristone</i>                                                | 4         | PA                          |
| <i>miglustat</i>                                                   | 4         | PA; LA; QL (99 per 99 days) |
| MYALEPT                                                            | 4         | PA; LA                      |
| NAGLAZYME                                                          | 4         | PA; LA                      |
| ORILISSA                                                           | 2         | ST; QL (99 per 99 days)     |
| PALYNZIQ                                                           | 4         | PA; LA; QL (99 per 99 days) |
| <i>paricalcitol intravenous</i>                                    | 1         | PA                          |
| <i>paricalcitol oral</i>                                           | 1         | ST                          |
| <i>sapropterin</i>                                                 | 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       |
|----------------------------------------------------------------|-----------|-----------------------------|
| SOMAVERT                                                       | 4         | PA                          |
| STRENSIQ                                                       | 4         | PA; LA                      |
| <i>testosterone</i>                                            | 1         | PA; QL (99 per 99 days)     |
| <i>testosterone cypionate</i>                                  | 1         | PA                          |
| <i>testosterone enanthate</i>                                  | 1         | PA                          |
| <i>tolvaptan</i>                                               | 4         | PA; LA; QL (99 per 99 days) |
| <i>tolvaptan (polycys kidney dis) oral tablet</i>              | 4         | PA; LA; QL (99 per 99 days) |
| <i>tolvaptan (polycys kidney dis) oral tablets, sequential</i> | 4         | PA; LA                      |
| VIMIZIM                                                        | 4         | PA                          |
| <i>zoledronic acid</i>                                         | 4         | PA                          |
| <i>zoledronic acid-mannitol-water</i>                          | 4         | PA                          |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                         |           |                             |
| <i>acarbose</i>                                                | 1         |                             |
| BYDUREON BCISE                                                 | 2         | ST; QL (99 per 99 days)     |
| <i>exenatide</i>                                               | 1         | ST; QL (99 per 99 days)     |
| FARXIGA                                                        | 2         | ST; QL (99 per 99 days)     |
| <i>glimepiride</i>                                             | 1         |                             |
| <i>glipizide</i>                                               | 1         |                             |
| <i>glipizide-metformin</i>                                     | 1         |                             |
| <i>glyburide</i>                                               | 1         |                             |
| <i>glyburide micronized</i>                                    | 1         |                             |

| Drug Name                                             | Drug Tier | Requirements / Limits   |
|-------------------------------------------------------|-----------|-------------------------|
| <i>glyburide-metformin</i>                            | 1         |                         |
| GLYXAMBI                                              | 2         | ST; QL (99 per 99 days) |
| JANUMET                                               | 2         | ST; QL (99 per 99 days) |
| JANUMET XR                                            | 2         | ST; QL (99 per 99 days) |
| JANUVIA                                               | 2         | ST; QL (99 per 99 days) |
| JARDIANCE                                             | 2         | ST; QL (99 per 99 days) |
| <i>liraglutide</i>                                    | 1         | ST; QL (99 per 99 days) |
| <i>metformin oral solution</i>                        | 1         | ST                      |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1         |                         |
| <i>metformin oral tablet 750 mg</i>                   | 1         | ST                      |
| <i>metformin oral tablet extended release 24 hr</i>   | 1         | QL (99 per 99 days)     |
| <i>metformin oral tablet extended release 24hr</i>    | 1         | ST; QL (99 per 99 days) |
| <i>metformin oral tablet,er gast.retention 24 hr</i>  | 1         | ST; QL (99 per 99 days) |
| <i>miglitol</i>                                       | 1         |                         |
| MOUNJARO                                              | 2         | ST; QL (99 per 99 days) |
| <i>nateglinide</i>                                    | 1         |                         |
| OZEMPIC                                               | 2         | ST; QL (99 per 99 days) |
| <i>pioglitazone</i>                                   | 1         | QL (99 per 99 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>pioglitazone-glimepiride</i> | 1         | QL (99 per 99 days)     |
| <i>pioglitazone-metformin</i>   | 1         | QL (99 per 99 days)     |
| <i>repaglinide</i>              | 1         |                         |
| RYBELSUS                        | 2         | ST; QL (99 per 99 days) |
| <i>saxagliptin</i>              | 1         | ST; QL (99 per 99 days) |
| <i>saxagliptin-metformin</i>    | 1         | ST; QL (99 per 99 days) |
| SYNJARDY                        | 2         | ST; QL (99 per 99 days) |
| SYNJARDY XR                     | 2         | ST; QL (99 per 99 days) |
| TRIJARDY XR                     | 2         | ST                      |
| TRULICITY                       | 2         | ST; QL (99 per 99 days) |
| XIGDUO XR                       | 2         | ST; QL (99 per 99 days) |

### THYROID HORMONES

|                       |   |  |
|-----------------------|---|--|
| <i>adthyza</i>        | 1 |  |
| ARMOUR THYROID        | 2 |  |
| <i>euthyrox</i>       | 1 |  |
| <i>levo-t</i>         | 1 |  |
| <i>levothyroxine</i>  | 1 |  |
| <i>levoxyl</i>        | 1 |  |
| <i>liothyronine</i>   | 1 |  |
| <i>niva thyroid</i>   | 1 |  |
| <i>np thyroid</i>     | 1 |  |
| <i>renthyroid</i>     | 1 |  |
| <i>thyroid (pork)</i> | 1 |  |
| <i>unithroid</i>      | 1 |  |

### GASTROENTEROLOGY

| Drug Name                                    | Drug Tier | Requirements / Limits   |
|----------------------------------------------|-----------|-------------------------|
| <b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>   |           |                         |
| <i>anaspaz</i>                               | 1         |                         |
| <i>belladonna alkaloids-opium</i>            | 1         | ST; QL (99 per 99 days) |
| <i>chlordiazepoxide-clidinium</i>            | 1         |                         |
| <i>dicyclomine</i>                           | 1         |                         |
| <i>diphenoxylate-atropine</i>                | 1         |                         |
| <i>ed-spaz</i>                               | 1         |                         |
| <i>glycopyrrolate</i>                        | 1         |                         |
| <i>hyoscyamine sulfate</i>                   | 1         |                         |
| <i>hyosyne</i>                               | 1         |                         |
| <i>loperamide</i>                            | 1         |                         |
| <i>opium tincture</i>                        | 1         |                         |
| <i>oscimin</i>                               | 1         |                         |
| <i>oscimin sl</i>                            | 1         |                         |
| <i>phenobarb-hyoscy-atropine-scop</i>        | 1         |                         |
| <i>phenohydro</i>                            | 1         |                         |
| <i>symax fastabs</i>                         | 1         |                         |
| <i>symax-sl</i>                              | 1         |                         |
| <i>symax-sr</i>                              | 1         |                         |
| <b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b> |           |                         |
| <i>alosetron</i>                             | 1         |                         |
| <i>alvimopan</i>                             | 1         |                         |
| <i>anucort-hc</i>                            | 1         |                         |
| <i>aprepitant</i>                            | 1         | QL (99 per 99 days)     |
| <i>balsalazide</i>                           | 1         |                         |
| <i>betaine</i>                               | 4         | PA                      |
| <i>bisacodyl</i>                             | 6         | 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>budesonide</i>                     | 1         |                         |
| CHENODAL                              | 4         | PA; LA                  |
| CHOLBAM ORAL CAPSULE 250 MG           | 4         | PA                      |
| CHOLBAM ORAL CAPSULE 50 MG            | 4         | PA; QL (99 per 99 days) |
| <i>citrate of magnesia</i>            | 6         | ACA; OTC                |
| <i>citroma</i>                        | 6         | ACA; OTC                |
| <i>clearlax</i>                       | 6         | ACA; OTC                |
| <i>compro</i>                         | 1         |                         |
| <i>constulose</i>                     | 1         |                         |
| <i>cromolyn</i>                       | 1         |                         |
| CTEXLI                                | 4         | PA                      |
| DIPENTUM                              | 3         |                         |
| <i>doxylamine-pyridoxine (vit b6)</i> | 1         | QL (99 per 99 days)     |
| <i>dronabinol</i>                     | 1         | PA                      |
| <i>dulcolax (magnesium hydroxide)</i> | 6         | ACA; OTC                |
| ENTYVIO                               | 4         | PA                      |
| <i>enulose</i>                        | 1         |                         |
| <i>gavilax</i>                        | 6         | ACA; OTC                |
| <i>gavilyte-c</i>                     | 6         | ACA                     |
| <i>gavilyte-g</i>                     | 6         | ACA                     |
| <i>gavilyte-n</i>                     | 6         | ACA                     |
| <i>generlac</i>                       | 1         |                         |
| <i>gentle laxative (bisacodyl)</i>    | 6         | ACA; OTC                |
| <i>gentle laxative (mag hydrox)</i>   | 6         | ACA; OTC                |
| <i>gentlelax</i>                      | 6         | ACA; OTC                |
| <i>granisetron hcl</i>                | 1         | QL (99 per 99 days)     |

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <i>hemmorex-hc</i>                                                 | 1         |                       |
| <i>hydrocortisone</i>                                              | 1         |                       |
| <i>hydrocortisone acetate</i>                                      | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i>                 | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i> | 1         | ST                    |
| INFLECTRA                                                          | 4         | PA                    |
| IQIRVO                                                             | 4         | PA                    |
| <i>lactulose</i>                                                   | 1         |                       |
| <i>laxative (bisacodyl)</i>                                        | 6         | ACA; OTC              |
| <i>laxative peg 3350</i>                                           | 6         | ACA; OTC              |
| <i>lidocaine hcl-hydrocortison ac</i>                              | 1         |                       |
| <i>lidocaine-hydrocortisone-aloe</i>                               | 1         |                       |
| LINZESS                                                            | 2         | QL (99 per 99 days)   |
| <i>lubiprostone</i>                                                | 1         | QL (99 per 99 days)   |
| <i>magnesium citrate</i>                                           | 6         | ACA; OTC              |
| <i>meclizine</i>                                                   | 1         |                       |
| <i>mesalamine</i>                                                  | 1         |                       |
| <i>mesalamine with cleansing wipe</i>                              | 1         |                       |
| <i>metoclopramide hcl</i>                                          | 1         |                       |
| <i>milk of magnesia</i>                                            | 6         | ACA; OTC              |
| <i>milk of magnesia concentrated</i>                               | 6         | ACA; OTC              |
| MOVANTIK                                                           | 2         | QL (99 per 99 days)   |
| <i>natura-lax</i>                                                  | 6         | 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>nitroglycerin</i>                  | 1         |                             |
| OCALIVA                               | 4         | PA; LA; QL (99 per 99 days) |
| OMVOH INTRAVENOUS                     | 4         | PA                          |
| OMVOH PEN                             | 4         | PA; QL (99 per 99 days)     |
| OMVOH SUBCUTANEOUS                    | 4         | PA; QL (99 per 99 days)     |
| <i>ondansetron</i>                    | 1         | QL (99 per 99 days)         |
| <i>ondansetron hcl</i>                | 1         | QL (99 per 99 days)         |
| <i>onelix magnesium citrate</i>       | 6         | ACA; OTC                    |
| <i>oral saline laxative</i>           | 6         | ACA; OTC                    |
| PANCREAZE                             | 2         |                             |
| <i>peg 3350-electrolytes</i>          | 6         | ACA                         |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 6         | ACA                         |
| <i>peg-electrolyte soln</i>           | 6         | ACA                         |
| PENTASA                               | 2         |                             |
| <i>phosphate laxative</i>             | 6         | ACA; OTC                    |
| <i>polyethylene glycol 3350</i>       | 6         | ACA; OTC                    |
| <i>powderlax</i>                      | 6         | ACA; OTC                    |
| <i>prochlorperazine</i>               | 1         |                             |
| <i>prochlorperazine maleate</i>       | 1         |                             |
| <i>procto-med hc</i>                  | 1         |                             |
| <i>proctosol hc</i>                   | 1         |                             |
| <i>proctozone-hc</i>                  | 1         |                             |
| <i>prucalopride</i>                   | 1         | QL (99 per 99 days)         |

| Drug Name                             | Drug Tier | Requirements / Limits   |
|---------------------------------------|-----------|-------------------------|
| <i>purelax</i>                        | 6         | ACA; OTC                |
| RELISTOR                              | 2         | ST                      |
| <i>scopolamine base</i>               | 1         |                         |
| SKYRIZI INTRAVENOUS                   | 4         | PA                      |
| SKYRIZI SUBCUTANEOUS                  | 4         | PA; QL (99 per 99 days) |
| <i>smoothlax</i>                      | 6         | ACA; OTC                |
| <i>sodium,potassium,mag sulfates</i>  | 6         | ACA                     |
| SUCRAID                               | 4         | PA                      |
| <i>sulfasalazine</i>                  | 1         |                         |
| <i>trimethobenzamide</i>              | 1         |                         |
| TRULANCE                              | 2         |                         |
| <i>ursodiol</i>                       | 1         |                         |
| VARUBI                                | 2         | QL (99 per 99 days)     |
| VELSIPITY                             | 4         | PA; QL (99 per 99 days) |
| VIBERZI                               | 2         |                         |
| VIOKACE                               | 2         |                         |
| <i>women's gentle laxative(bisac)</i> | 6         | ACA; OTC                |
| ZENPEP                                | 2         |                         |
| ZYMFENTRA                             | 4         | PA; QL (99 per 99 days) |
| <b>ULCER THERAPY</b>                  |           |                         |
| <i>amoxicil-clarithromy-lansopraz</i> | 1         | QL (99 per 99 days)     |
| <i>bismuth subcit k-metronidz-tcn</i> | 1         |                         |
| <i>cimetidine</i>                     | 1         |                         |
| <i>cimetidine hcl</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>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>                             | 1         | ST; QL (99 per 99 days) |
| <i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>                             | 1         | ST                      |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>                            | 1         |                         |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1         | ST; QL (99 per 99 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>                      | 1         | ST                      |
| <i>famotidine</i>                                                                            | 1         |                         |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>                                | 1         | QL (99 per 99 days)     |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>                                | 1         |                         |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>                                 | 1         | ST; QL (99 per 99 days) |
| <i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>                                 | 1         | ST                      |
| <i>misoprostol</i>                                                                           | 1         |                         |
| <i>nizatidine</i>                                                                            | 1         |                         |
| <i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>                           | 1         | QL (99 per 99 days)     |

| Drug Name                                                        | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------|-----------|-------------------------|
| <i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>      | 1         |                         |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> | 1         | PA; QL (99 per 99 days) |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i> | 1         | PA                      |
| <i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>     | 1         | PA; QL (99 per 99 days) |
| <i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>     | 1         | PA                      |
| <i>pantoprazole oral granules dr for susp in packet</i>          | 1         | ST                      |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>    | 1         | QL (99 per 99 days)     |
| <i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>    | 1         |                         |
| <i>rabeprazole</i>                                               | 1         |                         |
| <i>sucralfate</i>                                                | 1         |                         |
| VOQUEZNA DUAL PAK                                                | 2         |                         |
| VOQUEZNA TRIPLE PAK                                              | 2         |                         |
| <b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>                  |           |                         |
| <b>BIOTECHNOLOGY DRUGS</b>                                       |           |                         |
| FULPHILA                                                         | 4         | PA; QL (99 per 99 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       |
|----------------------------------------------------|-----------|-----------------------------|
| ILARIS (PF)                                        | 4         | PA; LA; QL (99 per 99 days) |
| LEUKINE                                            | 4         | PA                          |
| NIVESTYM                                           | 4         | PA                          |
| <i>plerixafor</i>                                  | 4         | PA                          |
| PROCRIT                                            | 4         | PA                          |
| PROLEUKIN                                          | 4         | PA                          |
| RETACRIT                                           | 4         | PA                          |
| ZIEXTENZO                                          | 4         | PA; QL (99 per 99 days)     |
| ZYNTGLO                                            | 4         | PA                          |
| <b>GROWTH HORMONES</b>                             |           |                             |
| EGRIFTA SV                                         | 4         | PA                          |
| OMNITROPE                                          | 4         | PA                          |
| <b>INTERFERONS</b>                                 |           |                             |
| ACTIMMUNE                                          | 4         | PA                          |
| ALFERON N                                          | 2         | PA                          |
| PEGASYS                                            | 4         | PA; QL (99 per 99 days)     |
| <b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b> |           |                             |
| ABRYSVO (PF)                                       | 6         | ACA                         |
| ACTHIB (PF)                                        | 6         | ACA                         |
| ADACEL(TDAP ADOLESN/ADULT )(PF)                    | 6         | ACA                         |
| AFLURIA 2025-2026 (3YR UP)(PF)                     | 6         | ACA                         |
| AREXVY (PF)                                        | 6         | ACA                         |
| BEXSERO                                            | 6         | ACA                         |
| BIOTHRAX                                           | 2         |                             |
| BOOSTRIX TDAP                                      | 6         | ACA                         |
| CAPVAXIVE                                          | 6         | ACA                         |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| DAPTACEL (DTAP PEDIATRIC) (PF) | 6         | ACA                   |
| DENGVAIXA (PF)                 | 6         | ACA                   |
| DYSPORT                        | 4         | PA                    |
| ENGERIX-B (PF)                 | 6         | ACA                   |
| ENGERIX-B PEDIATRIC (PF)       | 6         | ACA                   |
| FLUAD 2025-2026 (65 YR UP)(PF) | 6         | ACA                   |
| FLUARIX 2025-2026 (PF)         | 6         | ACA                   |
| FLUBLOK 2025-2026 (PF)         | 6         | ACA                   |
| FLUCELVAX 2025-2026 (PF)       | 6         | ACA                   |
| FLULAVAL 2025-2026 (PF)        | 6         | ACA                   |
| FLUMIST 2025-2026              | 6         | ACA                   |
| FLUMIST HOME 2025-2026         | 6         | ACA                   |
| FLUZONE 2025-2026 (PF)         | 6         | ACA                   |
| FLUZONE HIGH-DOSE 2025-26 (PF) | 6         | ACA                   |
| GAMASTAN                       | 4         | PA                    |
| GAMMAGARD LIQUID               | 4         | PA                    |
| GAMMAGARD S-D (IGA < 1 MCG/ML) | 4         | PA                    |
| GAMUNEX-C                      | 4         | PA                    |
| GARDASIL 9 (PF)                | 6         | ACA                   |
| GRASTEK                        | 2         | PA                    |
| HAVRIX (PF)                    | 6         | ACA                   |
| HEPLISAV-B (PF)                | 6         | 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 |
|--------------------------------|-----------|-----------------------|
| HIBERIX (PF)                   | 6         | ACA                   |
| IMOVAX RABIES VACCINE (PF)     | 2         |                       |
| INFANRIX (DTAP) (PF)           | 6         | ACA                   |
| IPOL                           | 6         | ACA                   |
| IXIARO (PF)                    | 2         |                       |
| JYNNEOS (PF)                   | 6         | ACA                   |
| KINRIX (PF)                    | 6         | ACA                   |
| MENQUADFI (PF)                 | 6         | ACA                   |
| MENVEO A-C-Y-W-135-DIP (PF)    | 6         | ACA                   |
| M-M-R II (PF)                  | 6         | ACA                   |
| MODERNA COVID 24-25(6M-11Y)PF  | 6         | ACA                   |
| MRESVIA (PF)                   | 6         | ACA                   |
| MYOBLOC                        | 4         | PA                    |
| NOVAVAX COVID 2024-25(PF)(EUA) | 6         | ACA                   |
| ODACTRA                        | 2         | PA                    |
| PEDIARIX (PF)                  | 6         | ACA                   |
| PEDVAX HIB (PF)                | 6         | ACA                   |
| PENBRAYA (PF)                  | 6         | ACA                   |
| PENMENVY MEN A-B-C-W-Y (PF)    | 6         | ACA                   |
| PENTACEL (PF)                  | 6         | ACA                   |
| PNEUMOVAX-23                   | 6         | ACA                   |
| PREVNAR 20 (PF)                | 6         | ACA                   |
| PRIORIX (PF)                   | 6         | ACA                   |
| PROQUAD (PF)                   | 6         | ACA                   |
| QUADRACEL (PF)                 | 6         | ACA                   |
| RABAVERT (PF)                  | 2         |                       |
| RAGWITEK                       | 2         | PA                    |

| Drug Name                      | Drug Tier | Requirements / Limits |
|--------------------------------|-----------|-----------------------|
| RECOMBIVAX HB (PF)             | 6         | ACA                   |
| ROTARIX                        | 6         | ACA                   |
| ROTATEQ VACCINE                | 6         | ACA                   |
| SHINGRIX (PF)                  | 6         | ACA                   |
| SPIKEVAX 2024-2025(12Y UP)(PF) | 6         | ACA                   |
| STAMARIL (PF)                  | 2         |                       |
| TENIVAC (PF)                   | 6         | ACA                   |
| TICOVAC                        | 2         |                       |
| TRUMENBA                       | 6         | ACA                   |
| TWINRIX (PF)                   | 6         | ACA                   |
| TYPHIM VI                      | 2         |                       |
| VAQTA (PF)                     | 6         | ACA                   |
| VARIVAX (PF)                   | 6         | ACA                   |
| VAXCHORA VACCINE               | 2         |                       |
| VAXELIS (PF)                   | 6         | ACA                   |
| VAXNEUVANCE (PF)               | 6         | ACA                   |
| VIMKUNYA                       | 2         |                       |
| VIVOTIF                        | 2         |                       |
| XEMBIFY                        | 4         | PA                    |
| YF-VAX (PF)                    | 2         |                       |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                |   |    |
|--------------------------------|---|----|
| <i>allopurinol</i>             | 1 |    |
| <i>colchicine oral capsule</i> | 1 | ST |
| <i>colchicine oral tablet</i>  | 1 |    |
| <i>febuxostat</i>              | 1 | ST |

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   |
|----------------------------------------|-----------|-------------------------|
| KRYSTEXXA                              | 4         | PA                      |
| <i>probenecid</i>                      | 1         |                         |
| <i>probenecid-colchicine</i>           | 1         |                         |
| <b>OSTEOPOROSIS THERAPY</b>            |           |                         |
| <i>alendronate</i>                     | 1         | QL (99 per 99 days)     |
| <i>ibandronate intravenous</i>         | 4         | PA                      |
| <i>ibandronate oral</i>                | 1         | QL (99 per 99 days)     |
| <i>raloxifene</i>                      | 1         |                         |
| <i>risedronate</i>                     | 1         | QL (99 per 99 days)     |
| <i>teriparatide</i>                    | 4         | PA; QL (99 per 99 days) |
| TYMLOS                                 | 4         | PA; QL (99 per 99 days) |
| <b>OTHER RHEUMATOLOGICALS</b>          |           |                         |
| ACTEMRA<br>ACTPEN                      | 4         | PA; QL (99 per 99 days) |
| ACTEMRA<br>INTRAVENOUS                 | 4         | PA                      |
| ACTEMRA<br>SUBCUTANEOUS                | 4         | PA; QL (99 per 99 days) |
| ADALIMUMAB-<br>ADAZ                    | 4         | PA; QL (99 per 99 days) |
| ADALIMUMAB-<br>ADBIM                   | 4         | PA; QL (99 per 99 days) |
| ADALIMUMAB-<br>ADBIM(CF) PEN<br>CROHNS | 4         | PA; QL (99 per 99 days) |
| ADALIMUMAB-<br>ADBIM(CF) PEN<br>PS-UV  | 4         | PA; QL (99 per 99 days) |
| ADALIMUMAB-<br>RYVK                    | 4         | PA; QL (99 per 99 days) |

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| BENLYSTA<br>INTRAVENOUS              | 4         | PA                      |
| BENLYSTA<br>SUBCUTANEOUS             | 4         | PA; QL (99 per 99 days) |
| CYLTEZO(CF)                          | 4         | PA; QL (99 per 99 days) |
| CYLTEZO(CF)<br>PEN                   | 4         | PA; QL (99 per 99 days) |
| CYLTEZO(CF)<br>PEN CROHN'S-UC-<br>HS | 4         | PA; QL (99 per 99 days) |
| CYLTEZO(CF)<br>PEN PSORIASIS-<br>UV  | 4         | PA; QL (99 per 99 days) |
| ENBREL                               | 4         | PA; QL (99 per 99 days) |
| ENBREL MINI                          | 4         | PA; QL (99 per 99 days) |
| ENBREL<br>SURECLICK                  | 4         | PA; QL (99 per 99 days) |
| <i>leflunomide</i>                   | 1         | QL (99 per 99 days)     |
| OTEZLA                               | 4         | PA; QL (99 per 99 days) |
| OTEZLA<br>STARTER                    | 4         | PA; QL (99 per 99 days) |
| <i>penicillamine</i>                 | 1         | PA                      |
| RIDAURA                              | 2         |                         |
| RINVOQ                               | 4         | PA; QL (99 per 99 days) |
| RINVOQ LQ                            | 4         | PA; QL (99 per 99 days) |
| SAVELLA                              | 2         | ST; QL (99 per 99 days) |
| SIMLANDI(CF)                         | 4         | PA; QL (99 per 99 days) |
| SIMLANDI(CF)<br>AUTOINJECTOR         | 4         | PA; QL (99 per 99 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   |
|---------------------|-----------|-------------------------|
| SIMPONI             | 4         | PA; QL (99 per 99 days) |
| TYENNE AUTOINJECTOR | 4         | PA; QL (99 per 99 days) |
| TYENNE INTRAVENOUS  | 4         | PA                      |
| TYENNE SUBCUTANEOUS | 4         | PA; QL (99 per 99 days) |
| XELJANZ             | 4         | PA; QL (99 per 99 days) |
| XELJANZ XR          | 4         | PA; QL (99 per 99 days) |

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

|                             |   |          |
|-----------------------------|---|----------|
| CAYA CONTOURED              | 6 | ACA      |
| FC2 FEMALE CONDOM           | 6 | ACA; OTC |
| FEMCAP                      | 6 | ACA      |
| KYLEENA                     | 4 |          |
| MIRENA                      | 4 | ACA      |
| PARAGARD T 380A             | 4 | ACA      |
| SKYLA                       | 4 |          |
| TRUSTEX-RIA NON-LUB CONDOMS | 6 | ACA; OTC |

### ESTROGENS & PROGESTINS

|                     |   |     |
|---------------------|---|-----|
| <i>abigale</i>      | 1 |     |
| <i>abigale lo</i>   | 1 |     |
| <i>camila</i>       | 6 | ACA |
| <i>covaryx</i>      | 1 |     |
| <i>covaryx h.s.</i> | 1 |     |

| Drug Name                                | Drug Tier | Requirements / Limits    |
|------------------------------------------|-----------|--------------------------|
| <i>deblitane</i>                         | 6         | ACA                      |
| <i>dotti</i>                             | 1         | QL (99 per 99 days)      |
| DUAVEE                                   | 3         |                          |
| <i>eemt</i>                              | 1         |                          |
| <i>eemt hs</i>                           | 1         |                          |
| <i>emzahh</i>                            | 6         | ACA                      |
| <i>errin</i>                             | 6         | ACA                      |
| <i>estradiol oral</i>                    | 1         |                          |
| <i>estradiol transdermal</i>             | 1         | QL (99 per 99 days)      |
| <i>estradiol vaginal</i>                 | 1         |                          |
| <i>estradiol valerate</i>                | 1         |                          |
| <i>estradiol-norethindrone acet</i>      | 1         |                          |
| <i>estrogens-methyltestosterone</i>      | 1         |                          |
| <i>fyavolv</i>                           | 1         |                          |
| <i>gallifrey</i>                         | 1         |                          |
| <i>heather</i>                           | 6         | ACA                      |
| <i>incassia</i>                          | 6         | ACA                      |
| <i>jencycla</i>                          | 6         | ACA                      |
| <i>jinteli</i>                           | 1         |                          |
| <i>lyleq</i>                             | 6         | ACA                      |
| <i>lyllana</i>                           | 1         | QL (99 per 99 days)      |
| <i>lyza</i>                              | 6         | ACA                      |
| <i>medroxyprogesterone intramuscular</i> | 6         | ACA; QL (99 per 99 days) |
| <i>medroxyprogesterone oral</i>          | 1         |                          |
| <i>meleya</i>                            | 6         | ACA                      |
| <i>mimvey</i>                            | 1         |                          |
| <i>nora-be</i>                           | 6         | 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>norethindrone (contraceptive)</i>  | 6         | ACA                   |
| <i>norethindrone acetate</i>          | 1         |                       |
| <i>norethindrone ac-eth estradiol</i> | 1         |                       |
| OPILL                                 | 6         | ACA; OTC              |
| <i>orquidea</i>                       | 6         | ACA                   |
| <i>progesterone</i>                   | 4         | PA                    |
| <i>progesterone micronized</i>        | 1         |                       |
| <i>sharobel</i>                       | 6         | ACA                   |
| <i>tulana</i>                         | 6         | ACA                   |
| <i>yuvaferm</i>                       | 1         |                       |
| <b>MISCELLANEOUS OB/GYN</b>           |           |                       |
| <i>clindamycin phosphate</i>          | 1         |                       |
| <i>eluryng</i>                        | 6         | ACA                   |
| <i>enilloring</i>                     | 6         | ACA                   |
| <i>etonogestrel-ethinyl estradiol</i> | 6         | ACA                   |
| <i>fem ph</i>                         | 1         |                       |
| GYNAZOLE-1                            | 3         |                       |
| <i>haloette</i>                       | 6         | ACA                   |
| <i>metronidazole</i>                  | 1         |                       |
| <i>miconazole-3</i>                   | 1         |                       |
| <i>mifepristone</i>                   | 1         |                       |
| MYFEMBREE                             | 2         | PA                    |
| NEXPLANON                             | 4         | ACA                   |
| <i>norelgestromin-ethin.estradiol</i> | 6         | ACA                   |
| ORIAHNN                               | 2         | PA                    |
| OSPHENA                               | 3         |                       |
| <i>terconazole</i>                    | 1         |                       |

| Drug Name                                       | Drug Tier | Requirements / Limits         |
|-------------------------------------------------|-----------|-------------------------------|
| <i>tranexamic acid</i>                          | 1         |                               |
| TRIMO-SAN JELLY                                 | 2         |                               |
| <i>vandazole</i>                                | 1         |                               |
| VCF CONTRACEPTIVE FILM                          | 2         | OTC                           |
| VCF CONTRACEPTIVE GEL                           | 6         | ACA; OTC                      |
| <i>xulane</i>                                   | 6         | ACA                           |
| <i>zafemy</i>                                   | 6         | ACA                           |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |           |                               |
| <i>afirmelle</i>                                | 6         | ACA                           |
| <i>after pill</i>                               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>altavera (28)</i>                            | 6         | ACA                           |
| <i>alyacen 1/35 (28)</i>                        | 6         | ACA                           |
| <i>alyacen 7/7/7 (28)</i>                       | 6         | ACA                           |
| <i>amethia</i>                                  | 6         | ACA                           |
| <i>amethyst (28)</i>                            | 6         | ACA                           |
| <i>apri</i>                                     | 6         | ACA                           |
| <i>aranelle (28)</i>                            | 6         | ACA                           |
| <i>ashlyna</i>                                  | 6         | ACA                           |
| <i>aubra</i>                                    | 6         | ACA                           |
| <i>aubra eq</i>                                 | 6         | ACA                           |
| <i>aurovela 1.5/30 (21)</i>                     | 6         | ACA                           |
| <i>aurovela 1/20 (21)</i>                       | 6         | ACA                           |
| <i>aurovela 24 fe</i>                           | 6         | ACA                           |
| <i>aurovela fe 1.5/30 (28)</i>                  | 6         | ACA                           |
| <i>aurovela fe 1-20 (28)</i>                    | 6         | 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>aviane</i>                         | 6         | ACA                           |
| <i>ayuna</i>                          | 6         | ACA                           |
| <i>azurette (28)</i>                  | 6         | ACA                           |
| <i>balziva (28)</i>                   | 6         | ACA                           |
| <i>blisovi 24 fe</i>                  | 6         | ACA                           |
| <i>blisovi fe 1.5/30 (28)</i>         | 6         | ACA                           |
| <i>blisovi fe 1/20 (28)</i>           | 6         | ACA                           |
| <i>briellyn</i>                       | 6         | ACA                           |
| <i>camrese</i>                        | 6         | ACA                           |
| <i>camrese lo</i>                     | 6         | ACA                           |
| <i>caziant (28)</i>                   | 6         | ACA                           |
| <i>charlotte 24 fe</i>                | 6         | ACA                           |
| <i>chateal eq (28)</i>                | 6         | ACA                           |
| <i>cryselle (28)</i>                  | 6         | ACA                           |
| <i>cyred</i>                          | 6         | ACA                           |
| <i>cyred eq</i>                       | 6         | ACA                           |
| <i>dasetta 1/35 (28)</i>              | 6         | ACA                           |
| <i>dasetta 7/7/7 (28)</i>             | 6         | ACA                           |
| <i>daysee</i>                         | 6         | ACA                           |
| <i>desog-e.estradiol/e.estradiol</i>  | 6         | ACA                           |
| <i>dolishale</i>                      | 6         | ACA                           |
| <i>drospirenone-e.estradiol-lm.fa</i> | 6         | ACA                           |
| <i>drospirenone-ethinyl estradiol</i> | 6         | ACA                           |
| <i>econtra ez</i>                     | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>econtra one-step</i>               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>elinest</i>                        | 6         | ACA                           |

| Drug Name                            | Drug Tier | Requirements / Limits    |
|--------------------------------------|-----------|--------------------------|
| <i>ELLA</i>                          | 6         | ACA; QL (99 per 99 days) |
| <i>enpresse</i>                      | 6         | ACA                      |
| <i>enskyce</i>                       | 6         | ACA                      |
| <i>estarylla</i>                     | 6         | ACA                      |
| <i>ethynodiol diac-eth estradiol</i> | 6         | ACA                      |
| <i>falmina (28)</i>                  | 6         | ACA                      |
| <i>feirza</i>                        | 6         | ACA                      |
| <i>finzala</i>                       | 6         | ACA                      |
| <i>galbriela</i>                     | 6         | ACA                      |
| <i>gemmily</i>                       | 6         | ACA                      |
| <i>hailey</i>                        | 6         | ACA                      |
| <i>hailey 24 fe</i>                  | 6         | ACA                      |
| <i>hailey fe 1.5/30 (28)</i>         | 6         | ACA                      |
| <i>hailey fe 1/20 (28)</i>           | 6         | ACA                      |
| <i>iclevia</i>                       | 6         | ACA                      |
| <i>introvale</i>                     | 6         | ACA                      |
| <i>isibloom</i>                      | 6         | ACA                      |
| <i>jaimiess</i>                      | 6         | ACA                      |
| <i>jasmiel (28)</i>                  | 6         | ACA                      |
| <i>jolessa</i>                       | 6         | ACA                      |
| <i>joyeaux</i>                       | 6         | ACA                      |
| <i>juleber</i>                       | 6         | ACA                      |
| <i>junel 1.5/30 (21)</i>             | 6         | ACA                      |
| <i>junel 1/20 (21)</i>               | 6         | ACA                      |
| <i>junel fe 1.5/30 (28)</i>          | 6         | ACA                      |
| <i>junel fe 1/20 (28)</i>            | 6         | ACA                      |
| <i>junel fe 24</i>                   | 6         | ACA                      |
| <i>kaitlib fe</i>                    | 6         | ACA                      |
| <i>kalliga</i>                       | 6         | ACA                      |
| <i>kariva (28)</i>                   | 6         | ACA                      |
| <i>kelnor 1/35 (28)</i>              | 6         | 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>kurvelo (28)</i>                      | 6         | ACA                           |
| <i>l norgest/e.estradiol-e.estradiol</i> | 6         | ACA                           |
| <i>larin 1.5/30 (21)</i>                 | 6         | ACA                           |
| <i>larin 1/20 (21)</i>                   | 6         | ACA                           |
| <i>larin 24 fe</i>                       | 6         | ACA                           |
| <i>larin fe 1.5/30 (28)</i>              | 6         | ACA                           |
| <i>larin fe 1/20 (28)</i>                | 6         | ACA                           |
| <i>leena 28</i>                          | 6         | ACA                           |
| <i>lessina</i>                           | 6         | ACA                           |
| <i>levonest (28)</i>                     | 6         | ACA                           |
| <i>levonorgest-eth.estradiol-iron</i>    | 6         | ACA                           |
| <i>levonorgestrel</i>                    | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>levonorgestrel-ethinyl estrad</i>     | 6         | ACA                           |
| <i>levonorg-eth estrad triphasic</i>     | 6         | ACA                           |
| <i>levora-28</i>                         | 6         | ACA                           |
| <i>lojaimiess</i>                        | 6         | ACA                           |
| <i>loryna (28)</i>                       | 6         | ACA                           |
| <i>low-ogestrel (28)</i>                 | 6         | ACA                           |
| <i>lo-zumandimine (28)</i>               | 6         | ACA                           |
| <i>lutra (28)</i>                        | 6         | ACA                           |
| <i>marlissa (28)</i>                     | 6         | ACA                           |
| <i>merzee</i>                            | 6         | ACA                           |
| <i>mibelas 24 fe</i>                     | 6         | ACA                           |
| <i>microgestin 1.5/30 (21)</i>           | 6         | ACA                           |
| <i>microgestin 1/20 (21)</i>             | 6         | ACA                           |
| <i>microgestin fe 1.5/30 (28)</i>        | 6         | ACA                           |

| Drug Name                             | Drug Tier | Requirements / Limits         |
|---------------------------------------|-----------|-------------------------------|
| <i>microgestin fe 1/20 (28)</i>       | 6         | ACA                           |
| <i>mili</i>                           | 6         | ACA                           |
| <i>minzoya</i>                        | 6         | ACA                           |
| <i>mono-lynyah</i>                    | 6         | ACA                           |
| <i>my choice</i>                      | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>my way</i>                         | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>necon 0.5/35 (28)</i>              | 6         | ACA                           |
| <i>new day</i>                        | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>nikki (28)</i>                     | 6         | ACA                           |
| <i>noreth-ethinyl estradiol-iron</i>  | 6         | ACA                           |
| <i>norethindrone ac-eth estradiol</i> | 6         | ACA                           |
| <i>norethindrone-e.estradiol-iron</i> | 6         | ACA                           |
| <i>norgestimate-ethinyl estradiol</i> | 6         | ACA                           |
| <i>nortrel 0.5/35 (28)</i>            | 6         | ACA                           |
| <i>nortrel 1/35 (21)</i>              | 6         | ACA                           |
| <i>nortrel 1/35 (28)</i>              | 6         | ACA                           |
| <i>nortrel 7/7/7 (28)</i>             | 6         | ACA                           |
| <i>nylia 1/35 (28)</i>                | 6         | ACA                           |
| <i>nylia 7/7/7 (28)</i>               | 6         | ACA                           |
| <i>ocella</i>                         | 6         | ACA                           |
| <i>opcicon one-step</i>               | 6         | ACA; OTC; QL (99 per 99 days) |
| <i>option-2</i>                       | 6         | ACA; OTC; QL (99 per 99 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>philith</i>                        | 6         | ACA                   |
| <i>pimtrea (28)</i>                   | 6         | ACA                   |
| <i>portia 28</i>                      | 6         | ACA                   |
| <i>reclipsen (28)</i>                 | 6         | ACA                   |
| <i>rivelsa</i>                        | 6         | ACA                   |
| <i>rosyrah</i>                        | 6         | ACA                   |
| <i>setlakin</i>                       | 6         | ACA                   |
| <i>simliya (28)</i>                   | 6         | ACA                   |
| <i>simpesse</i>                       | 6         | ACA                   |
| <i>sprintec (28)</i>                  | 6         | ACA                   |
| <i>sronyx</i>                         | 6         | ACA                   |
| <i>syeda</i>                          | 6         | ACA                   |
| <i>tarina 24 fe</i>                   | 6         | ACA                   |
| <i>tarina fe 1/20 (28)</i>            | 6         | ACA                   |
| <i>tilia fe</i>                       | 6         | ACA                   |
| <i>tri-estarylla</i>                  | 6         | ACA                   |
| <i>tri-legest fe</i>                  | 6         | ACA                   |
| <i>tri-lynyah</i>                     | 6         | ACA                   |
| <i>tri-lo-estarylla</i>               | 6         | ACA                   |
| <i>tri-lo-marzia</i>                  | 6         | ACA                   |
| <i>tri-lo-mili</i>                    | 6         | ACA                   |
| <i>tri-lo-sprintec</i>                | 6         | ACA                   |
| <i>tri-mili</i>                       | 6         | ACA                   |
| <i>tri-sprintec (28)</i>              | 6         | ACA                   |
| <i>tri-vylibra</i>                    | 6         | ACA                   |
| <i>tri-vylibra lo</i>                 | 6         | ACA                   |
| <i>turqoz (28)</i>                    | 6         | ACA                   |
| <i>valtya</i>                         | 6         | ACA                   |
| <i>velivet triphasic regimen (28)</i> | 6         | ACA                   |
| <i>vestura (28)</i>                   | 6         | ACA                   |
| <i>vienva</i>                         | 6         | ACA                   |

| Drug Name               | Drug Tier | Requirements / Limits |
|-------------------------|-----------|-----------------------|
| <i>viorele (28)</i>     | 6         | ACA                   |
| <i>volnea (28)</i>      | 6         | ACA                   |
| <i>vyfemla (28)</i>     | 6         | ACA                   |
| <i>vylibra</i>          | 6         | ACA                   |
| <i>wera (28)</i>        | 6         | ACA                   |
| <i>wymzya fe</i>        | 6         | ACA                   |
| <i>xarah fe</i>         | 6         | ACA                   |
| <i>xelria fe</i>        | 6         | ACA                   |
| <i>zarah</i>            | 6         | ACA                   |
| <i>zovia 1-35 (28)</i>  | 6         | ACA                   |
| <i>zumandimine (28)</i> | 6         | ACA                   |

## OXYTOCICS

|                         |   |                     |
|-------------------------|---|---------------------|
| <i>methylergonovine</i> | 1 | QL (99 per 99 days) |
|-------------------------|---|---------------------|

## OPHTHALMOLOGY

### ANTIBIOTICS

|                                      |   |  |
|--------------------------------------|---|--|
| <i>bacitracin</i>                    | 1 |  |
| <i>bacitracin-polymyxin b</i>        | 1 |  |
| BESIVANCE                            | 3 |  |
| <i>ciprofloxacin hcl</i>             | 1 |  |
| <i>erythromycin</i>                  | 1 |  |
| <i>gatifloxacin</i>                  | 1 |  |
| <i>gentamicin</i>                    | 1 |  |
| <i>levofloxacin</i>                  | 1 |  |
| <i>moxifloxacin</i>                  | 1 |  |
| NATACYN                              | 2 |  |
| <i>neomycin-bacitracin-polymyxin</i> | 1 |  |
| <i>neomycin-polymyxin-gramicidin</i> | 1 |  |
| <i>neo-polycin</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>ofloxacin</i>                                             | 1         |                       |
| <i>polycin</i>                                               | 1         |                       |
| <i>polymyxin b sulf-trimethoprim</i>                         | 1         |                       |
| <i>povidone-iodine</i>                                       | 1         |                       |
| <i>tobramycin</i>                                            | 1         |                       |
| <b>ANTIVIRALS</b>                                            |           |                       |
| <i>trifluridine</i>                                          | 1         |                       |
| <b>BETA-BLOCKERS</b>                                         |           |                       |
| <i>betaxolol</i>                                             | 1         |                       |
| <i>carteolol</i>                                             | 1         |                       |
| <i>levobunolol</i>                                           | 1         |                       |
| <i>timolol</i>                                               | 1         | ST                    |
| <i>timolol maleate (pf)</i>                                  | 1         | ST                    |
| <i>timolol maleate ophthalmic (eye) drops</i>                | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops, once daily</i>    | 1         | ST                    |
| <i>timolol maleate ophthalmic (eye) gel forming solution</i> | 1         | ST                    |
| <b>CHOLINESTERASE INHIBITOR MIOTICS</b>                      |           |                       |
| PHOSPHOLINE IODIDE                                           | 4         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                                |           |                       |
| <i>atropine</i>                                              | 1         |                       |
| <i>cyclopentolate</i>                                        | 1         |                       |
| <i>cyclopen-tropic-phenyleph-watr</i>                        | 1         |                       |
| <i>homatropaire</i>                                          | 1         |                       |
| <i>phenyleph-tropicamide in water</i>                        | 1         |                       |

| Drug Name                            | Drug Tier | Requirements / Limits   |
|--------------------------------------|-----------|-------------------------|
| <i>tropicamide</i>                   | 1         |                         |
| <b>DIRECT ACTING MIOTICS</b>         |           |                         |
| <i>pilocarpine hcl</i>               | 1         |                         |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b> |           |                         |
| <i>alaway</i>                        | 1         | OTC                     |
| <i>allergy eye (ketotifen)</i>       | 1         | OTC                     |
| <i>altacaine</i>                     | 1         |                         |
| <i>azelastine</i>                    | 1         |                         |
| <i>bepotastine besilate</i>          | 1         | ST                      |
| BYOOVIZ                              | 4         | PA                      |
| <i>children's alaway</i>             | 1         | OTC                     |
| CIMERLI                              | 4         | PA                      |
| <i>cromolyn</i>                      | 1         |                         |
| <i>cyclosporine</i>                  | 1         | PA; QL (99 per 99 days) |
| CYSTARAN                             | 4         | PA                      |
| <i>epinastine</i>                    | 1         |                         |
| <i>eye allergy itch relief</i>       | 1         | OTC                     |
| <i>eye allergy itch-redness rlf</i>  | 1         | OTC                     |
| <i>eye itch relief</i>               | 1         | OTC                     |
| <i>fluorescein-proparacaine</i>      | 1         |                         |
| <i>ketotifen fumarate</i>            | 1         | OTC                     |
| LUXTURNAL                            | 4         | PA                      |
| MIEBO (PF)                           | 2         | PA; QL (99 per 99 days) |
| <i>olopatadine</i>                   | 1         | OTC                     |
| OXERVATE                             | 4         | PA                      |
| PAVBLU                               | 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>prednisoln sp-moxiflox-bromfen</i>         | 1         |                         |
| <i>prednisolone sod ph-bromfenac</i>          | 1         |                         |
| <i>proparacaine</i>                           | 1         |                         |
| RESTASIS MULTIDOSE                            | 2         | PA; QL (99 per 99 days) |
| <i>retaine allergy</i>                        | 1         | OTC                     |
| <i>tetracaine hcl</i>                         | 1         |                         |
| <i>wal-zyr (ketotifen)</i>                    | 1         | OTC                     |
| XDEMZY                                        | 4         | QL (99 per 99 days)     |
| XIIDRA                                        | 2         | PA; QL (99 per 99 days) |
| ZADITOR                                       | 2         | OTC                     |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b> |           |                         |
| <i>bromfenac</i>                              | 1         |                         |
| <i>diclofenac sodium</i>                      | 1         |                         |
| <i>flurbiprofen sodium</i>                    | 1         |                         |
| <i>ketorolac</i>                              | 1         |                         |
| NEVANAC                                       | 3         | ST                      |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                |           |                         |
| <i>acetazolamide</i>                          | 1         |                         |
| <i>methazolamide</i>                          | 1         |                         |
| <b>OTHER GLAUCOMA DRUGS</b>                   |           |                         |
| <i>bimatoprost</i>                            | 1         | ST                      |
| <i>brimonidine-timolol</i>                    | 1         |                         |
| <i>brinzolamide</i>                           | 1         |                         |
| <i>dorzolamide</i>                            | 1         |                         |
| <i>dorzolamide-timolol</i>                    | 1         |                         |
| <i>dorzolamide-timolol (pf)</i>               | 1         |                         |
| <i>latanoprost</i>                            | 1         | ST                      |

| Drug Name                               | Drug Tier | Requirements / Limits |
|-----------------------------------------|-----------|-----------------------|
| <i>miostat</i>                          | 1         |                       |
| <i>tafluprost (pf)</i>                  | 1         | ST                    |
| <i>travoprost</i>                       | 1         | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>  |           |                       |
| <i>neomycin-bacitracin-poly-hc</i>      | 1         |                       |
| <i>neomycin-polymyxin b-dexameth</i>    | 1         |                       |
| <i>neomycin-polymyxin-hc</i>            | 1         |                       |
| <i>neo-polycin hc</i>                   | 1         |                       |
| <i>tobramycin-dexamethasone</i>         | 1         |                       |
| <b>STEROIDS</b>                         |           |                       |
| <i>dexamethasone sodium phosphate</i>   | 1         |                       |
| <i>difluprednate</i>                    | 1         |                       |
| <i>fluorometholone</i>                  | 1         |                       |
| <i>loteprednol etabonate</i>            | 1         | ST                    |
| OZURDEX                                 | 4         | PA                    |
| <i>prednisolone acetate</i>             | 1         |                       |
| <i>prednisolone sodium phosphate</i>    | 1         |                       |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b> |           |                       |
| <i>sulfacetamide-prednisolone</i>       | 1         |                       |
| <b>SULFONAMIDES</b>                     |           |                       |
| <i>sulfacetamide sodium</i>             | 1         |                       |
| <b>SYMPATHOMIMETICS</b>                 |           |                       |
| <i>apraclonidine</i>                    | 1         |                       |
| <i>brimonidine</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>VASOCONSTRICTOR DECONGESTANTS</b>             |           |                       |
| <i>phenylephrine hcl</i>                         | 1         |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>    |           |                       |
| <b>ANTIHISTAMINE &amp; ANTIALLERGENIC AGENTS</b> |           |                       |
| <i>adrenalin</i>                                 | 1         |                       |
| <i>carbinoxamine maleate oral liquid</i>         | 1         |                       |
| <i>carbinoxamine maleate oral tablet 4 mg</i>    | 1         |                       |
| <i>carbinoxamine maleate oral tablet 6 mg</i>    | 1         | ST                    |
| <i>carbzah</i>                                   | 1         | ST                    |
| <i>cetirizine</i>                                | 1         |                       |
| <i>clemastine</i>                                | 1         |                       |
| <i>cyproheptadine</i>                            | 1         |                       |
| <i>desloratadine</i>                             | 1         | QL (99 per 99 days)   |
| <i>dexchlorpheniramine maleate</i>               | 1         |                       |
| <i>epinephrine injection auto-injector</i>       | 1         | QL (99 per 99 days)   |
| <i>epinephrine injection solution</i>            | 1         |                       |
| <i>epinephrine injection syringe</i>             | 1         |                       |
| <i>hydroxyzine hcl</i>                           | 1         |                       |
| <i>hydroxyzine pamoate</i>                       | 1         |                       |
| <i>levocetirizine oral solution</i>              | 1         |                       |

| Drug Name                                                     | Drug Tier | Requirements / Limits       |
|---------------------------------------------------------------|-----------|-----------------------------|
| <i>levocetirizine oral tablet</i>                             | 1         | QL (99 per 99 days)         |
| NEFFY                                                         | 2         | QL (99 per 99 days)         |
| <i>promethazine</i>                                           | 1         |                             |
| <i>promethegan</i>                                            | 1         |                             |
| <b>COUGH &amp; COLD THERAPY</b>                               |           |                             |
| <i>benzonatate</i>                                            | 1         |                             |
| <i>brompheniramine-pseudoeph-dm</i>                           | 1         |                             |
| <i>hydrocodone-chlorpheniramine</i>                           | 1         |                             |
| <i>hydrocodone-homatropine</i>                                | 1         |                             |
| <i>hydromet</i>                                               | 1         |                             |
| <i>promethazine-codeine</i>                                   | 1         |                             |
| <i>promethazine-dm</i>                                        | 1         |                             |
| <i>promethazine-phenylephrine</i>                             | 1         |                             |
| <b>PULMONARY AGENTS</b>                                       |           |                             |
| <i>acetylcysteine</i>                                         | 1         |                             |
| ADEMPAS                                                       | 4         | PA; LA; QL (99 per 99 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler</i>       | 1         | QL (99 per 99 days)         |
| <i>albuterol sulfate inhalation solution for nebulization</i> | DME       |                             |
| <i>albuterol sulfate oral</i>                                 | 1         |                             |
| ALVESCO                                                       | 3         | QL (99 per 99 days)         |
| ALYFTREK                                                      | 4         | PA; QL (99 per 99 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>alyq</i>                   | 4         | PA; QL (99 per 99 days)     |
| <i>ambrisentan</i>            | 4         | PA; LA; QL (99 per 99 days) |
| ANORO ELLIPTA                 | 2         | QL (99 per 99 days)         |
| <i>arformoterol</i>           | 1         | QL (99 per 99 days)         |
| ASMANEX HFA                   | 3         | QL (99 per 99 days)         |
| <i>azelastine-fluticasone</i> | 1         | ST; QL (99 per 99 days)     |
| <i>bosentan</i>               | 4         | PA; QL (99 per 99 days)     |
| BREO ELLIPTA                  | 2         | ST; QL (99 per 99 days)     |
| <i>breyana</i>                | 1         | ST; QL (99 per 99 days)     |
| BREZTRI AEROSPHERE            | 2         | QL (99 per 99 days)         |
| <i>budesonide</i>             | DME       | QL (99 per 99 days)         |
| <i>budesonide-formoterol</i>  | 1         | ST; QL (99 per 99 days)     |
| CINRYZE                       | 4         | PA; QL (99 per 99 days)     |
| COMBIVENT RESPIMAT            | 2         | QL (99 per 99 days)         |
| <i>cromolyn</i>               | DME       |                             |
| DULERA                        | 2         | ST; QL (99 per 99 days)     |
| FASENRA                       | 4         | PA; QL (99 per 99 days)     |
| FASENRA PEN                   | 4         | PA; QL (99 per 99 days)     |
| <i>flunisolide</i>            | 1         | ST; QL (99 per 99 days)     |

| Drug Name                                                                | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------------|-----------|-----------------------------|
| <i>fluticasone propionate</i>                                            | 1         | QL (99 per 99 days)         |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED | 2         | ST; QL (99 per 99 days)     |
| <i>fluticasone propion-salmeterol inhalation blister with device</i>     | 1         | ST; QL (99 per 99 days)     |
| <i>formoterol fumarate</i>                                               | DME       | QL (99 per 99 days)         |
| <i>icatibant</i>                                                         | 4         | PA; QL (99 per 99 days)     |
| INCRUSE ELLIPTA                                                          | 2         | QL (99 per 99 days)         |
| <i>ipratropium bromide</i>                                               | DME       |                             |
| <i>ipratropium-albuterol</i>                                             | DME       | QL (99 per 99 days)         |
| KALYDECO                                                                 | 4         | PA; QL (99 per 99 days)     |
| <i>levalbuterol hcl</i>                                                  | DME       |                             |
| <i>mometasone</i>                                                        | 1         | ST; QL (99 per 99 days)     |
| <i>montelukast</i>                                                       | 1         |                             |
| <i>nebusal</i>                                                           | DME       |                             |
| NUCALA                                                                   | 4         | PA; LA; QL (99 per 99 days) |
| OFEV                                                                     | 4         | PA; QL (99 per 99 days)     |
| OPSUMIT                                                                  | 4         | PA; LA; QL (99 per 99 days) |
| OPSYNVI                                                                  | 4         | PA; QL (99 per 99 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       |
|---------------------------------------------------|-----------|-----------------------------|
| ORKAMBI                                           | 4         | PA; QL (99 per 99 days)     |
| <i>pirfenidone</i>                                | 4         | PA; QL (99 per 99 days)     |
| <i>pulmosal</i>                                   | 1         |                             |
| PULMOZYME                                         | 4         | PA                          |
| QVAR REDIHALER                                    | 2         | QL (99 per 99 days)         |
| <i>roflumilast oral tablet 250 mcg</i>            | 1         | PA; QL (99 per 99 days)     |
| <i>roflumilast oral tablet 500 mcg</i>            | 1         | PA                          |
| RUCONEST                                          | 4         | PA; QL (99 per 99 days)     |
| <i>sajazir</i>                                    | 4         | PA; QL (99 per 99 days)     |
| <i>sildenafil (pulm.hypertension) intravenous</i> | 4         |                             |
| <i>sildenafil (pulm.hypertension) oral</i>        | 4         | PA; QL (99 per 99 days)     |
| <i>sodium chloride</i>                            | DME       |                             |
| SPIRIVA RESPIMAT                                  | 2         | QL (99 per 99 days)         |
| STIOLTO RESPIMAT                                  | 2         | QL (99 per 99 days)         |
| STRIVERDI RESPIMAT                                | 2         | QL (99 per 99 days)         |
| SYMDEKO                                           | 4         | PA; QL (99 per 99 days)     |
| <i>tadalafil (pulm.hypertension)</i>              | 4         | PA; QL (99 per 99 days)     |
| TAKHZYRO                                          | 4         | PA; LA; QL (99 per 99 days) |
| <i>terbutaline</i>                                | 1         |                             |

| Drug Name                   | Drug Tier | Requirements / Limits       |
|-----------------------------|-----------|-----------------------------|
| TEZSPIRE                    | 4         | PA; QL (99 per 99 days)     |
| <i>theophylline</i>         | 1         |                             |
| <i>tiotropium bromide</i>   | 1         |                             |
| TRACLEER                    | 4         | PA; LA; QL (99 per 99 days) |
| TRELEGY ELLIPTA             | 2         | QL (99 per 99 days)         |
| TRIKAFTA                    | 4         | PA; QL (99 per 99 days)     |
| TYVASO                      | 4         | PA                          |
| TYVASO DPI                  | 4         | PA                          |
| TYVASO REFILL KIT           | 4         | PA                          |
| TYVASO STARTER KIT          | 4         | PA                          |
| <i>wixela inhub</i>         | 1         | ST; QL (99 per 99 days)     |
| XOLAIR                      | 4         | PA; LA; QL (99 per 99 days) |
| <i>zafirlukast</i>          | 1         |                             |
| <i>zileuton</i>             | 1         | PA                          |
| <b>PULMONARY DEVICES</b>    |           |                             |
| ACE AEROSOL CLOUD ENHANCER  | 2         |                             |
| AEROCHAMBER MECHANICAL VENT | 2         |                             |
| AEROCHAMBER MINI            | 2         |                             |
| AEROCHAMBER PLUS FLOW-VU    | 2         |                             |
| AEROCHAMBER PLUS Z STAT     | 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 |
|--------------------------|-----------|-----------------------|
| AEROCHAMBER2 GO          | 2         |                       |
| AEROTRACH PLUS           | 2         |                       |
| AEROVENT PLUS            | 2         |                       |
| BREATHERITE MDI SPACER   | 2         |                       |
| COMPACT SPACE CHAMBER    | 2         |                       |
| EASIVENT HOLDING CHAMBER | 2         |                       |
| FLEXICHAMBER             | 2         |                       |
| LITEAIRE MDI CHAMBER     | 2         |                       |
| MICROCHAMBER             | 2         |                       |
| MICROSPACER              | 2         |                       |
| OPTICHAMBER DIAMOND VHC  | 2         |                       |
| POCKET CHAMBER           | 2         |                       |
| PRIMEAIRE                | 2         |                       |
| PROCHAMBER               | 2         |                       |
| RITEFLO AEROCHAMBER      | 2         |                       |
| SPACE CHAMBER            | 2         |                       |
| VORTEX HOLDING CHAMBER   | 2         |                       |

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

|                     |   |  |
|---------------------|---|--|
| <i>darifenacin</i>  | 1 |  |
| <i>fesoterodine</i> | 1 |  |
| <i>flavoxate</i>    | 1 |  |
| <i>mirabegron</i>   | 1 |  |

| Drug Name                  | Drug Tier | Requirements / Limits |
|----------------------------|-----------|-----------------------|
| <i>oxybutynin chloride</i> | 1         |                       |
| <i>solifenacin</i>         | 1         |                       |
| <i>tolterodine</i>         | 1         |                       |
| <i>trospium</i>            | 1         |                       |

### BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

|                               |   |                         |
|-------------------------------|---|-------------------------|
| <i>alfuzosin</i>              | 1 |                         |
| <i>dutasteride</i>            | 1 | ST                      |
| <i>dutasteride-tamsulosin</i> | 1 | ST                      |
| <i>finasteride</i>            | 1 |                         |
| <i>silodosin</i>              | 1 |                         |
| <i>tadalafil</i>              | 1 | ST; QL (99 per 99 days) |
| <i>tamsulosin</i>             | 1 |                         |

### CHOLINERGIC STIMULANTS

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

### MISCELLANEOUS UROLOGICALS

|                                       |   |    |
|---------------------------------------|---|----|
| CYSTAGON                              | 4 | LA |
| ELMIRON                               | 2 |    |
| K-PHOS ORIGINAL                       | 2 |    |
| <i>mb caps</i>                        | 1 |    |
| <i>methen-sod phos-meth blue-hyos</i> | 1 |    |
| <i>potassium citrate</i>              | 1 |    |
| RENACIDIN                             | 2 |    |
| <i>sodium citrate-citric acid</i>     | 1 |    |
| <i>uretron d-s</i>                    | 1 |    |
| <i>urimar-t</i>                       | 1 |    |
| <i>urogesic-blue</i>                  | 1 |    |
| <i>uro-mp</i>                         | 1 |    |
| <i>uro-sp</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>uryl</i>                                    | 1         |                       |
| <b>URINARY ANESTHETICS</b>                     |           |                       |
| <i>phenazopyridine</i>                         | 1         |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b> |           |                       |
| <b>ELECTROLYTES</b>                            |           |                       |
| <i>calcium acetate(phosphat bind)</i>          | 1         | QL (99 per 99 days)   |
| <i>effe-k</i>                                  | 1         |                       |
| <i>klor-con</i>                                | 1         |                       |
| <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>                               | 1         | QL (99 per 99 days)   |
| LOKELMA                                        | 2         | QL (99 per 99 days)   |
| <i>lugols</i>                                  | 1         |                       |
| <i>potassium chloride</i>                      | 1         |                       |
| <i>sevelamer carbonate</i>                     | 1         | QL (99 per 99 days)   |
| <i>sevelamer hcl</i>                           | 1         | QL (99 per 99 days)   |
| <i>sodium polystyrene sulfonate</i>            | 1         |                       |
| <i>sps (with sorbitol)</i>                     | 1         |                       |
| <i>strong iodine</i>                           | 1         |                       |
| VELPHORO                                       | 3         | QL (99 per 99 days)   |
| <b>VITAMINS &amp; HEMATINICS</b>               |           |                       |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>b complex 1 (with folic acid)</i>  | 6         | ACA; OTC              |
| <i>b complex-vitamin c-folic acid</i> | 6         | ACA; OTC              |
| <i>balanced b-100</i>                 | 6         | ACA; OTC              |
| <i>bal-care dha</i>                   | 1         |                       |
| <i>b-complex with vitamin c</i>       | 6         | ACA; OTC              |
| <i>classic prenatal</i>               | 6         | ACA; OTC              |
| <i>c-nate dha</i>                     | 1         |                       |
| <i>complete natal dha</i>             | 1         |                       |
| <i>dialyvite 800</i>                  | 6         | ACA; OTC              |
| <i>ergocalciferol (vitamin d2)</i>    | 1         |                       |
| <i>flotrex</i>                        | 6         | ACA; OTC              |
| <i>fluoride (sodium)</i>              | 6         | ACA; OTC              |
| <i>folic acid</i>                     | 6         | ACA; OTC              |
| <i>folitab</i>                        | 6         | ACA; OTC              |
| <i>foltabs 800</i>                    | 6         | ACA; OTC              |
| <i>full spectrum b-vitamin c</i>      | 6         | ACA; OTC              |
| <i>hydroxocobalamin</i>               | 1         |                       |
| <i>iron sucrose</i>                   | 1         | PA                    |
| <i>kobee</i>                          | 6         | ACA; OTC              |
| <i>ludent fluoride</i>                | 6         | ACA; OTC              |
| <i>m-natal plus</i>                   | 1         |                       |
| <i>multi-vitamin with fluoride</i>    | 6         | ACA; OTC              |
| <i>multivit-fluoride (metafolin)</i>  | 6         | ACA; OTC              |
| <i>mvc-fluoride</i>                   | 6         | ACA; OTC              |
| <i>mynatal</i>                        | 1         |                       |
| <i>mynatal plus</i>                   | 1         |                       |
| <i>mynatal-z</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>neo-vital rx</i>                   | 1         |                       |
| <i>newgen</i>                         | 1         |                       |
| <i>one daily prenatal</i>             | 6         | ACA; OTC              |
| <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</i>                       | 6         | ACA; OTC              |
| <i>prenatal complete</i>              | 6         | ACA; OTC              |
| <i>prenatal multi-dha (algal oil)</i> | 6         | ACA; OTC              |
| <i>prenatal multivitamins</i>         | 6         | ACA; OTC              |
| <i>prenatal one daily</i>             | 6         | ACA; OTC              |
| <i>prenatal plus</i>                  | 1         |                       |
| <i>prenatal plus (calcium carb)</i>   | 1         |                       |
| <i>prenatal vit no.179-iron-folic</i> | 6         | ACA; OTC              |
| <i>prenatal vitamin</i>               | 6         | ACA; OTC              |
| <i>prenatal vitamin with minerals</i> | 6         | ACA; OTC              |
| <i>purevita folic acid</i>            | 6         | ACA; OTC              |

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>rena-vite</i>                      | 6         | ACA; OTC              |
| <i>se-natal 19</i>                    | 1         |                       |
| <i>se-natal 19 chewable</i>           | 1         |                       |
| <i>soluvita</i>                       | 6         | ACA; OTC              |
| <i>soluvita a,c,d with fluoride</i>   | 6         | ACA; OTC              |
| <i>stress formula with iron</i>       | 6         | ACA; OTC              |
| <i>stress formula with iron(sulf)</i> | 6         | ACA; OTC              |
| <i>super b-50 complex</i>             | 6         | ACA; OTC              |
| <i>super quintis</i>                  | 6         | ACA; OTC              |
| <i>tricon</i>                         | 6         | ACA; OTC              |
| <i>trinatal rx 1</i>                  | 1         |                       |
| <i>trinate</i>                        | 1         |                       |
| <i>tri-vitamin with fluoride</i>      | 6         | ACA; OTC              |
| VENOFER                               | 2         | PA                    |
| <i>vitamin b complex-folic acid</i>   | 6         | ACA; OTC              |
| <i>vitamins a,c,d and fluoride</i>    | 6         | ACA; OTC              |
| <i>wesnatal dha complete</i>          | 1         |                       |
| <i>wesnate dha</i>                    | 1         |                       |
| <i>westab plus</i>                    | 1         |                       |
| <i>westgel dha</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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