



# Your 2022 Prescription Drug List

## Advantage 3-Tier

Effective January 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

## How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

## When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage and lower-cost options.

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

## Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

## About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

## What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equal is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your health plan ID card or call the toll-free phone number on your ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your health plan ID card to talk with a pharmacist about finding lower-cost options.

## Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

# Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## Tier information

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

| Drug Tier     | Includes                                                                                                                                      | Helpful Tips                                                                  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Tier 1</b> | <b>\$ Lower-cost</b><br>Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included. | Use Tier 1 drugs for the lowest out-of-pocket costs.                          |
| <b>Tier 2</b> | <b>\$\$ Mid-range cost</b><br>Medications that provide good overall value. A mix of brand name and generic drugs.                             | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
| <b>Tier 3</b> | <b>\$\$\$ Highest-cost</b><br>Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.           | Ask your doctor if a Tier 1 or Tier 2 option could work for you.              |

## Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan sets how these medications may be covered for you.

|             |                                                                                                                                                                                                                         |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b>    | <b>May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.               |
| <b>H</b>    | <b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.                                                             |
| <b>H-PA</b> | <b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.                          |
| <b>PA</b>   | <b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. |
| <b>QL</b>   | <b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.                                                                                              |
| <b>RS</b>   | <b>Refill and Save Program</b> <sup>4</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.                                                        |
| <b>SP</b>   | <b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.            |
| <b>ST</b>   | <b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.          |

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



# Reading your PDL (continued)

## Coverage details

Some drug classes in this PDL have additional/important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Diabetes: blood glucose monitoring; insulin; non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

## Questions

**For the most current list of covered medications or if you have questions:**



Call the member phone number on your health plan ID card



Visit your plan's member website listed on your health plan ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

| Drug Name                                                                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Analgesics - Drugs for Pain</b>                                                        |           |                       |
| acetaminophen-codeine                                                                     | 1         |                       |
| acetaminophen-codeine #2                                                                  | 1         |                       |
| acetaminophen-codeine #3                                                                  | 1         |                       |
| acetaminophen-codeine #4                                                                  | 1         |                       |
| apap-caff-dihydrocodeine oral capsule                                                     | 3         | QL                    |
| apap-caff-dihydrocodeine oral tablet                                                      | 1         | QL                    |
| bac                                                                                       | 1         | QL                    |
| BELBUCA                                                                                   | 3         | PA, QL                |
| butalbital-apap-caffeine oral capsule 50-300-40 mg                                        | 3         | QL                    |
| butalbital-apap-caffeine oral capsule 50-325-40 mg                                        | 1         | QL                    |
| butalbital-apap-caffeine oral tablet                                                      | 1         | QL                    |
| CONZIP                                                                                    | E         | QL                    |
| DILAUDID ORAL                                                                             | 3         |                       |
| DURAGESIC-100                                                                             | E         | PA, ST, QL            |
| DURAGESIC-12                                                                              | E         | PA, ST, QL            |
| DURAGESIC-25                                                                              | E         | PA, ST, QL            |
| DURAGESIC-50                                                                              | E         | PA, ST, QL            |
| DURAGESIC-75                                                                              | E         | PA, ST, QL            |
| endocet                                                                                   | 1         |                       |
| ESGIC                                                                                     | 3         | QL                    |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 2         | PA, QL                |
| fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr                  | E         | PA, ST, QL            |
| FIORICET                                                                                  | 3         | QL                    |
| hydrocodone bitartrate er oral capsule extended release 12 hour                           | 3         | PA, ST, QL            |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent                          | E         | PA, ST, QL            |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml                                    | 1         |                       |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml                                   | 2         |                       |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg                     | E         |                       |

| Drug Name                                                                       | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------|
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg           | 1         |                       |
| hydromorphone hcl er                                                            | 3         | PA, ST, QL            |
| hydromorphone hcl oral                                                          | 1         |                       |
| hydromorphone hcl rectal                                                        | 1         |                       |
| HYSINGLA ER                                                                     | E         | PA, ST, QL            |
| lidocaine external ointment 5 %                                                 | 2         | QL                    |
| lidocaine external patch 5 %                                                    | 3         | PA, QL                |
| lidocaine-prilocaine external cream                                             | 1         |                       |
| LIDODERM                                                                        | E         | PA, QL                |
| LORTAB                                                                          | 3         |                       |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml               | 1         |                       |
| morphine sulfate er oral capsule extended release 24 hour                       | E         | PA, ST, QL            |
| morphine sulfate er oral tablet extended release                                | 1         | PA, QL                |
| morphine sulfate oral                                                           | 1         |                       |
| morphine sulfate rectal                                                         | 1         |                       |
| MS CONTIN                                                                       | 3         | PA, ST, QL            |
| NALOCET                                                                         | E         | QL                    |
| NUCYNTA                                                                         | 3         | QL                    |
| NUCYNTA ER                                                                      | 3         | PA, QL                |
| OXAYDO                                                                          | E         | QL                    |
| OXYCODONE HCL ER                                                                | E         | PA, ST, QL            |
| oxycodone hcl oral capsule                                                      | 1         |                       |
| oxycodone hcl oral concentrate 100 mg/5ml                                       | 1         |                       |
| oxycodone hcl oral solution                                                     | 1         |                       |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg                            | 1         |                       |
| oxycodone hcl oral tablet 5 mg                                                  | 1         | QL                    |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION                                           | E         |                       |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG                         | E         |                       |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         |                       |

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



| Drug Name                                             | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG        | E         | QL                    |
| OXYCONTIN                                             | E         | PA, ST, QL            |
| PERCOCET                                              | E         |                       |
| premium lidocaine                                     | 2         | QL                    |
| PROLATE                                               | E         |                       |
| QDOLO                                                 | E         | PA, QL                |
| ROXICODONE ORAL TABLET 15 MG, 30 MG                   | E         |                       |
| ROXICODONE ORAL TABLET 5 MG                           | E         | QL                    |
| SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG    | E         | PA, QL                |
| tramadol hcl er (biphasic)                            | E         | QL                    |
| TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | E         | QL                    |
| tramadol hcl er oral tablet extended release 24 hour  | 2         | QL                    |
| tramadol hcl oral tablet 100 mg                       | E         |                       |
| tramadol hcl oral tablet 50 mg                        | 1         |                       |
| TREZIX                                                | 3         | QL                    |
| ULTRAM                                                | E         |                       |
| VTOL LQ                                               | 2         | PA, QL                |
| XTAMPZA ER                                            | 2         | PA, QL                |
| ZEBUTAL                                               | 3         | QL                    |
| ZOHYDRO ER                                            | E         | PA, ST, QL            |
| ZTLIDO                                                | E         | PA, QL                |
| <b>Analgesics - Drugs for Pain and Inflammation</b>   |           |                       |
| CATAFLAM                                              | E         |                       |
| CELEBREX                                              | E         | QL                    |
| celecoxib oral                                        | 2         | QL                    |
| diclofenac potassium                                  | 1         |                       |
| diclofenac sodium er                                  | 1         |                       |
| diclofenac sodium external gel 1 %                    | E         |                       |
| diclofenac sodium external solution                   | E         |                       |
| diclofenac sodium oral                                | 1         |                       |
| DUROLANE                                              | E         |                       |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG        | 3         |                       |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG        | 3         |                       |
| ec-naproxen                                           | 1         |                       |

| Drug Name                                                              | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| etodolac                                                               | 1         |                       |
| etodolac er                                                            | 1         |                       |
| EUFLEXXA                                                               | E         |                       |
| GELSYN-3                                                               | E         |                       |
| ibuprofen                                                              | 1         |                       |
| ibuprofen oral suspension                                              | E         |                       |
| INDOCIN                                                                | 3         |                       |
| indomethacin er                                                        | 1         |                       |
| INDOMETHACIN ORAL CAPSULE 20 MG                                        | E         |                       |
| indomethacin oral capsule 25 mg, 50 mg                                 | 1         |                       |
| KETOROLAC TROMETHAMINE NASAL                                           | 3         | ST, QL                |
| ketorolac tromethamine oral                                            | 1         |                       |
| LODINE                                                                 | E         |                       |
| meloxicam oral capsule                                                 | E         | QL                    |
| meloxicam oral tablet                                                  | 1         |                       |
| MOBIC                                                                  | E         |                       |
| nabumetone oral                                                        | 1         |                       |
| NAPRELAN                                                               | E         |                       |
| NAPROSYN ORAL SUSPENSION                                               | E         | PA                    |
| NAPROSYN ORAL TABLET                                                   | E         |                       |
| naproxen oral suspension                                               | 1         | PA                    |
| naproxen oral tablet                                                   | 1         |                       |
| naproxen oral tablet delayed release                                   | 1         |                       |
| naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg | E         |                       |
| NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG         | E         |                       |
| naproxen sodium oral tablet 275 mg, 550 mg                             | 1         |                       |
| PENNSAID                                                               | E         |                       |
| QMIIZ ODT                                                              | E         |                       |
| RELAFEN                                                                | E         |                       |
| RELAFEN DS                                                             | E         |                       |
| SPRIX                                                                  | 3         | ST, QL                |
| TIVORBEX                                                               | E         |                       |
| VIVLODEX                                                               | E         | QL                    |
| ZIPSOR                                                                 | E         |                       |

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b> |           |                       |
| BUNAVAIL                                                 | E         | PA, QL                |
| buprenorphine hcl sublingual                             | 1         | QL                    |
| buprenorphine hcl-naloxone hcl                           | 2         | QL                    |
| CHANTIX                                                  | 3         | PA, H                 |
| CHANTIX CONTINUING MONTH PAK                             | 3         | PA, H                 |
| CHANTIX STARTING MONTH PAK                               | 3         | PA, H                 |
| naloxone hcl injection                                   | 1         |                       |
| naltrexone hcl oral                                      | 1         |                       |
| NARCAN                                                   | 2         | QL                    |
| SUBOXONE                                                 | E         | PA, QL                |
| ZUBSOLV                                                  | 2         | QL                    |
| <b>Antibacterials - Drugs for Infections</b>             |           |                       |
| ACTICLATE                                                | E         |                       |
| amoxicillin                                              | 1         |                       |
| amoxicillin-potassium clavulanate er                     | E         |                       |
| amoxicillin-potassium clavulanate oral                   | 1         |                       |
| AUGMENTIN                                                | E         |                       |
| AUGMENTIN ES-600                                         | E         |                       |
| avidoxy                                                  | 1         |                       |
| azithromycin oral                                        | 1         |                       |
| BACTRIM                                                  | 3         |                       |
| BACTRIM DS                                               | 3         |                       |
| cefadroxil                                               | 1         |                       |
| cefdinir                                                 | 1         |                       |
| cefuroxime axetil                                        | 1         |                       |
| CENTANY                                                  | 3         | QL                    |
| CENTANY AT                                               | E         |                       |
| cephalexin                                               | 1         |                       |
| CIPRO ORAL TABLET                                        | 3         |                       |
| ciprofloxacin hcl oral                                   | 1         |                       |
| clarithromycin er                                        | 2         |                       |
| clarithromycin oral suspension reconstituted             | 2         |                       |
| clarithromycin oral tablet                               | 1         |                       |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG                      | 3         |                       |
| CLEOCIN ORAL CAPSULE 75 MG                               | 2         |                       |
| clindamycin hcl oral                                     | 1         |                       |

| Drug Name                                                                                   | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|
| CLINDESSE                                                                                   | 2         |                       |
| coremino                                                                                    | E         | PA                    |
| DIFICID                                                                                     | 3         | QL                    |
| DORYX                                                                                       | E         |                       |
| DORYX MPC                                                                                   | E         |                       |
| doxycycline hyclate oral capsule                                                            | 2         |                       |
| doxycycline hyclate oral tablet 100 mg                                                      | 2         |                       |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg                                        | E         |                       |
| doxycycline hyclate oral tablet 20 mg                                                       | 1         |                       |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg        | E         |                       |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG                                       | E         |                       |
| doxycycline monohydrate oral capsule 100 mg, 50 mg                                          | 1         |                       |
| doxycycline monohydrate oral capsule 150 mg, 75 mg                                          | E         |                       |
| doxycycline monohydrate oral suspension reconstituted                                       | 3         |                       |
| doxycycline monohydrate oral tablet                                                         | 1         |                       |
| FLAGYL                                                                                      | 3         |                       |
| KEFLEX                                                                                      | 3         |                       |
| levofloxacin oral                                                                           | 1         |                       |
| metronidazole oral                                                                          | 1         |                       |
| metronidazole vaginal                                                                       | 2         |                       |
| MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR                                    | E         | PA                    |
| minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg | E         | PA                    |
| minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg                | E         | PA                    |
| minocycline hcl oral capsule                                                                | 1         |                       |
| minocycline hcl oral tablet                                                                 | E         |                       |
| MINOLIRA                                                                                    | E         | PA                    |
| mondoxyne nl oral capsule 100 mg                                                            | 1         |                       |
| mondoxyne nl oral capsule 75 mg                                                             | E         |                       |

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| Drug Name                                                     | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| morgidox oral                                                 | 2         |                       |
| mupirocin calcium                                             | 3         | QL                    |
| mupirocin external                                            | 1         | QL                    |
| NUZYRA ORAL                                                   | 3         | QL                    |
| penicillin v potassium                                        | 1         |                       |
| SOLODYN                                                       | E         | PA                    |
| sulfamethoxazole-trimethoprim oral                            | 1         |                       |
| sulfatrim pediatric                                           | 1         |                       |
| TARGADOX                                                      | E         |                       |
| vandazole                                                     | 2         |                       |
| VIBRAMYCIN ORAL CAPSULE                                       | 3         |                       |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED                      | 3         |                       |
| XENLETA ORAL                                                  | 3         |                       |
| XEPI                                                          | 3         | QL                    |
| XIMINO                                                        | E         | PA                    |
| ZITHROMAX ORAL                                                | 3         |                       |
| ZITHROMAX TRI-PAK                                             | 3         |                       |
| ZITHROMAX Z-PAK                                               | 3         |                       |
| <b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b> |           |                       |
| ELIQUIS                                                       | 2         | QL                    |
| ELIQUIS DVT/PE STARTER PACK                                   | 2         | QL                    |
| enoxaparin sodium                                             | 2         | QL                    |
| jantoven                                                      | 1         |                       |
| LOVENOX                                                       | E         | QL                    |
| PRADAXA                                                       | 2         | QL                    |
| warfarin sodium oral                                          | 1         |                       |
| XARELTO                                                       | 2         | QL                    |
| XARELTO STARTER PACK                                          | 2         | QL                    |
| <b>Anticonvulsants - Drugs for Seizures</b>                   |           |                       |
| carbamazepine er oral capsule extended release 12 hour        | 2         |                       |
| carbamazepine er oral tablet extended release 12 hour         | 3         |                       |
| carbamazepine oral                                            | 1         |                       |
| CARBATROL                                                     | 3         |                       |
| DEPAKOTE                                                      | 3         | PA                    |
| DEPAKOTE ER                                                   | 3         | PA, ST                |
| DEPAKOTE SPRINKLES                                            | 3         | PA, ST                |
| DIASTAT ACUDIAL                                               | 3         | QL                    |

| Drug Name                                                            | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| DIASTAT PEDIATRIC                                                    | 2         | QL                    |
| diazepam rectal                                                      | 1         | QL                    |
| divalproex sodium er                                                 | 2         |                       |
| divalproex sodium oral capsule delayed release sprinkle              | 2         |                       |
| divalproex sodium oral tablet delayed release                        | 1         |                       |
| epitol                                                               | 1         |                       |
| gabapentin oral capsule                                              | 1         |                       |
| gabapentin oral solution 250 mg/5ml                                  | 1         |                       |
| gabapentin oral tablet                                               | 1         |                       |
| KEPPRA ORAL                                                          | 3         | PA, ST                |
| KEPPRA XR                                                            | 3         | PA, ST                |
| LAMICTAL                                                             | 3         | PA, ST                |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG | 3         | PA, ST                |
| LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG                               | 3         | PA, ST                |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE                                 | 3         | PA, ST                |
| LAMICTAL STARTER                                                     | 3         | PA, ST                |
| LAMICTAL XR                                                          | 3         | PA, ST                |
| lamotrigine er                                                       | 3         | PA, ST                |
| lamotrigine oral kit                                                 | 3         | PA, ST                |
| lamotrigine oral tablet                                              | 1         |                       |
| lamotrigine oral tablet chewable                                     | 1         |                       |
| lamotrigine oral tablet dispersible                                  | 3         | PA, ST                |
| lamotrigine starter kit-blue                                         | 1         |                       |
| lamotrigine starter kit-green                                        | 1         |                       |
| lamotrigine starter kit-orange                                       | 1         |                       |
| levetiracetam er                                                     | 2         |                       |
| levetiracetam oral                                                   | 1         |                       |
| NAYZILAM                                                             | 3         | PA, QL                |
| NEURONTIN                                                            | 3         | PA, ST                |
| oxcarbazepine                                                        | 1         |                       |
| OXTELLAR XR                                                          | E         | ST                    |
| QUDEXY XR                                                            | E         | ST                    |
| roweepra                                                             | 1         |                       |
| SPRITAM                                                              | E         | ST                    |

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| Drug Name                                                                                                                               | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| subvenite                                                                                                                               | 1         |                       |
| subvenite starter kit-blue                                                                                                              | 1         |                       |
| subvenite starter kit-green                                                                                                             | 1         |                       |
| subvenite starter kit-orange                                                                                                            | 1         |                       |
| TEGRETOL                                                                                                                                | 3         |                       |
| TEGRETOL-XR                                                                                                                             | 3         |                       |
| TOPAMAX                                                                                                                                 | 3         | PA, ST                |
| TOPAMAX SPRINKLE                                                                                                                        | 3         | PA, ST                |
| topiramate er                                                                                                                           | E         | PA, ST                |
| topiramate oral                                                                                                                         | 1         |                       |
| TRILEPTAL                                                                                                                               | 3         | PA, ST                |
| TROKENDI XR                                                                                                                             | E         | ST                    |
| VALTOCO                                                                                                                                 | 3         | PA, QL                |
| VIMPAT ORAL                                                                                                                             | 3         | PA                    |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                                                                                        | 3         | PA                    |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG | 3         | PA                    |
| ZONEGRAN                                                                                                                                | 3         | PA, ST                |
| zonisamide oral                                                                                                                         | 1         |                       |
| <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>                                                                 |           |                       |
| ARICEPT                                                                                                                                 | E         |                       |
| donepezil hcl oral tablet 10 mg, 5 mg                                                                                                   | 1         |                       |
| donepezil hcl oral tablet 23 mg                                                                                                         | E         |                       |
| donepezil hcl oral tablet dispersible                                                                                                   | 1         |                       |
| <b>Antidepressants - Drugs for Depression</b>                                                                                           |           |                       |
| amitriptyline hcl oral                                                                                                                  | 1         |                       |
| bupropion hcl er (sr)                                                                                                                   | 1         |                       |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg                                                               | 1         |                       |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG                                                                       | E         | QL                    |
| bupropion hcl oral                                                                                                                      | 1         |                       |
| CELEXA                                                                                                                                  | E         |                       |
| citalopram hydrobromide                                                                                                                 | 1         |                       |

| Drug Name                                                                 | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| CYMBALTA                                                                  | E         | QL                    |
| desvenlafaxine succinate er                                               | 3         | QL                    |
| doxepin hcl oral capsule                                                  | 1         |                       |
| doxepin hcl oral concentrate                                              | 1         |                       |
| DRIZALMA SPRINKLE                                                         | 3         | PA, QL                |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 2         | QL                    |
| duloxetine hcl oral capsule delayed release particles 40 mg               | E         |                       |
| EFFEXOR XR                                                                | E         |                       |
| escitalopram oxalate oral solution                                        | 3         |                       |
| escitalopram oxalate oral tablet                                          | 1         |                       |
| fluoxetine hcl oral capsule                                               | 1         |                       |
| fluoxetine hcl oral capsule delayed release                               | 3         | QL                    |
| fluoxetine hcl oral solution                                              | 1         |                       |
| fluoxetine hcl oral tablet 10 mg                                          | 3         | QL                    |
| fluoxetine hcl oral tablet 20 mg                                          | 3         |                       |
| fluoxetine hcl oral tablet 60 mg                                          | E         |                       |
| fluvoxamine maleate                                                       | 1         |                       |
| fluvoxamine maleate er                                                    | 3         | QL                    |
| FORFIVO XL                                                                | E         | QL                    |
| LEXAPRO                                                                   | E         |                       |
| mirtazapine oral                                                          | 1         |                       |
| nortriptyline hcl oral                                                    | 1         |                       |
| PAMELOR                                                                   | E         |                       |
| paroxetine hcl                                                            | 1         |                       |
| paroxetine hcl er                                                         | 3         | QL                    |
| PAXIL CR                                                                  | E         | QL                    |
| PAXIL ORAL SUSPENSION                                                     | 3         |                       |
| PAXIL ORAL TABLET                                                         | E         |                       |
| PRISTIQ                                                                   | E         | QL                    |
| PROZAC                                                                    | E         |                       |
| REMERON                                                                   | E         |                       |
| REMERON SOLTAB                                                            | E         |                       |
| sertraline hcl oral                                                       | 1         |                       |
| trazodone hcl oral                                                        | 1         |                       |
| TRINTELLIX                                                                | 3         | ST, QL                |
| venlafaxine hcl                                                           | 1         |                       |

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| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| venlafaxine hcl er oral capsule extended release 24 hour | 1         |                       |
| venlafaxine hcl er oral tablet extended release 24 hour  | E         | QL                    |
| VIIBRYD                                                  | 3         | QL                    |
| VIIBRYD STARTER PACK                                     | 3         |                       |
| WELLBUTRIN SR                                            | E         |                       |
| WELLBUTRIN XL                                            | E         |                       |
| ZOLOFT                                                   | E         |                       |

#### Antiemetics - Drugs for Nausea and Vomiting

|                                            |   |    |
|--------------------------------------------|---|----|
| BONJESTA                                   | E | PA |
| DICLEGIS                                   | E | PA |
| doxylamine-pyridoxine                      | E | PA |
| GIMOTI                                     | E | QL |
| metoclopramide hcl oral solution           | 1 |    |
| metoclopramide hcl oral tablet             | 1 |    |
| metoclopramide hcl oral tablet dispersible | E |    |
| ondansetron hcl oral                       | 1 |    |
| ondansetron odt                            | 1 |    |
| prochlorperazine maleate oral              | 1 |    |
| promethazine hcl oral tablet               | 1 |    |
| promethazine hcl rectal                    | 1 |    |
| promethegan                                | 1 |    |
| REGLAN                                     | 3 |    |
| scopolamine                                | 3 |    |
| TRANSDERM SCOP (1.5 MG)                    | E |    |
| TRANSDERM-SCOP (1.5 MG)                    | E |    |
| ZOFRAN                                     | E |    |
| ZUPLENZ                                    | E | QL |

#### Antifungals - Drugs for Fungal Infections

|                              |   |    |
|------------------------------|---|----|
| ciclodan                     | 1 |    |
| ciclopirox external gel      | 1 |    |
| ciclopirox external shampoo  | 2 |    |
| ciclopirox external solution | 1 |    |
| ciclopirox treatment         | E |    |
| CRESEMBA ORAL                | 3 |    |
| DIFLUCAN                     | E |    |
| EXTINA                       | 3 | ST |
| fluconazole oral             | 1 |    |

| Drug Name                     | Drug Tier | Requirements & Limits |
|-------------------------------|-----------|-----------------------|
| GYNAZOLE-1                    | 3         |                       |
| ketoconazole external cream   | 1         | QL                    |
| ketoconazole external foam    | 3         | ST                    |
| ketoconazole external shampoo | 1         |                       |
| ketodan external foam         | 3         | ST                    |
| LOPROX EXTERNAL SHAMPOO       | E         |                       |
| nyamyc                        | 1         | QL                    |
| nystatin external             | 1         | QL                    |
| nystatin mouth/throat         | 1         |                       |
| nystop                        | 1         | QL                    |
| terbinafine hcl oral          | 1         | QL                    |
| terconazole                   | 1         |                       |
| XOLEGEL                       | 3         |                       |

#### Antigout Agents - Drugs for Gout

|                         |   |        |
|-------------------------|---|--------|
| allopurinol oral        | 1 |        |
| COLCHICINE ORAL CAPSULE | E |        |
| colchicine oral tablet  | E |        |
| COLCRYS                 | E |        |
| febuxostat              | 3 | ST, QL |
| GLOPERBA                | 3 | PA     |
| MITIGARE                | 2 |        |
| ULORIC                  | E | ST, QL |
| ZYLOPRIM                | 3 |        |

#### Antimigraine Agents - Drugs for Migraines

|                                                                 |   |            |
|-----------------------------------------------------------------|---|------------|
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | PA, ST, QL |
| AMERGE                                                          | E | QL         |
| eletriptan hydrobromide                                         | 2 | QL         |
| EMGALITY                                                        | 2 | PA, ST, QL |
| EMGALITY (300 MG DOSE)                                          | 2 | PA, ST, QL |
| IMITREX ORAL                                                    | E | QL         |
| IMITREX STATDOSE REFILL                                         | E | QL         |
| IMITREX STATDOSE SYSTEM                                         | E | QL         |
| IMITREX SUBCUTANEOUS                                            | E | QL         |
| MAXALT                                                          | E | QL         |
| MAXALT-MLT                                                      | E | QL         |
| naratriptan hcl                                                 | 1 | QL         |
| ONZETRA XSAIL                                                   | E | QL         |
| RELPAK                                                          | E | QL         |

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| Drug Name                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| REYVOW                                    | 2         | PA, ST, QL            |
| rizatriptan benzoate                      | 1         | QL                    |
| sumatriptan succinate oral                | 1         | QL                    |
| sumatriptan succinate refill              | 1         | QL                    |
| sumatriptan succinate subcutaneous        | 1         | QL                    |
| UBRELVY                                   | 2         | PA, ST, QL            |
| ZEMBRACE SYMTOUCH                         | E         | QL                    |
| ZOLMITRIPTAN NASAL                        | E         | ST, QL                |
| zolmitriptan oral tablet                  | 2         | QL                    |
| zolmitriptan oral tablet dispersible      | 3         | QL                    |
| ZOMIG NASAL SOLUTION 2.5 MG               | 3         | ST, QL                |
| ZOMIG NASAL SOLUTION 5 MG                 | 3         | ST, QL                |
| ZOMIG ORAL                                | E         | QL                    |
| ZOMIG ZMT                                 | E         | QL                    |
| <b>Antineoplastics - Drugs for Cancer</b> |           |                       |
| ALECENSA                                  | 2         | PA, QL                |
| ALUNBRIG                                  | 2         | PA, QL, SP            |
| anastrozole oral                          | 1         |                       |
| ARIMIDEX                                  | E         |                       |
| bexarotene                                | E         | SP                    |
| CALQUENCE                                 | 2         | PA, QL, SP            |
| capecitabine                              | 1         | QL, SP                |
| ERIVEDGE                                  | 2         | PA, QL, SP            |
| ERLEADA                                   | 2         | PA, QL, SP            |
| FEMARA                                    | E         |                       |
| fluorouracil external solution            | 1         |                       |
| GLEEVEC                                   | E         | PA, QL, SP            |
| IBRANCE                                   | 2         | PA, QL, SP            |
| IDHIFA                                    | 2         | PA, QL, SP            |
| imatinib mesylate                         | 1         | PA, QL, SP            |
| KOSELUGO                                  | 3         | PA, QL, SP            |
| letrozole oral                            | 1         |                       |
| LYNPARZA                                  | 2         | PA, QL, SP            |
| mercaptopurine oral                       | 1         |                       |
| NUBEQA                                    | 2         | PA, QL, SP            |
| ODOMZO                                    | 2         | PA, QL, SP            |
| ORGOVYX                                   | 3         | PA, QL, SP            |
| PURIXAN                                   | 3         | PA, SP                |

| Drug Name                                                   | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| REVLIMID                                                    | 2         | PA, QL, SP            |
| ROZLYTREK                                                   | 2         | PA, QL, SP            |
| SOLTAMOX                                                    | E         |                       |
| tamoxifen citrate oral tablet 10 mg                         | 1         |                       |
| tamoxifen citrate oral tablet 20 mg                         | 1         | H-PA                  |
| TARGRETIN EXTERNAL                                          | 3         | QL, SP                |
| TARGRETIN ORAL                                              | 2         | SP                    |
| TASIGNA                                                     | 2         | PA, ST, QL, SP        |
| UKONIQ                                                      | 3         | PA, QL, SP            |
| VERZENIO                                                    | 2         | PA, QL, SP            |
| VITRAKVI                                                    | 2         | PA, QL, SP            |
| XELODA                                                      | E         | QL, SP                |
| ZEJULA                                                      | 2         | PA, QL, SP            |
| <b>Antiparasitics - Drugs for Parasitic Infections</b>      |           |                       |
| ARAKODA                                                     | 3         | QL                    |
| atovaquone-proguanil hcl                                    | 2         |                       |
| hydroxychloroquine sulfate oral                             | 1         |                       |
| KRINTAFEL                                                   | 1         | QL                    |
| MALARONE                                                    | 3         |                       |
| permethrin external                                         | 1         |                       |
| PLAQUENIL                                                   | E         |                       |
| <b>Antiparkinson Agents - Drugs for Parkinson's Disease</b> |           |                       |
| APOKYN                                                      | 3         | PA, QL, SP            |
| carbidopa-levodopa                                          | 1         |                       |
| carbidopa-levodopa er                                       | 1         |                       |
| DUOPA                                                       | 3         | PA                    |
| INBRIJA                                                     | 3         | PA, QL, SP            |
| KYNMOBI                                                     | 3         | PA, QL, SP            |
| KYNMOBI TITRATION KIT                                       | 3         | PA, SP                |
| MIRAPEX                                                     | 3         |                       |
| MIRAPEX ER                                                  | E         |                       |
| NOURIANZ                                                    | 3         | PA, QL                |
| pramipexole dihydrochloride                                 | 1         |                       |
| pramipexole dihydrochloride er                              | E         |                       |
| ropinirole hcl                                              | 1         |                       |
| ropinirole hcl er                                           | E         |                       |
| RYTARY                                                      | E         |                       |
| SINEMET                                                     | 3         |                       |

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| Drug Name                                                                 | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| <b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>       |           |                       |
| BRILINTA                                                                  | 3         | QL                    |
| clopidogrel bisulfate oral                                                | 1         |                       |
| PLAVIX                                                                    | E         |                       |
| ZONTIVITY                                                                 | 3         | QL                    |
| <b>Antipsychotics - Drugs for Mood Disorders</b>                          |           |                       |
| ABILIFY                                                                   | E         | QL                    |
| aripiprazole oral solution                                                | 3         |                       |
| aripiprazole oral tablet                                                  | 2         | QL                    |
| aripiprazole oral tablet dispersible                                      | 2         | QL                    |
| asenapine maleate                                                         | E         | QL                    |
| GEODON ORAL                                                               | E         | QL                    |
| LATUDA                                                                    | 3         | QL                    |
| olanzapine oral tablet                                                    | 1         | QL                    |
| olanzapine oral tablet dispersible                                        | 2         | QL                    |
| quetiapine fumarate                                                       | 1         |                       |
| quetiapine fumarate er                                                    | 3         | QL                    |
| RISPERDAL                                                                 | E         |                       |
| risperidone                                                               | 1         |                       |
| SAPHRIS                                                                   | 3         | QL                    |
| SEROQUEL                                                                  | E         |                       |
| SEROQUEL XR                                                               | E         | QL                    |
| VRAYLAR                                                                   | 3         | ST, QL                |
| ziprasidone hcl                                                           | 2         | QL                    |
| ZYPREXA ORAL                                                              | E         | QL                    |
| ZYPREXA ZYDIS                                                             | E         | QL                    |
| <b>Antivirals - Drugs for Viral Infections</b>                            |           |                       |
| acyclovir oral                                                            | 1         |                       |
| ATRIPLA                                                                   | E         | ST, QL                |
| BARACLUDE ORAL SOLUTION                                                   | 2         | SP                    |
| BARACLUDE ORAL TABLET                                                     | E         | SP                    |
| CIMDUO                                                                    | 2         | QL                    |
| DESCOVY                                                                   | E         | PA, ST, QL            |
| DOVATO                                                                    | 2         | QL                    |
| efavirenz-emtricitab-tenofovir                                            | E         | ST, QL                |
| efavirenz-lamivudine-tenofovir                                            | 2         | QL                    |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1         | QL                    |

| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| emtricitabine-tenofovir df oral tablet 200-300 mg   | 1         | QL, H                 |
| entecavir                                           | 1         | SP                    |
| EPCLUSA ORAL TABLET 200-50 MG                       | 2         | PA, QL                |
| EPCLUSA ORAL TABLET 400-100 MG                      | 2         | PA, QL, SP            |
| GENVOYA                                             | 3         | QL                    |
| HARVONI ORAL PACKET                                 | 2         | QL                    |
| HARVONI ORAL TABLET                                 | 2         | PA, ST, QL, SP        |
| ISENTRESS                                           | 2         |                       |
| ISENTRESS HD                                        | 2         |                       |
| JULUCA                                              | 2         | QL                    |
| LEDIPASVIR-SOFOSBUVIR                               | 2         | PA, ST, QL, SP        |
| MAVYRET                                             | 2         | PA, QL, SP            |
| NORVIR ORAL PACKET                                  | 2         |                       |
| NORVIR ORAL SOLUTION                                | 2         |                       |
| NORVIR ORAL TABLET                                  | E         |                       |
| ODEFSEY                                             | 3         | QL                    |
| oseltamivir phosphate oral capsule                  | 2         |                       |
| oseltamivir phosphate oral suspension reconstituted | 2         | QL                    |
| PREZCOBIX                                           | 2         |                       |
| PREZISTA                                            | 2         |                       |
| ritonavir                                           | 2         |                       |
| RUKOBIA                                             | 3         | PA                    |
| SITAVIG                                             | E         | QL                    |
| SOFOSBUVIR-VELPATASVIR                              | 2         | PA, QL, SP            |
| STRIBILD                                            | 3         | QL                    |
| SYMFI                                               | 2         | QL                    |
| SYMFI LO                                            | 2         | QL                    |
| TAMIFLU ORAL CAPSULE                                | E         |                       |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED               | E         | QL                    |
| TEMIXYS                                             | E         | QL                    |
| tenofovir disoproxil fumarate                       | 2         | H-PA                  |
| TIVICAY                                             | 3         |                       |
| TIVICAY PD                                          | 3         |                       |
| TRIUMEQ                                             | 2         | QL                    |

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| Drug Name                                              | Drug Tier | Requirements & Limits |
|--------------------------------------------------------|-----------|-----------------------|
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 3         | QL                    |
| TRUVADA ORAL TABLET 200-300 MG                         | E         | QL                    |
| valacyclovir hcl oral                                  | 1         | QL                    |
| VALTREX                                                | E         | QL                    |
| VEMLIDY                                                | 3         | ST, SP                |
| VIREAD ORAL POWDER                                     | 3         |                       |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG              | 2         |                       |
| VIREAD ORAL TABLET 300 MG                              | E         |                       |
| VOSEVI                                                 | 2         | PA, QL, SP            |
| XOFLUZA (40 MG DOSE)                                   | 3         | QL                    |
| XOFLUZA (80 MG DOSE)                                   | 3         | QL                    |
| ZEPATIER                                               | 2         | PA, QL, SP            |
| ZOVIRAX ORAL                                           | 3         |                       |
| <b>Anxiolytics - Drugs for Anxiety</b>                 |           |                       |
| alprazolam er                                          | 1         |                       |
| alprazolam intensol                                    | 1         |                       |
| alprazolam oral                                        | 1         |                       |
| alprazolam xr                                          | 1         |                       |
| ATIVAN ORAL                                            | E         |                       |
| buspirone hcl oral                                     | 1         |                       |
| clonazepam oral                                        | 1         |                       |
| diazepam intensol                                      | 1         |                       |
| diazepam oral                                          | 1         |                       |
| HALCION                                                | 3         |                       |
| hydroxyzine hcl oral                                   | 1         |                       |
| hydroxyzine pamoate oral                               | 1         |                       |
| KLONOPIN                                               | E         |                       |
| lorazepam intensol                                     | 1         |                       |
| lorazepam oral concentrate 2 mg/ml                     | 1         |                       |
| lorazepam oral tablet                                  | 1         |                       |
| triazolam                                              | 1         |                       |
| VALIUM                                                 | E         |                       |
| VISTARIL                                               | 3         |                       |
| XANAX                                                  | E         |                       |
| XANAX XR                                               | E         |                       |

| Drug Name                                                                 | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                          |           |                       |
| lithium carbonate er                                                      | 1         |                       |
| lithium carbonate oral                                                    | 1         |                       |
| LITHOBID                                                                  | 3         | PA                    |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |                       |
| ACCUPRIL                                                                  | E         |                       |
| acetazolamide er                                                          | 1         |                       |
| acetazolamide oral                                                        | 1         |                       |
| ALDACTONE                                                                 | E         |                       |
| aliskiren fumarate                                                        | 3         |                       |
| ALTACE                                                                    | E         |                       |
| ALTOPREV                                                                  | E         |                       |
| amiodarone hcl oral                                                       | 1         |                       |
| amlodipine besylate oral                                                  | 1         |                       |
| amlodipine besylate-benazepril hcl                                        | 1         |                       |
| amlodipine besylate-valsartan                                             | 2         |                       |
| atenolol oral                                                             | 1         |                       |
| atenolol-chlorthalidone                                                   | 1         |                       |
| atorvastatin calcium oral tablet 10 mg, 20 mg                             | 1         | QL, H-PA              |
| atorvastatin calcium oral tablet 40 mg, 80 mg                             | 1         | QL                    |
| AVALIDE                                                                   | E         |                       |
| AVAPRO                                                                    | E         |                       |
| benazepril hcl oral                                                       | 1         |                       |
| benazepril-hydrochlorothiazide                                            | 1         |                       |
| BENICAR                                                                   | E         |                       |
| BENICAR HCT                                                               | E         |                       |
| BETAPACE                                                                  | E         |                       |
| BIDIL                                                                     | 2         |                       |
| bisoprolol fumarate oral                                                  | 1         |                       |
| bisoprolol-hydrochlorothiazide                                            | 1         |                       |
| BYSTOLIC                                                                  | E         |                       |
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG                      | 3         |                       |
| CARDIZEM                                                                  | E         |                       |
| CARDIZEM CD                                                               | E         |                       |
| CARDIZEM LA                                                               | E         |                       |

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| Drug Name                                     | Drug Tier | Requirements & Limits | Drug Name                                                                          | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|------------------------------------------------------------------------------------|-----------|-----------------------|
| CARDURA                                       | 3         |                       | HEMANGEOL                                                                          | E         |                       |
| CAROSPIR                                      | 3         | PA                    | hydralazine hcl oral                                                               | 1         |                       |
| cartia xt                                     | 2         |                       | hydrochlorothiazide oral                                                           | 1         |                       |
| carvedilol                                    | 1         |                       | HYZAAR                                                                             | E         |                       |
| chlorthalidone                                | 1         |                       | icosapent ethyl                                                                    | E         | PA                    |
| clonidine hcl oral                            | 1         |                       | INDERAL LA                                                                         | E         |                       |
| colesevelam hcl                               | E         |                       | irbesartan                                                                         | 1         |                       |
| COREG                                         | E         |                       | irbesartan-hydrochlorothiazide                                                     | 1         |                       |
| CORGARD                                       | 3         |                       | isosorbide mononitrate                                                             | 1         |                       |
| CORLANOR                                      | 3         | PA, QL                | isosorbide mononitrate er                                                          | 1         |                       |
| COZAAR                                        | E         |                       | KAPSPARGO SPRINKLE                                                                 | 3         |                       |
| CRESTOR                                       | E         | QL                    | labetalol hcl oral                                                                 | 1         |                       |
| diltiazem hcl er                              | 1         |                       | LASIX                                                                              | 3         |                       |
| diltiazem hcl er coated beads                 | 2         |                       | LIPITOR                                                                            | E         | QL                    |
| diltiazem hcl oral                            | 1         |                       | LIPOFEN                                                                            | E         |                       |
| dilt-xr                                       | 1         |                       | lisinopril oral                                                                    | 1         |                       |
| DIOVAN                                        | E         |                       | lisinopril-hydrochlorothiazide                                                     | 1         |                       |
| DIOVAN HCT                                    | E         |                       | LOPID                                                                              | 3         |                       |
| doxazosin mesylate oral                       | 1         |                       | LOPRESSOR                                                                          | 3         |                       |
| EDARBI                                        | 3         |                       | losartan potassium oral                                                            | 1         |                       |
| EDARBYCLOR                                    | 3         |                       | losartan potassium-hctz                                                            | 1         |                       |
| enalapril maleate oral                        | 1         |                       | LOTENSIN                                                                           | 3         |                       |
| EPANED                                        | 3         | PA                    | LOTENSIN HCT                                                                       | 3         |                       |
| EXFORGE                                       | E         |                       | LOTREL                                                                             | E         |                       |
| EZALLOR SPRINKLE                              | 3         | PA                    | lovastatin oral                                                                    | 1         | H                     |
| ezetimibe                                     | 2         |                       | matzim la                                                                          | 2         |                       |
| ezetimibe-simvastatin                         | 3         |                       | MAXZIDE                                                                            | 3         |                       |
| fenofibrate oral capsule 150 mg, 50 mg        | E         |                       | MAXZIDE-25                                                                         | 3         |                       |
| fenofibrate oral tablet 120 mg, 40 mg, 48 mg  | E         |                       | metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg | 2         |                       |
| fenofibrate oral tablet 145 mg, 160 mg, 54 mg | 2         |                       | metoprolol succinate er oral tablet extended release 24 hour 25 mg                 | 1         |                       |
| FENOGLIDE                                     | E         |                       | metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg                               | 1         |                       |
| flecainide acetate                            | 1         |                       | metoprolol tartrate oral tablet 37.5 mg, 75 mg                                     | E         |                       |
| FLOLIPID                                      | 3         | PA                    | MICARDIS                                                                           | E         |                       |
| furosemide oral                               | 1         |                       | MINIPRESS                                                                          | 3         |                       |
| gemfibrozil oral                              | 1         |                       | minitran                                                                           | 1         |                       |
| GONITRO                                       | E         | QL                    |                                                                                    |           |                       |
| guanfacine hcl                                | 1         |                       |                                                                                    |           |                       |

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| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| MULTAQ                              | 3         | PA                    |
| nadolol oral                        | 1         |                       |
| NEXLETOL                            | 2         | PA, ST, QL            |
| NEXLIZET                            | 2         | PA, ST, QL            |
| niacin (antihyperlipidemic)         | E         |                       |
| niacin er (antihyperlipidemic)      | 2         |                       |
| niacor                              | E         |                       |
| NIASPAN                             | E         |                       |
| nifedipine er                       | 1         |                       |
| nifedipine er osmotic release       | 1         |                       |
| nifedipine oral                     | 1         |                       |
| NITRO-BID                           | 2         |                       |
| NITRO-DUR                           | 3         |                       |
| nitroglycerin sublingual            | 1         |                       |
| nitroglycerin transdermal           | 1         |                       |
| nitroglycerin translingual          | E         | QL                    |
| NITROLINGUAL                        | E         | QL                    |
| NITROMIST                           | 3         | QL                    |
| NITROSTAT                           | 3         |                       |
| NITRO-TIME                          | 3         |                       |
| NORVASC                             | E         |                       |
| olmesartan medoxomil oral           | 2         |                       |
| olmesartan medoxomil-hctz           | 2         |                       |
| omega-3-acid ethyl esters           | 2         |                       |
| PACERONE ORAL TABLET 100 MG, 400 MG | 3         |                       |
| PACERONE ORAL TABLET 200 MG         | 3         |                       |
| PRALUENT                            | E         | PA, ST, QL            |
| pravastatin sodium                  | 1         |                       |
| prazosin hcl oral                   | 1         |                       |
| PRINIVIL                            | 3         |                       |
| PROCARDIA XL                        | E         |                       |
| propranolol hcl er                  | 2         |                       |
| propranolol hcl oral                | 1         |                       |
| QBRELIS                             | 3         | PA                    |
| quinapril hcl                       | 1         |                       |
| ramipril                            | 1         |                       |
| RANEXA                              | E         |                       |
| ranolazine er                       | 2         |                       |
| REPATHA                             | 2         | PA, ST, QL            |

| Drug Name                                                                             | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------|-----------|-----------------------|
| REPATHA PUSHTRONEX SYSTEM                                                             | 2         | PA, ST, QL            |
| REPATHA SURECLICK                                                                     | 2         | PA, ST, QL            |
| rosuvastatin calcium                                                                  | 2         | QL                    |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg                                     | 1         | H-PA                  |
| simvastatin oral tablet 80 mg                                                         | 1         |                       |
| sotalol hcl oral                                                                      | 1         |                       |
| SOTYLIZE                                                                              | 3         | PA                    |
| spironolactone oral                                                                   | 1         |                       |
| TEKTURNA                                                                              | 3         |                       |
| TEKTURNA HCT                                                                          | 3         |                       |
| telmisartan                                                                           | 2         |                       |
| TENORETIC 100                                                                         | E         |                       |
| TENORETIC 50                                                                          | E         |                       |
| TENORMIN                                                                              | E         |                       |
| TOPROL XL                                                                             | E         |                       |
| torsemide                                                                             | 1         |                       |
| triamterene-hctz                                                                      | 1         |                       |
| TRICOR                                                                                | E         |                       |
| valsartan                                                                             | 2         |                       |
| valsartan-hydrochlorothiazide                                                         | 1         |                       |
| VASCEPA                                                                               | E         | PA                    |
| VASOTEC                                                                               | E         |                       |
| verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg         | 3         |                       |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg | 1         |                       |
| verapamil hcl er oral tablet extended release                                         | 1         |                       |
| verapamil hcl oral                                                                    | 1         |                       |
| VERELAN                                                                               | 3         |                       |
| VERELAN PM                                                                            | 3         |                       |
| VERQUVO                                                                               | E         | PA, QL                |
| VYTORIN                                                                               | E         |                       |
| WELCHOL                                                                               | 2         |                       |
| ZESTORETIC                                                                            | E         |                       |
| ZESTRIL                                                                               | E         |                       |
| ZETIA                                                                                 | E         |                       |

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| Drug Name                                                                                    | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------|-----------|-----------------------|
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG                                                     | 3         |                       |
| ZIAC ORAL TABLET 5-6.25 MG                                                                   | 3         |                       |
| ZOCOR                                                                                        | E         |                       |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>                  |           |                       |
| ADDERALL                                                                                     | E         |                       |
| ADDERALL XR                                                                                  | 2         | QL                    |
| ADHANSIA XR                                                                                  | E         | QL                    |
| amphetamine-dextroamphetamine                                                                | 1         |                       |
| amphetamine-dextroamphetamine er                                                             | E         | QL                    |
| APTENSIO XR                                                                                  | E         | QL                    |
| atomoxetine hcl                                                                              | 3         | QL                    |
| CONCERTA                                                                                     | 2         | QL                    |
| DEXEDRINE                                                                                    | E         | QL                    |
| dexmethylphenidate hcl                                                                       | 1         |                       |
| dexmethylphenidate hcl er                                                                    | 3         | QL                    |
| dextroamphetamine sulfate er                                                                 | 3         | QL                    |
| dextroamphetamine sulfate oral solution                                                      | 1         |                       |
| dextroamphetamine sulfate oral tablet                                                        | 3         |                       |
| FOCALIN                                                                                      | 3         |                       |
| FOCALIN XR                                                                                   | E         | QL                    |
| guanfacine hcl er                                                                            | 2         | QL                    |
| INTUNIV                                                                                      | E         | QL                    |
| JORNAY PM                                                                                    | E         | QL                    |
| METHYLIN                                                                                     | 3         |                       |
| methylphenidate hcl er (cd)                                                                  | 2         | QL                    |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 2         | QL                    |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg                      | 2         |                       |
| methylphenidate hcl er (xr)                                                                  | E         | QL                    |
| methylphenidate hcl er oral tablet extended release 10 mg, 20 mg                             | 3         | QL                    |
| methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg        | E         | QL                    |

| Drug Name                                                           | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------|-----------|-----------------------|
| methylphenidate hcl er oral tablet extended release 24 hour         | E         | QL                    |
| methylphenidate hcl oral solution                                   | 1         |                       |
| methylphenidate hcl oral tablet                                     | 1         |                       |
| methylphenidate hcl oral tablet chewable                            | 3         |                       |
| MYDAYIS                                                             | E         | QL                    |
| PROCENTRA                                                           | 3         |                       |
| QUILLICHEW ER                                                       | E         | QL                    |
| QUILLIVANT XR                                                       | E         | QL                    |
| relexxii                                                            | E         | QL                    |
| RITALIN                                                             | E         |                       |
| RITALIN LA                                                          | E         | QL                    |
| STRATTERA                                                           | E         | QL                    |
| VYVANSE                                                             | 3         | QL                    |
| ZENZEDI                                                             | E         |                       |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b> |           |                       |
| AMPYRA                                                              | E         | PA, QL, SP            |
| AUBAGIO                                                             | 3         | PA, QL, SP            |
| AVONEX PEN                                                          | 2         | PA, QL, SP            |
| AVONEX PREFILLED                                                    | 2         | PA, QL, SP            |
| BAFIERTAM                                                           | 2         | PA, QL, SP            |
| BETASERON                                                           | 2         | PA, QL, SP            |
| COPAXONE                                                            | E         | PA, QL, SP            |
| dalfampridine er                                                    | 2         | PA, QL, SP            |
| EXTAVIA                                                             | E         | PA, ST, QL, SP        |
| GILENYA                                                             | 3         | PA, QL, SP            |
| glatiramer acetate                                                  | 2         | PA, QL, SP            |
| glatopa                                                             | 2         | PA, QL, SP            |
| KESIMPTA                                                            | 2         | PA, QL, SP            |
| MAVENCLAD                                                           | 3         | PA, ST, QL, SP        |
| MAYZENT                                                             | 3         | PA, QL, SP            |
| PLEGRIDY INTRAMUSCULAR                                              | 3         | PA, QL                |
| PLEGRIDY STARTER PACK                                               | 3         | PA, QL, SP            |
| PLEGRIDY SUBCUTANEOUS                                               | 3         | PA, QL, SP            |
| REBIF                                                               | E         | PA, ST, QL, SP        |
| REBIF REBIDOSE                                                      | E         | PA, ST, QL, SP        |
| REBIF REBIDOSE TITRATION PACK                                       | E         | PA, ST, QL, SP        |
| REBIF TITRATION PACK                                                | E         | PA, ST, QL, SP        |

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| Drug Name                                                             | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| <b>Central Nervous System Agents - Miscellaneous</b>                  |           |                       |
| AUSTEDO                                                               | 2         | PA, QL, SP            |
| LYRICA                                                                | 3         | PA, ST, QL            |
| LYRICA CR                                                             | E         | ST, QL                |
| NUEDEXTA                                                              | 2         | PA                    |
| pregabalin oral capsule                                               | 2         | QL                    |
| pregabalin oral solution                                              | 3         | QL                    |
| RILUTEK                                                               | 3         | SP                    |
| riluzole                                                              | 1         | SP                    |
| TIGLUTIK                                                              | 3         | PA                    |
| ZEPOSIA                                                               | 3         | PA, QL, SP            |
| ZEPOSIA 7-DAY STARTER PACK                                            | 3         | PA, QL, SP            |
| ZEPOSIA STARTER KIT                                                   | 3         | PA, QL, SP            |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b> |           |                       |
| cavarest                                                              | 1         |                       |
| chlorhexidine gluconate mouth/throat                                  | 1         |                       |
| CLINPRO 5000                                                          | 3         |                       |
| DENTA 5000 PLUS                                                       | 3         |                       |
| DENTAGEL                                                              | 3         |                       |
| FLUORIDEX                                                             | 3         |                       |
| FLUORIDEX ENHANCED WHITENING                                          | 3         |                       |
| lidocaine hcl mouth/throat                                            | 1         |                       |
| lidocaine viscous hcl                                                 | 1         |                       |
| NAFRINSE DAILY/NEUTRAL                                                | 2         |                       |
| NAFRINSE WEEKLY                                                       | 3         |                       |
| PERIDEX                                                               | 3         |                       |
| periogard                                                             | 1         |                       |
| PREVIDENT 5000 BOOSTER PLUS                                           | 3         |                       |
| PREVIDENT 5000 DRY MOUTH                                              | 3         |                       |
| PREVIDENT 5000 ORTHO DEFENSE                                          | 3         |                       |
| PREVIDENT 5000 PLUS                                                   | 3         |                       |
| PREVIDENT DENTAL                                                      | 3         |                       |
| PREVIDENT MOUTH/THROAT                                                | 3         |                       |
| sf                                                                    | 1         |                       |
| sf 5000 plus                                                          | 1         |                       |
| sodium fluoride 5000 plus                                             | 1         |                       |

| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| sodium fluoride 5000 ppm                                 | 1         |                       |
| sodium fluoride dental                                   | 1         |                       |
| <b>Dermatological Agents - Drugs for Skin Conditions</b> |           |                       |
| ABSORICA                                                 | E         | PA                    |
| accutane                                                 | 2         |                       |
| ACZONE EXTERNAL GEL 5 %                                  | 3         | QL                    |
| ACZONE EXTERNAL GEL 7.5 %                                | 3         | QL                    |
| ALA SCALP                                                | 3         |                       |
| ala-cort external cream 1 %                              | E         |                       |
| ala-cort external cream 2.5 %                            | 1         |                       |
| ALDARA                                                   | 3         | QL                    |
| ALTRENO                                                  | E         | PA, QL                |
| amnestem                                                 | 2         |                       |
| AMZEEQ                                                   | 3         | PA, QL                |
| ATRALIN                                                  | E         | PA, QL                |
| AVAR CLEANSER                                            | 3         |                       |
| AVAR LS CLEANSER                                         | E         |                       |
| AVAR-E EMOLLIENT                                         | 3         |                       |
| AVAR-E GREEN                                             | 3         |                       |
| AVAR-E LS                                                | 3         |                       |
| AVITA                                                    | E         | PA, QL                |
| azelaic acid external                                    | 3         |                       |
| betamethasone dipropionate aug external cream            | 1         |                       |
| betamethasone dipropionate aug external gel              | 1         |                       |
| betamethasone dipropionate aug external lotion           | 3         |                       |
| betamethasone dipropionate aug external ointment         | 3         |                       |
| betamethasone dipropionate external cream                | 2         |                       |
| betamethasone dipropionate external lotion               | 1         |                       |
| betamethasone dipropionate external ointment             | 2         |                       |
| bp 10-1                                                  | 1         |                       |
| calcipotriene-betameth diprop external ointment          | 3         | QL                    |
| calcipotriene-betameth diprop external suspension        | E         | QL                    |

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| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| calcitriol external                                 | 1         | QL                    |
| CAPEX                                               | 2         |                       |
| CARAC                                               | E         |                       |
| claravis                                            | 2         |                       |
| CLEOCIN-T                                           | 3         |                       |
| clindacin etz external swab                         | 1         |                       |
| clindacin-p                                         | 1         |                       |
| CLINDAGEL                                           | E         | QL                    |
| clindamycin phos-benzoyl perox external gel 1.2-5 % | 3         | QL                    |
| clindamycin phosphate external foam                 | 3         |                       |
| clindamycin phosphate external lotion               | 3         |                       |
| clindamycin phosphate external solution             | 1         | QL                    |
| clindamycin phosphate external swab                 | 1         |                       |
| CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL              | E         |                       |
| clindamycin phosphate gel 1 % external              | 3         | QL                    |
| clobetasol propionate external cream                | 2         | QL                    |
| clobetasol propionate external foam                 | E         | QL                    |
| clobetasol propionate external gel                  | 2         | QL                    |
| clobetasol propionate external liquid               | 1         | QL                    |
| clobetasol propionate external lotion               | E         | QL                    |
| clobetasol propionate external ointment             | 2         | QL                    |
| clobetasol propionate external shampoo              | E         | QL                    |
| clobetasol propionate external solution             | 1         | QL                    |
| CLOBEX                                              | E         | QL                    |
| CLOBEX SPRAY                                        | E         | QL                    |
| clodan external shampoo                             | E         | QL                    |
| clotrimazole-betamethasone external cream           | 1         | QL                    |
| clotrimazole-betamethasone external lotion          | 1         |                       |
| dapsone external gel 5 %                            | E         | QL                    |
| DAPSONE EXTERNAL GEL 7.5 %                          | E         | QL                    |

| Drug Name                                   | Drug Tier | Requirements & Limits |
|---------------------------------------------|-----------|-----------------------|
| DERMA-SMOOTH/FS BODY                        | 3         | QL                    |
| DERMA-SMOOTH/FS SCALP                       | 3         |                       |
| DESONATE                                    | 3         | ST, QL                |
| desonide external cream                     | 3         | QL                    |
| desonide external gel                       | 3         | ST, QL                |
| desonide external lotion                    | 3         | QL                    |
| desonide external ointment                  | 3         | QL                    |
| DESOWEN                                     | 3         | QL                    |
| DIPROLENE                                   | 3         |                       |
| DIPROLENE AF                                | 3         |                       |
| DUPIXENT                                    | 3         | PA, ST, QL, SP        |
| EFUDEX                                      | 3         |                       |
| ENSTILAR                                    | 3         | QL                    |
| EUCRISA                                     | 3         | ST, QL                |
| EVOCLIN                                     | 3         |                       |
| FINACEA                                     | 3         |                       |
| fluocinolone acetonide body                 | 3         | QL                    |
| fluocinolone acetonide external cream       | 3         | QL                    |
| fluocinolone acetonide external ointment    | 2         | QL                    |
| fluocinolone acetonide external solution    | 3         | QL                    |
| fluocinolone acetonide scalp                | 3         |                       |
| fluocinonide external cream 0.05 %          | 1         |                       |
| fluocinonide external cream 0.1 %           | E         | QL                    |
| fluocinonide external gel                   | 1         |                       |
| fluocinonide external ointment              | 1         |                       |
| fluocinonide external solution              | 1         |                       |
| FLUOROPLEX                                  | 3         |                       |
| FLUOROURACIL EXTERNAL CREAM 0.5 %           | E         |                       |
| fluorouracil external cream 5 %             | 1         |                       |
| hydrocortisone external cream 1 %           | E         |                       |
| hydrocortisone external cream 2.5 %         | 1         |                       |
| hydrocortisone external lotion 2.5 %        | 1         |                       |
| hydrocortisone external ointment 1 %, 2.5 % | 1         |                       |
| imiquimod external cream 3.75 %             | E         | QL                    |
| imiquimod external cream 5 %                | 1         | QL                    |

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| Drug Name                                                     | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| IMIQUIMOD PUMP                                                | E         | QL                    |
| IMPEKLO                                                       | E         | QL                    |
| IMPOYZ                                                        | E         | QL                    |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg          | 2         |                       |
| ivermectin external cream                                     | E         | QL                    |
| KENALOG EXTERNAL                                              | E         | QL                    |
| KLISYRI                                                       | E         | ST, QL                |
| METROCREAM                                                    | 3         |                       |
| METROGEL                                                      | E         |                       |
| METROLOTION                                                   | 3         |                       |
| metronidazole external cream                                  | 1         |                       |
| metronidazole external gel 0.75 %                             | 1         |                       |
| metronidazole external gel 1 %                                | E         |                       |
| metronidazole external lotion                                 | 1         |                       |
| MIRVASO                                                       | 3         | PA, QL                |
| mometasone furoate external                                   | 1         |                       |
| myorisan                                                      | 2         |                       |
| neuac external gel                                            | 3         | QL                    |
| NORITATE                                                      | E         |                       |
| OLUX                                                          | E         | QL                    |
| PLEXION                                                       | E         |                       |
| PLEXION CLEANSER                                              | E         |                       |
| PLEXION CLEANSING CLOTH                                       | E         |                       |
| RETIN-A                                                       | E         | PA, QL                |
| RHOFADE                                                       | 3         | PA, QL                |
| rosadan external cream                                        | 1         |                       |
| rosadan external gel                                          | 1         |                       |
| SERNIVO                                                       | E         | QL                    |
| SOOLANTRA                                                     | 3         | QL                    |
| sss 10-5                                                      | 1         |                       |
| sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %     | 1         |                       |
| sulfacetamide sodium-sulfur external cream 9.8-4.8 %          | E         |                       |
| sulfacetamide sodium-sulfur external emulsion                 | 1         |                       |
| sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % | E         |                       |
| sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %    | 1         |                       |

| Drug Name                                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| sulfacetamide sodium-sulfur external lotion 10-5 %              | 1         |                       |
| sulfacetamide sodium-sulfur external lotion 9.8-4.8 %           | E         |                       |
| sulfacetamide sodium-sulfur external pad 10-4 %                 | 1         |                       |
| sulfacetamide sodium-sulfur external suspension 10-5 %          | 1         |                       |
| sulfacetamide sodium-sulfur external suspension 8-4 %           | E         |                       |
| sulfacetamide sod-sulfur wash                                   | 1         |                       |
| SULFACLEANSE 8/4                                                | E         |                       |
| sulfamez wash                                                   | 1         |                       |
| SUMADAN WASH                                                    | E         |                       |
| SUMAXIN                                                         | 3         |                       |
| SUMAXIN WASH                                                    | 3         |                       |
| SYNALAR                                                         | E         | QL                    |
| TACLONEX EXTERNAL OINTMENT                                      | E         | QL                    |
| TACLONEX EXTERNAL SUSPENSION                                    | 3         | QL                    |
| tazarotene external cream                                       | 3         | PA, QL                |
| TAZORAC                                                         | 3         | PA, QL                |
| TEMOVATE                                                        | 3         | QL                    |
| TEXACORT                                                        | 2         |                       |
| tretinoin external cream                                        | 3         | QL                    |
| tretinoin external gel 0.01 %, 0.025 %                          | E         | QL                    |
| tretinoin external gel 0.05 %                                   | E         | PA, QL                |
| triamcinolone acetonide external aerosol solution               | 2         | QL                    |
| triamcinolone acetonide external cream 0.025 %, 0.1 %           | 1         |                       |
| triamcinolone acetonide external cream 0.5 %                    | 1         | QL                    |
| triamcinolone acetonide external lotion                         | 1         |                       |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1         |                       |
| triamcinolone acetonide external ointment 0.05 %                | E         |                       |
| TRIANEX                                                         | E         |                       |
| triderm external cream 0.1 %                                    | 1         |                       |

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| Drug Name                                                                                         | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------------|-----------|-----------------------|
| triderm external cream 0.5 %                                                                      | 1         | QL                    |
| TRIDESILON                                                                                        | 3         | QL                    |
| VANOS                                                                                             | E         | QL                    |
| VECTICAL                                                                                          | E         | QL                    |
| VERDESO                                                                                           | E         | QL                    |
| WYNZORA                                                                                           | E         | QL                    |
| zenatane                                                                                          | 2         |                       |
| ZILXI                                                                                             | 3         | PA, ST, QL            |
| ZYCLARA                                                                                           | E         | QL                    |
| ZYCLARA PUMP                                                                                      | E         | QL                    |
| <b>Diabetes - Glucose Monitoring</b>                                                              |           |                       |
| ACCU-CHEK FASTCLIX LANCET KIT                                                                     | 1         |                       |
| ACCU-CHEK FASTCLIX LANCETS                                                                        | 1         |                       |
| accu-chek guide kit w/device                                                                      | 3         | (Accu-Chek Guide Me)  |
| ACCU-CHEK GUIDE TEST STRIPS                                                                       | 3         |                       |
| ACCU-CHEK GUIDE TEST STRIPS                                                                       | 3         | QL                    |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT                                                              | 1         |                       |
| ACCU-CHEK SOFTXLIX LANCETS                                                                        | 1         |                       |
| bd autoshield duo pen needles                                                                     | 2         |                       |
| bd ultra-fine insulin syringes                                                                    | 2         |                       |
| bd ultra-fine pen needles                                                                         | 2         |                       |
| CONTOUR NEXT EZ KIT W/DEVICE                                                                      | 2         |                       |
| CONTOUR NEXT MONITOR KIT W/DEVICE                                                                 | 2         |                       |
| CONTOUR NEXT ONE KIT                                                                              | 2         |                       |
| CONTOUR NEXT TEST STRIPS                                                                          | 2         | QL                    |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)        | 3         | PA, QL                |
| DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE | 3         | PA, QL                |
| FREESTYLE LIBRE 14 DAY READER                                                                     | 3         | PA                    |
| FREESTYLE LIBRE 14 DAY SENSOR                                                                     | 3         | PA                    |
| FREESTYLE LIBRE 2 READER                                                                          | 3         | PA                    |

| Drug Name                                      | Drug Tier | Requirements & Limits |
|------------------------------------------------|-----------|-----------------------|
| FREESTYLE LIBRE 2 SENSOR                       | 3         | PA                    |
| FREESTYLE LIBRE READER                         | 3         | PA, QL                |
| FREESTYLE LIBRE SENSOR SYSTEM                  | 3         | PA                    |
| INSULIN SYRINGE AND PEN NEEDLES                | 2         |                       |
| LANCETS                                        | 3         |                       |
| NOVOFINE AUTOCOVER PEN NEEDLE                  | 2         |                       |
| NOVOFINE PEN NEEDLE                            | 2         |                       |
| NOVOFINE PLUS PEN NEEDLE                       | 2         |                       |
| NOVOTWIST                                      | 2         |                       |
| ONETOUCH DELICA PLUS LANCETS                   | 1         |                       |
| ONETOUCH ULTRA 2 KIT W/DEVICE                  | 1         |                       |
| ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP | 1         |                       |
| ONETOUCH ULTRA MINI KIT W/DEVICE               | 1         |                       |
| ONETOUCH ULTRASOFT LANCETS                     | 1         |                       |
| ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE        | 1         |                       |
| ONETOUCH VERIO IQ SYSTEM                       | 1         |                       |
| ONETOUCH VERIO KIT W/DEVICE                    | 1         |                       |
| ONETOUCH VERIO REFLECT                         | 1         |                       |
| ONETOUCH VERIO TEST STRIPS                     | 1         | QL                    |
| <b>Diabetes - Insulin</b>                      |           |                       |
| ADMELOG                                        | E         | QL                    |
| ADMELOG SOLOSTAR                               | E         | QL                    |
| AFREZZA                                        | E         | PA, QL                |
| BASAGLAR KWIKPEN                               | E         | QL                    |
| HUMALOG KWIKPEN                                | 2         | QL                    |
| HUMALOG MIX 50/50 KWIKPEN                      | 2         | QL                    |
| HUMALOG MIX 50/50 VIAL                         | 1         | QL                    |
| HUMALOG MIX 75/25 KWIKPEN                      | 2         | QL                    |
| HUMALOG MIX 75/25 VIAL                         | 1         | QL                    |
| HUMALOG U-100 JUNIOR KWIKPEN                   | 2         | QL                    |
| HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1         | QL                    |

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| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 2         | QL                    |
| HUMULIN 70/30 KWIKPEN                                    | 2         | QL                    |
| HUMULIN 70/30 VIAL                                       | 1         | QL                    |
| HUMULIN N KWIKPEN                                        | 2         | QL                    |
| HUMULIN N VIAL                                           | 1         | QL                    |
| HUMULIN R U-500 KWIKPEN                                  | 2         | QL                    |
| HUMULIN R U-500 VIAL                                     | 1         | QL                    |
| HUMULIN R VIAL                                           | 1         | QL                    |
| INSULIN ASPART                                           | E         | ST, QL                |
| INSULIN ASPART FLEXPEN                                   | E         | ST, QL                |
| INSULIN ASPART PENFILL                                   | E         | ST, QL                |
| INSULIN LISPRO                                           | E         | QL                    |
| INSULIN LISPRO (1 UNIT DIAL)                             | E         | QL                    |
| INSULIN LISPRO JUNIOR KWIKPEN                            | E         | QL                    |
| INSULIN LISPRO PROT & LISPRO                             | E         | QL                    |
| LANTUS SOLOSTAR                                          | 1         | QL                    |
| LANTUS U-100 VIAL                                        | 1         | QL                    |
| LEVEMIR U-100 FLEXTOUCH                                  | E         | QL                    |
| LEVEMIR U-100 VIAL                                       | E         | QL                    |
| LYUMJEV KWIKPEN                                          | 2         | QL                    |
| LYUMJEV VIAL                                             | 1         | QL                    |
| NOVOLIN 70/30 FLEXPEN                                    | E         | ST, QL                |
| NOVOLIN 70/30 FLEXPEN RELION                             | E         | ST, QL                |
| NOVOLIN 70/30 RELION                                     | E         | ST, QL                |
| NOVOLIN 70/30 VIAL                                       | E         | ST, QL                |
| NOVOLIN N FLEXPEN                                        | E         | ST, QL                |
| NOVOLIN N FLEXPEN RELION                                 | E         | ST, QL                |
| NOVOLIN N RELION                                         | E         | ST, QL                |
| NOVOLIN N VIAL                                           | E         | ST, QL                |
| NOVOLIN R FLEXPEN                                        | E         | ST, QL                |
| NOVOLIN R FLEXPEN RELION                                 | E         | ST, QL                |
| NOVOLIN R RELION                                         | E         | ST, QL                |
| NOVOLIN R VIAL                                           | E         | ST, QL                |
| NOVOLOG FLEXPEN                                          | E         | ST, QL                |
| NOVOLOG PENFILL                                          | E         | ST, QL                |
| NOVOLOG U-100 VIAL                                       | E         | ST, QL                |
| SEMGLEE                                                  | E         | QL                    |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| TOUJEO MAX SOLOSTAR                        | 2         | QL                    |
| TOUJEO SOLOSTAR                            | 2         | QL                    |
| TRESIBA                                    | E         | QL                    |
| TRESIBA FLEXTOUCH                          | E         | QL                    |
| <b>Diabetes - Non-Insulin Agents</b>       |           |                       |
| ACTOS                                      | E         | QL                    |
| ADLYXIN                                    | 3         | PA, ST, QL            |
| ADLYXIN STARTER PACK                       | 3         | PA, ST, QL            |
| ALOGLIPTIN BENZOATE                        | E         | QL                    |
| ALOGLIPTIN-METFORMIN HCL                   | E         | QL                    |
| ALOGLIPTIN-PIOGLITAZONE                    | E         | QL                    |
| AMARYL                                     | E         |                       |
| BAQSIMI ONE PACK                           | 2         | QL                    |
| BAQSIMI TWO PACK                           | 2         | QL                    |
| BYDUREON BCISE AUTOINJECTOR                | 2         | PA, ST, QL            |
| BYETTA 10 MCG PEN                          | 2         | PA, ST, QL            |
| BYETTA 5 MCG PEN                           | 2         | PA, ST, QL            |
| FARXIGA                                    | E         | ST, QL                |
| FORTAMET                                   | E         | PA                    |
| glimepiride                                | 1         |                       |
| glipizide er                               | 1         |                       |
| glipizide ir                               | 1         |                       |
| glipizide xl                               | 1         |                       |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | 2         | (Eli Lilly), QL       |
| GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG | 2         | (Fresenius), QL       |
| GLUCOTROL XL                               | 3         |                       |
| GLUMETZA                                   | E         | PA                    |
| glyburide oral                             | 1         |                       |
| glyburide-metformin                        | 1         |                       |
| GLYXAMBI                                   | 2         | ST, QL                |
| GVOKE HYPOPEN 1-PACK                       | 2         | QL                    |
| GVOKE HYPOPEN 2-PACK                       | 2         | QL                    |
| GVOKE PFS                                  | 2         | QL                    |
| JANUVIA                                    | E         | ST, QL                |
| JARDIANCE                                  | 2         | ST, QL                |
| JENTADUETO                                 | 2         | QL                    |
| JENTADUETO XR                              | 2         | QL                    |

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| Drug Name                                                                   | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------|-----------|-----------------------|
| KAZANO                                                                      | 2         | QL                    |
| KOMBIGLYZE XR                                                               | 2         | QL                    |
| metformin hcl er                                                            | 1         |                       |
| metformin hcl er (mod)                                                      | E         | PA                    |
| metformin hcl er (osm)                                                      | E         | PA                    |
| metformin hcl oral solution                                                 | 3         |                       |
| metformin hcl oral tablet                                                   | 1         |                       |
| NESINA                                                                      | 2         | QL                    |
| ONGLYZA                                                                     | 2         | QL                    |
| OSENI                                                                       | 2         | QL                    |
| OZEMPIC                                                                     | 2         | PA, ST, QL            |
| pioglitazone hcl                                                            | 1         | QL                    |
| RIOMET                                                                      | E         |                       |
| RYBELSUS                                                                    | 2         | PA, ST, QL            |
| SOLIQUA                                                                     | 2         | QL                    |
| SYMLINPEN 120                                                               | 3         | QL                    |
| SYMLINPEN 60                                                                | 3         | QL                    |
| SYNJARDY                                                                    | 2         | QL                    |
| SYNJARDY XR                                                                 | 2         | QL                    |
| TRADJENTA                                                                   | 2         | QL                    |
| TRIJARDY XR                                                                 | 2         | QL                    |
| TRULICITY                                                                   | 2         | PA, ST, QL            |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS                        | 2         | PA, ST, (2 Pak), QL   |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS                        | 3         | PA, ST, (2 Pak), QL   |
| <b>Drugs for Blood Disorders</b>                                            |           |                       |
| ADVATE                                                                      | 2         | SP                    |
| ADYNOVATE                                                                   | 3         | PA, SP                |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 3         | PA                    |
| AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT                                | 3         | PA, SP                |
| ALPHANATE                                                                   | 2         | SP                    |
| ARANESP (ALBUMIN FREE)                                                      | 2         | QL, SP                |
| ELOCTATE                                                                    | 3         | PA, SP                |
| JIVI                                                                        | 3         | PA, SP                |
| KOATE                                                                       | 2         | SP                    |

| Drug Name                                                                                          | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| KOATE-DVI                                                                                          | 2         | SP                    |
| KOGENATE FS                                                                                        | 2         | SP                    |
| KOVALTRY                                                                                           | 2         | SP                    |
| MULPLETA                                                                                           | 2         | PA, QL, SP            |
| NEULASTA                                                                                           | 3         | SP                    |
| NOVOEIGHT                                                                                          | 2         | SP                    |
| NUWIQ                                                                                              | 2         | SP                    |
| RECOMBINATE                                                                                        | 2         | SP                    |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 2         | QL, SP                |
| RETACRIT INJECTION SOLUTION 20000 UNIT/ML                                                          | 2         |                       |
| ZARXIO                                                                                             | 2         |                       |
| ZIEXTENZO                                                                                          | 3         | SP                    |
| <b>Drugs for Sexual Dysfunction</b>                                                                |           |                       |
| ADDYI                                                                                              | 3         | PA, QL                |
| CIALIS ORAL TABLET 10 MG, 20 MG                                                                    | E         | QL                    |
| CIALIS ORAL TABLET 2.5 MG, 5 MG                                                                    | E         | QL                    |
| IMVEXXY MAINTENANCE PACK                                                                           | 2         | QL                    |
| IMVEXXY STARTER PACK                                                                               | 2         | QL                    |
| INTRAROSA                                                                                          | 3         | PA, QL                |
| OSPHEA                                                                                             | 3         | PA, QL                |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg                                                | 2         | QL                    |
| STENDRA                                                                                            | 3         | PA, QL                |
| tadalafil oral tablet 10 mg, 20 mg                                                                 | 2         | QL                    |
| tadalafil oral tablet 2.5 mg, 5 mg                                                                 | 2         | QL                    |
| VIAGRA                                                                                             | E         | QL                    |
| VYLEESI                                                                                            | 3         | PA, QL                |
| <b>Electrolytes / Vitamins</b>                                                                     |           |                       |
| cyanocobalamin injection solution 1000 mcg/ml                                                      | 1         |                       |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML                                                      | 3         |                       |
| DRISDOL                                                                                            | 3         |                       |
| ERGOCAL                                                                                            | 3         |                       |
| ergocalciferol oral capsule                                                                        | 1         |                       |

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| Drug Name                                                               | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| FLORIVA PLUS                                                            | 3         |                       |
| folic acid oral tablet 1 mg                                             | 1         |                       |
| klor-con                                                                | 1         |                       |
| klor-con 10                                                             | 1         |                       |
| klor-con m10                                                            | 1         |                       |
| KLOR-CON M15                                                            | 3         |                       |
| klor-con m20                                                            | 1         |                       |
| K-TAB                                                                   | 3         |                       |
| LOKELMA                                                                 | 3         | PA, QL                |
| multi-vitamin/fluoride                                                  | 1         |                       |
| multivitamin/fluoride oral solution                                     | 1         |                       |
| multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg        | 1         |                       |
| NASCOBAL                                                                | 3         |                       |
| POLY-VI-FLOR                                                            | 3         |                       |
| potassium chloride crystals oral tablet extended release 10 meq, 20 meq | 1         |                       |
| potassium chloride er                                                   | 1         |                       |
| potassium chloride oral packet                                          | 1         |                       |
| potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)   | 1         |                       |
| potassium citrate er                                                    | 1         |                       |
| QUFLORA PEDIATRIC                                                       | 3         |                       |
| UROCIT-K 10                                                             | 3         |                       |
| UROCIT-K 15                                                             | 3         |                       |
| UROCIT-K 5                                                              | 3         |                       |
| VELTASSA                                                                | 3         | PA, QL                |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)              | 1         |                       |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>        |           |                       |
| ACIPHEX                                                                 | E         | QL                    |
| ACIPHEX SPRINKLE                                                        | E         | QL                    |
| CARAFATE                                                                | E         |                       |
| CYTOTEC                                                                 | 3         |                       |
| DEXILANT                                                                | 3         | QL                    |
| FIRST-OMEPRAZOLE                                                        | 3         | PA                    |
| misoprostol oral                                                        | 1         |                       |
| OMECLAMOX-PAK                                                           | 3         | QL                    |

| Drug Name                                                                          | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------|-----------|-----------------------|
| omeprazole oral capsule delayed release                                            | 1         |                       |
| OMEPRAZOLE+SYRSPEND SF ALKA                                                        | 3         | PA                    |
| pantoprazole sodium oral packet                                                    | E         |                       |
| pantoprazole sodium tablet delayed release 20 mg oral                              | 1         |                       |
| pantoprazole sodium tablet delayed release 20 mg oral                              | E         |                       |
| pantoprazole sodium tablet delayed release 40 mg oral                              | E         |                       |
| pantoprazole sodium tablet delayed release 40 mg oral                              | 1         |                       |
| PROTONIX ORAL                                                                      | E         |                       |
| PYLERA                                                                             | 3         | QL                    |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE                                           | E         | QL                    |
| rabeprazole sodium oral tablet delayed release                                     | 2         | QL                    |
| sucralfate oral suspension                                                         | 3         |                       |
| sucralfate oral tablet                                                             | 1         |                       |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |                       |
| ANASPAZ                                                                            | 2         |                       |
| CLENPIQ                                                                            | 3         |                       |
| dicyclomine hcl oral                                                               | 1         |                       |
| diphenoxylate-atropine                                                             | 1         |                       |
| ED-SPAZ                                                                            | 3         |                       |
| gavilyte-c                                                                         | 1         | H                     |
| gavilyte-g                                                                         | 1         | QL, H                 |
| GOLYTELY                                                                           | 3         | QL                    |
| hyoscyamine sulfate er                                                             | 1         |                       |
| hyoscyamine sulfate oral                                                           | 1         |                       |
| hyoscyamine sulfate sl                                                             | 1         |                       |
| hyoscyamine sulfate sublingual                                                     | 1         |                       |
| hyosyne                                                                            | 1         |                       |
| LEVBID                                                                             | 3         |                       |
| LEVSIN ORAL                                                                        | 3         |                       |
| LEVSIN/SL                                                                          | 3         |                       |
| LINZESS                                                                            | 2         | PA, QL                |
| LOMOTIL                                                                            | 3         |                       |

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| Drug Name                                                                                                                              | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| MOTEGRITY                                                                                                                              | 3         | PA, QL                |
| MOVIPREP                                                                                                                               | 3         | QL                    |
| NULEV                                                                                                                                  | 3         |                       |
| oscimin                                                                                                                                | 1         |                       |
| oscimin sr                                                                                                                             | 1         |                       |
| peg-3350/electrolytes                                                                                                                  | 1         | QL, H                 |
| peg-3350/electrolytes/ascorbat                                                                                                         | 3         | QL                    |
| peg-kcl-nacl-nasulf-na asc-c                                                                                                           | 3         | QL                    |
| PLENVU                                                                                                                                 | 3         | QL                    |
| SUPREP BOWEL PREP KIT                                                                                                                  | 3         | QL                    |
| SUTAB                                                                                                                                  | 3         |                       |
| SYMAX DUOTAB                                                                                                                           | 3         |                       |
| SYMAX-SL                                                                                                                               | 3         |                       |
| SYMAX-SR                                                                                                                               | 3         |                       |
| SYMPROIC                                                                                                                               | 2         | PA, QL                |
| TRULANCE                                                                                                                               | 3         | PA, ST, QL            |
| URSO 250                                                                                                                               | E         |                       |
| URSO FORTE                                                                                                                             | E         |                       |
| ursodiol oral                                                                                                                          | 1         |                       |
| VIBERZI                                                                                                                                | 3         | PA, QL                |
| XIFAXAN                                                                                                                                | 3         | PA, QL                |
| ZELNORM                                                                                                                                | 3         | PA, ST, QL            |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>                                                     |           |                       |
| CERDELGA                                                                                                                               | 2         | PA, SP                |
| clovique                                                                                                                               | 3         | PA, SP                |
| CREON                                                                                                                                  | 2         |                       |
| CUPRIMINE                                                                                                                              | E         | SP                    |
| DEPEN TITRATABS                                                                                                                        | 2         | SP                    |
| ENDARI                                                                                                                                 | 3         | PA, QL                |
| nitisinone                                                                                                                             | E         | PA, SP                |
| NITYR                                                                                                                                  | E         | PA, SP                |
| ORFADIN                                                                                                                                | 2         | PA, SP                |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT | 3         | ST                    |
| penicillamine oral capsule                                                                                                             | 3         | SP                    |
| penicillamine oral tablet                                                                                                              | 2         | SP                    |

| Drug Name                                                                      | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| PERTZYE                                                                        | 3         | ST                    |
| STRENSIQ                                                                       | 2         | PA, QL, SP            |
| SYPRINE                                                                        | E         | PA, SP                |
| TEGSEDI                                                                        | 2         | PA, QL, SP            |
| trientine hcl                                                                  | 3         | PA, SP                |
| VIOKACE ORAL TABLET 20880-78300 UNIT                                           | 3         | ST                    |
| ZENPEP                                                                         | 2         |                       |
| <b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b> |           |                       |
| AURYXIA                                                                        | 3         |                       |
| DITROPAN XL                                                                    | E         |                       |
| GELNIQUE                                                                       | E         |                       |
| oxybutynin chloride er                                                         | 2         |                       |
| oxybutynin chloride oral                                                       | 1         |                       |
| phenazo oral tablet 200 mg                                                     | 1         |                       |
| phenazopyridine hcl oral tablet 100 mg, 200 mg                                 | 1         |                       |
| PYRIDIUM                                                                       | 3         |                       |
| TOVIAZ                                                                         | 3         |                       |
| VELPHORO                                                                       | 2         |                       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b>                    |           |                       |
| alfuzosin hcl er                                                               | 1         |                       |
| finasteride oral tablet 5 mg                                                   | 1         |                       |
| FLOMAX                                                                         | E         |                       |
| PROSCAR                                                                        | E         |                       |
| tamsulosin hcl                                                                 | 1         |                       |
| terazosin hcl                                                                  | 1         |                       |
| UROXATRAL                                                                      | E         |                       |
| <b>Hormonal Agents - Hormone Replacement and Birth Control</b>                 |           |                       |
| afirmelle                                                                      | 1         | H                     |
| ALORA                                                                          | 3         | QL                    |
| altavera                                                                       | 1         | H                     |
| alyacen 1/35                                                                   | 1         | H                     |
| amethia                                                                        | 3         |                       |
| apri                                                                           | 1         | H                     |
| ashlyna                                                                        | 3         |                       |
| aubra                                                                          | 1         | H                     |
| aubra eq                                                                       | 1         | H                     |

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| Drug Name                                               | Drug Tier | Requirements & Limits |
|---------------------------------------------------------|-----------|-----------------------|
| aurovela 1.5/30                                         | 2         |                       |
| aurovela 1/20                                           | 2         |                       |
| aurovela 24 fe                                          | 3         |                       |
| aurovela fe 1.5/30                                      | 1         | H                     |
| aurovela fe 1/20                                        | 1         | H                     |
| aviane                                                  | 1         | H                     |
| AYGESTIN                                                | 3         |                       |
| ayuna                                                   | 1         | H                     |
| azurette                                                | 2         |                       |
| balziva                                                 | 2         |                       |
| bekyree                                                 | 2         |                       |
| BEYAZ                                                   | E         |                       |
| BIJUVA                                                  | 3         |                       |
| blisovi 24 fe                                           | 3         |                       |
| blisovi fe 1.5/30                                       | 1         | H                     |
| blisovi fe 1/20                                         | 1         | H                     |
| briellyn                                                | 2         |                       |
| camila                                                  | 1         | H                     |
| camrese                                                 | 3         |                       |
| camrese lo                                              | 3         |                       |
| charlotte 24 fe                                         | E         |                       |
| chateal                                                 | 1         | H                     |
| chateal eq                                              | 1         | H                     |
| CLIMARA                                                 | E         | QL                    |
| CLIMARA PRO                                             | 3         | QL                    |
| cryselle-28                                             | 1         | H                     |
| cyclafem 1/35                                           | 1         | H                     |
| cyred                                                   | 1         | H                     |
| cyred eq                                                | 1         | H                     |
| dasetta 1/35                                            | 1         | H                     |
| daysee                                                  | 3         |                       |
| deblitane                                               | 1         | H                     |
| delyla                                                  | 1         | H                     |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION                   | 3         | QL                    |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3         |                       |
| DEPO-SUBQ PROVERA 104                                   | 2         | QL                    |

| Drug Name                                                          | Drug Tier | Requirements & Limits       |
|--------------------------------------------------------------------|-----------|-----------------------------|
| desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | 2         |                             |
| desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg           | 1         | H                           |
| DIVIGEL                                                            | 3         |                             |
| dotti                                                              | E         | QL                          |
| drospiren-eth estrad-levomefol                                     | E         |                             |
| drospirenone-ethinyl estradiol                                     | 3         |                             |
| DUAVEE                                                             | 3         | QL                          |
| ELESTRIN                                                           | 3         |                             |
| elinest                                                            | 1         | H                           |
| eluryng                                                            | E         |                             |
| emoquette                                                          | 1         | H                           |
| enskyce                                                            | 1         | H                           |
| errin                                                              | 1         | H                           |
| estarylla                                                          | 1         | H                           |
| ESTRACE                                                            | E         |                             |
| estradiol oral                                                     | 1         |                             |
| estradiol patch twice weekly 0.025 mg/24hr transdermal             | 2         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.025 mg/24hr transdermal             | E         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal            | 2         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal            | E         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.05 mg/24hr transdermal              | 2         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.05 mg/24hr transdermal              | E         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.075 mg/24hr transdermal             | 2         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.075 mg/24hr transdermal             | E         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.1 mg/24hr transdermal               | 2         | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.1 mg/24hr transdermal               | E         | (generic for Minivelle), QL |
| estradiol transdermal patch weekly                                 | 1         | (generic for Climara), QL   |
| estradiol vaginal cream                                            | 3         |                             |

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| Drug Name                      | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|
| estradiol vaginal tablet       | 2         |                       |
| ESTRING                        | 2         | QL                    |
| ESTROGEL                       | 3         | QL                    |
| etonogestrel-ethinyl estradiol | E         |                       |
| EVAMIST                        | 2         |                       |
| falmina                        | 1         | H                     |
| fayosim                        | E         |                       |
| femynor                        | 1         | H                     |
| gemmily                        | E         |                       |
| hailey 1.5/30                  | 2         |                       |
| hailey 24 fe                   | 3         |                       |
| hailey fe 1.5/30               | 1         | H                     |
| hailey fe 1/20                 | 1         | H                     |
| heather                        | 1         | H                     |
| iclevia                        | 2         | H                     |
| incassia                       | 1         | H                     |
| introvale                      | 2         | H                     |
| isibloom                       | 1         | H                     |
| jaimiess                       | 3         |                       |
| jasmiel                        | 3         |                       |
| jencycla                       | 1         | H                     |
| jolessa                        | 2         | H                     |
| juleber                        | 1         | H                     |
| junel 1.5/30                   | 2         |                       |
| junel 1/20                     | 2         |                       |
| junel fe 1.5/30                | 1         | H                     |
| junel fe 1/20                  | 1         | H                     |
| junel fe 24                    | 3         |                       |
| kalliga                        | 1         | H                     |
| kariva                         | 2         |                       |
| kurvelo                        | 1         | H                     |
| larin 1.5/30                   | 2         |                       |
| larin 1/20                     | 2         |                       |
| larin 24 fe                    | 3         |                       |
| larin fe 1.5/30                | 1         | H                     |
| larin fe 1/20                  | 1         | H                     |
| larissia                       | 1         | H                     |
| lessina                        | 1         | H                     |
| levonorgest-eth est & eth est  | E         |                       |

| Drug Name                                                                         | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg | 3         |                       |
| levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg                            | 2         | H                     |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg           | 1         | H                     |
| levora 0.15/30 (28)                                                               | 1         | H                     |
| lillow                                                                            | 1         | H                     |
| LO LOESTRIN FE                                                                    | 3         |                       |
| LOESTRIN 1.5/30 (21)                                                              | E         |                       |
| LOESTRIN 1/20 (21)                                                                | E         |                       |
| LOESTRIN FE 1.5/30                                                                | E         |                       |
| LOESTRIN FE 1/20                                                                  | E         |                       |
| lojaimiess                                                                        | 3         |                       |
| loryna                                                                            | 3         |                       |
| LOSEASONIQUE                                                                      | 3         |                       |
| low-ogestrel                                                                      | 1         | H                     |
| lo-zumandimine                                                                    | 3         |                       |
| luteria                                                                           | 1         | H                     |
| lyleq                                                                             | 1         | H                     |
| lyllana                                                                           | E         | QL                    |
| lyza                                                                              | 1         | H                     |
| marlissa                                                                          | 1         | H                     |
| medroxyprogesterone acetate intramuscular suspension                              | 1         | QL, H                 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe            | 1         | H                     |
| medroxyprogesterone acetate oral                                                  | 1         |                       |
| MENOSTAR                                                                          | 3         | QL                    |
| merzee                                                                            | E         |                       |
| mibelas 24 fe                                                                     | E         |                       |
| microgestin 1.5/30                                                                | 2         |                       |
| microgestin 1/20                                                                  | 2         |                       |
| microgestin 24 fe                                                                 | 3         |                       |
| microgestin fe 1.5/30                                                             | 1         | H                     |
| microgestin fe 1/20                                                               | 1         | H                     |
| mili                                                                              | 1         | H                     |
| MINASTRIN 24 FE                                                                   | E         |                       |

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| Drug Name                                                                       | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------|-----------|-----------------------|
| MINIVELLE                                                                       | E         | QL                    |
| MIRCETTE                                                                        | E         |                       |
| mono-lynh                                                                       | 1         | H                     |
| NATAZIA                                                                         | 2         |                       |
| necon 0.5/35 (28)                                                               | 1         | H                     |
| nikki                                                                           | 3         |                       |
| nora-be                                                                         | 1         | H                     |
| norethin ace-eth estrad-fe oral capsule                                         | E         |                       |
| norethin ace-eth estrad-fe oral tablet                                          | 1         | H                     |
| norethin ace-eth estrad-fe oral tablet chewable                                 | E         |                       |
| norethindrone acetate oral                                                      | 1         |                       |
| norethindrone acet-ethinyl est                                                  | 2         |                       |
| norethindrone oral                                                              | 1         | H                     |
| norgestimate-eth estradiol                                                      | 1         | H                     |
| norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg  | 2         |                       |
| norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215 /0.25 mg-35 mcg | 1         | H                     |
| norlyda                                                                         | 1         | H                     |
| norlyroc                                                                        | 1         | H                     |
| nortrel 0.5/35 (28)                                                             | 1         | H                     |
| nortrel 1/35 (21)                                                               | 1         | H                     |
| nortrel 1/35 (28)                                                               | 1         | H                     |
| NUVARING                                                                        | 1         | H                     |
| nymyo                                                                           | 1         | H                     |
| ocella                                                                          | 3         |                       |
| orsythia                                                                        | 1         | H                     |
| philith                                                                         | 2         |                       |
| pimtree                                                                         | 2         |                       |
| pirmella 1/35                                                                   | 1         | H                     |
| portia-28                                                                       | 1         | H                     |
| PREMARIN ORAL                                                                   | 3         |                       |
| PREMARIN VAGINAL                                                                | 3         |                       |
| PREMPHASE                                                                       | 3         |                       |
| PREMPRO                                                                         | 3         |                       |
| previfem                                                                        | 1         | H                     |
| progesterone oral                                                               | 2         |                       |

| Drug Name         | Drug Tier | Requirements & Limits |
|-------------------|-----------|-----------------------|
| PROMETRIUM        | E         |                       |
| PROVERA           | 3         |                       |
| QUARTETTE         | E         |                       |
| reclipsen         | 1         | H                     |
| rivelsa           | E         |                       |
| SAFYRAL           | E         |                       |
| SEASONIQUE        | E         |                       |
| setlakin          | 2         | H                     |
| sharobel          | 1         | H                     |
| simliya           | 2         |                       |
| simpesse          | 3         |                       |
| sprintec 28       | 1         | H                     |
| sronyx            | 1         | H                     |
| syeda             | 3         |                       |
| tarina 24 fe      | 3         |                       |
| tarina fe 1/20    | 1         | H                     |
| tarina fe 1/20 eq | 1         | H                     |
| TAYTULLA          | E         |                       |
| tri femynor       | 1         | H                     |
| tri-estarylla     | 1         | H                     |
| tri-lynh          | 1         | H                     |
| tri-lo-estarylla  | 2         |                       |
| tri-lo-marzia     | 2         |                       |
| tri-lo-mili       | 2         |                       |
| tri-lo-sprintec   | 2         |                       |
| tri-mili          | 1         | H                     |
| tri-nymyo         | 1         | H                     |
| tri-previfem      | 1         | H                     |
| tri-sprintec      | 1         | H                     |
| tri-vylibra       | 1         | H                     |
| tri-vylibra lo    | 2         |                       |
| tulana            | 1         | H                     |
| tyblume           | 1         | H                     |
| tydemy            | E         |                       |
| VAGIFEM           | E         |                       |
| vestura           | 3         |                       |
| vienva            | 1         | H                     |
| violele           | 2         |                       |
| VIVELLE-DOT       | 2         | QL                    |

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| Drug Name                              | Drug Tier | Requirements & Limits |
|----------------------------------------|-----------|-----------------------|
| volnea                                 | 2         |                       |
| vyfemla                                | 2         |                       |
| vylibra                                | 1         | H                     |
| wera                                   | 1         | H                     |
| xulane                                 | 3         | H                     |
| YASMIN 28                              | 2         |                       |
| YAZ                                    | 2         |                       |
| yuvaferm                               | 2         |                       |
| zafemy                                 | 3         | H                     |
| zarah                                  | 3         |                       |
| zumandimine                            | 3         |                       |
| <b>Hormonal Agents - Oral Steroids</b> |           |                       |
| ALKINDI SPRINKLE                       | E         | PA                    |
| CORTEF                                 | 3         |                       |
| DECADRON                               | E         |                       |
| DEXABLISS                              | E         |                       |
| dexamethasone intensol                 | 1         |                       |
| dexamethasone oral elixir              | 1         |                       |
| dexamethasone oral solution            | 1         |                       |
| dexamethasone oral tablet              | 1         |                       |
| dexamethasone oral tablet therapy pack | 3         |                       |
| DXEVO 11-DAY                           | E         |                       |
| HEMADY                                 | E         |                       |
| HIDEX 6-DAY                            | E         |                       |
| hydrocortisone oral                    | 1         |                       |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG   | 3         |                       |
| MEDROL ORAL TABLET 2 MG                | 2         |                       |
| MEDROL ORAL TABLET 32 MG               | 3         |                       |
| MEDROL ORAL TABLET THERAPY PACK        | 3         |                       |
| methylprednisolone oral                | 1         |                       |
| MILLIPRED                              | 2         |                       |
| ORAPRED ODT                            | 3         |                       |
| PEDIAPRED                              | 2         |                       |
| prednisolone oral solution             | 1         |                       |
| prednisolone sodium phosphate oral     | 1         |                       |
| prednisone intensol                    | 1         |                       |

| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| prednisone oral                                     | 1         |                       |
| RAYOS                                               | E         |                       |
| TAPERDEX 12-DAY                                     | 3         |                       |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG      | 3         |                       |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) | 3         |                       |
| TAPERDEX 7-DAY                                      | 3         |                       |
| ZCORT 7-DAY                                         | E         |                       |
| <b>Hormonal Agents - Other</b>                      |           |                       |
| cabergoline                                         | 2         |                       |
| DDAVP                                               | E         |                       |
| DDAVP PF                                            | E         |                       |
| desmopressin acetate injection                      | 1         |                       |
| desmopressin acetate oral                           | 1         |                       |
| desmopressin acetate pf                             | 1         |                       |
| GENOTROPIN                                          | E         | PA, QL, SP            |
| GENOTROPIN MINISQUICK                               | E         | PA, QL, SP            |
| HUMATROPE                                           | E         | PA, QL, SP            |
| NOCURNA                                             | 3         | PA, QL                |
| NORDITROPIN FLEXPOR                                 | E         | PA, QL, SP            |
| NUTROPIN AQ NUSPIN 10                               | 2         | PA, QL, SP            |
| NUTROPIN AQ NUSPIN 20                               | 2         | PA, QL, SP            |
| NUTROPIN AQ NUSPIN 5                                | 2         | PA, QL, SP            |
| OMNITROPE                                           | E         | PA, QL, SP            |
| ORIAHNN                                             | 3         | PA, QL                |
| ORLISSA                                             | 3         | PA, QL                |
| SOMATULINE DEPOT                                    | 3         | SP                    |
| STIMATE                                             | 3         |                       |
| ZOMACTON                                            | E         | PA, QL, SP            |
| ZOMACTON (FOR ZOMA-JET 10)                          | E         | PA, QL, SP            |
| <b>Hormonal Agents - Testosterone Replacement</b>   |           |                       |
| ANDRODERM                                           | 2         | PA, QL                |
| ANDROGEL                                            | E         | PA, QL                |
| ANDROGEL PUMP                                       | E         | PA, QL                |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML  | 3         |                       |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML  | 3         |                       |

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| Drug Name                                                                        | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| FORTESTA                                                                         | E         | PA, QL                |
| NATESTO                                                                          | E         | PA, QL                |
| TESTIM                                                                           | 2         | PA, QL                |
| testosterone cypionate intramuscular                                             | 1         |                       |
| testosterone transdermal                                                         | E         | PA, QL                |
| VOGELXO                                                                          | E         | PA, QL                |
| VOGELXO PUMP                                                                     | E         | PA, QL                |
| <b>Hormonal Agents - Thyroid</b>                                                 |           |                       |
| ARMOUR THYROID                                                                   | 3         |                       |
| CYTOMEL                                                                          | E         |                       |
| euthyrox                                                                         | 1         |                       |
| levo-t                                                                           | 1         |                       |
| LEVOTHYROXINE SODIUM ORAL CAPSULE                                                | E         |                       |
| levothyroxine sodium oral tablet                                                 | 1         |                       |
| levoxyl                                                                          | 2         |                       |
| liothyronine sodium oral                                                         | 2         |                       |
| methimazole oral                                                                 | 1         |                       |
| NATURE-THROID                                                                    | 3         |                       |
| np thyroid                                                                       | 1         |                       |
| SYNTHROID                                                                        | E         |                       |
| TAPAZOLE                                                                         | 3         |                       |
| THYQUIDITY                                                                       | E         | PA                    |
| TIROSINT                                                                         | E         |                       |
| TIROSINT-SOL                                                                     | 2         | PA                    |
| unithroid                                                                        | 1         |                       |
| WESTHROID                                                                        | 3         |                       |
| WP THYROID                                                                       | 3         |                       |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b> |           |                       |
| ACTEMRA ACTPEN                                                                   | 3         | PA, ST, QL, SP        |
| ACTEMRA SUBCUTANEOUS                                                             | 3         | PA, ST, QL, SP        |
| ASTAGRAF XL                                                                      | E         |                       |
| AZASAN                                                                           | 3         |                       |
| azathioprine oral                                                                | 1         |                       |
| BERINERT                                                                         | 3         | PA, ST, QL, SP        |
| CELLCEPT                                                                         | E         |                       |
| CIMZIA PREFILLED KIT                                                             | 2         | PA, QL, SP            |

| Drug Name                                                            | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------|-----------|-----------------------|
| CIMZIA STARTER KIT                                                   | 2         | PA, QL, SP            |
| CINRYZE                                                              | E         | PA, QL, SP            |
| COSENTYX (300 MG DOSE)                                               | 3         | PA, ST, QL, SP        |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3         | PA, ST, QL, SP        |
| COSENTYX SENSOREADY (300 MG)                                         | 3         | PA, ST, QL, SP        |
| COSENTYX SENSOREADY PEN                                              | 3         | PA, ST, QL, SP        |
| cyclosporine modified                                                | 1         |                       |
| ENBREL MINI                                                          | 3         | PA, ST, QL, SP        |
| ENBREL SUBCUTANEOUS SOLUTION                                         | 3         | PA, ST, QL            |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                       | 3         | PA, ST, QL, SP        |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED                           | 3         | PA, ST, QL, SP        |
| ENBREL SURECLICK                                                     | 3         | PA, ST, QL, SP        |
| ENVARUS XR                                                           | E         |                       |
| FIRAZYR                                                              | 2         | PA, QL, SP            |
| gengraf                                                              | 1         |                       |
| HAEGARDA                                                             | 2         | PA, QL, SP            |
| HUMIRA                                                               | 2         | PA, QL, SP            |
| HUMIRA PEDIATRIC CROHNS START                                        | 2         | PA, QL, SP            |
| HUMIRA PEN                                                           | 2         | PA, QL, SP            |
| HUMIRA PEN-CD/UC/HS STARTER                                          | 2         | PA, QL, SP            |
| HUMIRA PEN-PEDIATRIC UC START                                        | 2         | PA, QL, SP            |
| HUMIRA PEN-PS/UV/ADOL HS START                                       | 2         | PA, QL, SP            |
| HUMIRA PEN-PSOR/UEIT STARTER                                         | 2         | PA, QL, SP            |
| icatibant acetate                                                    | E         | PA, QL, SP            |
| IMURAN                                                               | E         |                       |
| methotrexate oral                                                    | 1         |                       |
| methotrexate sodium                                                  | 1         |                       |
| methotrexate sodium (pf)                                             | 1         |                       |
| mycophenolate mofetil oral                                           | 1         |                       |
| mycophenolate sodium                                                 | 2         |                       |
| MYFORTIC                                                             | E         |                       |

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| Drug Name                                                               | Drug Tier | Requirements & Limits    |
|-------------------------------------------------------------------------|-----------|--------------------------|
| NEORAL                                                                  | E         |                          |
| OLUMIANT ORAL TABLET 1 MG                                               | 2         | PA, QL                   |
| OLUMIANT ORAL TABLET 2 MG                                               | 2         | PA, QL, SP               |
| ORENCIA CLICKJECT                                                       | 3         | PA, ST, QL, SP           |
| ORENCIA SUBCUTANEOUS                                                    | 3         | PA, ST, QL, SP           |
| OTEZLA                                                                  | 2         | PA, QL, SP               |
| OTREXUP                                                                 | E         | QL                       |
| PROGRAF ORAL CAPSULE                                                    | 3         |                          |
| PROGRAF ORAL PACKET                                                     | 3         | PA                       |
| RAPAMUNE ORAL SOLUTION                                                  | 3         |                          |
| RAPAMUNE ORAL TABLET                                                    | E         |                          |
| RASUVO                                                                  | 2         | QL                       |
| REDITREX                                                                | E         | QL                       |
| RINVOQ                                                                  | 2         | PA, QL, SP               |
| RUCONEST                                                                | 3         | PA, QL, SP               |
| SIMPONI                                                                 | 2         | PA, QL, SP               |
| sirolimus oral solution                                                 | 2         |                          |
| sirolimus oral tablet                                                   | 1         |                          |
| SKYRIZI (150 MG DOSE)                                                   | 2         | PA, QL, SP               |
| STELARA SUBCUTANEOUS SOLUTION                                           | 2         | PA, SP                   |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | 2         | PA, QL, SP               |
| tacrolimus oral                                                         | 1         |                          |
| TAKHZYRO                                                                | 2         | PA, QL, SP               |
| TREMFYA                                                                 | 2         | PA, QL, SP               |
| TREXALL                                                                 | 2         |                          |
| XELJANZ                                                                 | 2         | PA, ST, QL, SP           |
| XELJANZ XR                                                              | 2         | PA, ST, QL, SP           |
| <b>Infertility Agents</b>                                               |           |                          |
| chorionic gonadotropin intramuscular                                    | 3         | SP                       |
| CRINONE                                                                 | 3         | ST                       |
| ENDOMETRIN                                                              | 2         |                          |
| FOLLISTIM AQ                                                            | 2         | SP                       |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 3         | (Ferring), QL, SP        |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 2         | (Merck/ Organon), QL, SP |

| Drug Name                                               | Drug Tier | Requirements & Limits |
|---------------------------------------------------------|-----------|-----------------------|
| novarel intramuscular solution reconstituted 10000 unit | 3         | SP                    |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT  | 3         | SP                    |
| OVIDREL                                                 | 3         | SP                    |
| pregnyl                                                 | 1         | SP                    |
| <b>Inflammatory Bowel Disease Agents</b>                |           |                       |
| ANALPRAM HC                                             | 3         |                       |
| ANALPRAM HC SINGLES                                     | 3         |                       |
| ANALPRAM-HC EXTERNAL CREAM                              | 3         |                       |
| ANALPRAM-HC EXTERNAL LOTION                             | 3         |                       |
| APRISO                                                  | 2         |                       |
| ASACOL HD                                               | E         |                       |
| AZULFIDINE                                              | 3         |                       |
| AZULFIDINE EN-TABS                                      | 3         |                       |
| budesonide er                                           | E         |                       |
| budesonide oral                                         | 2         |                       |
| CANASA                                                  | E         |                       |
| CORTIFOAM                                               | 2         |                       |
| DELZICOL                                                | E         |                       |
| DIPENTUM                                                | 3         |                       |
| ENTOCORT EC                                             | E         |                       |
| hydrocortisone ace-pramoxine external cream 1-1 %       | 1         |                       |
| hydrocort-pramoxine (perianal)                          | 1         |                       |
| LIALDA                                                  | 2         |                       |
| mesalamine er oral capsule 0.375 gm                     | E         |                       |
| mesalamine oral                                         | E         |                       |
| mesalamine rectal enema                                 | 1         |                       |
| mesalamine rectal suppository                           | 2         | QL                    |
| ORTIKOS                                                 | E         |                       |
| PENTASA                                                 | E         |                       |
| PROCORT                                                 | E         |                       |
| PROCTOFOAM HC                                           | 2         |                       |
| SFROWASA                                                | 3         |                       |
| sulfasalazine oral                                      | 1         |                       |

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| Drug Name                                                                    | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| UCERIS ORAL                                                                  | 3         |                       |
| UCERIS RECTAL                                                                | 2         |                       |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>                |           |                       |
| alendronate sodium                                                           | 1         |                       |
| BINOSTO                                                                      | E         | QL                    |
| BONIVA                                                                       | E         |                       |
| calcitriol oral                                                              | 1         |                       |
| FOSAMAX                                                                      | 3         |                       |
| ibandronate sodium oral                                                      | 2         |                       |
| RAYALDEE                                                                     | E         |                       |
| ROCALTROL                                                                    | 3         |                       |
| TERIPARATIDE (RECOMBINANT)                                                   | 3         | PA, SP                |
| TYMLOS                                                                       | 3         | PA, SP                |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |                       |
| ACULAR                                                                       | 3         |                       |
| ACULAR LS                                                                    | 3         |                       |
| ACUVAIL                                                                      | E         |                       |
| ALREX                                                                        | 3         | QL                    |
| AZASITE                                                                      | 3         |                       |
| azelastine hcl ophthalmic                                                    | 1         |                       |
| BESIVANCE                                                                    | 3         |                       |
| CILOXAN OPHTHALMIC SOLUTION                                                  | 3         |                       |
| ciprofloxacin hcl ophthalmic                                                 | 1         |                       |
| erythromycin ophthalmic                                                      | 1         | H-PA                  |
| EYSUVIS                                                                      | E         | QL                    |
| ILEVRO                                                                       | E         |                       |
| INVELTYS                                                                     | 3         |                       |
| ketorolac tromethamine ophthalmic                                            | 1         |                       |
| LASTACFT                                                                     | 3         | QL                    |
| LOTEMAX OPHTHALMIC OINTMENT                                                  | 3         |                       |
| LOTEMAX OPHTHALMIC SUSPENSION                                                | E         | QL                    |
| LOTEMAX SM                                                                   | 3         | QL                    |
| loteprednol etabonate ophthalmic gel                                         | E         |                       |
| loteprednol etabonate ophthalmic suspension                                  | 3         | QL                    |

| Drug Name                                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| MAXITROL                                                        | 3         |                       |
| MOXEZA                                                          | 3         |                       |
| moxifloxacin hcl (2x day)                                       | 3         |                       |
| moxifloxacin hcl ophthalmic solution                            | 3         |                       |
| neomycin-polymyxin-dexameth ophthalmic ointment                 | 1         |                       |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1         |                       |
| NEVANAC                                                         | 3         |                       |
| OCUFLOX                                                         | 3         |                       |
| ofloxacin ophthalmic                                            | 1         |                       |
| olopatadine hcl ophthalmic solution 0.1 %                       | 3         |                       |
| olopatadine hcl ophthalmic solution 0.2 %                       | E         |                       |
| polymyxin b-trimethoprim                                        | 1         |                       |
| POLYTRIM                                                        | 3         |                       |
| PRED FORTE                                                      | E         |                       |
| PRED MILD                                                       | 3         |                       |
| prednisolone acetate ophthalmic                                 | 1         |                       |
| TOBRADEX OPHTHALMIC SUSPENSION                                  | 3         |                       |
| TOBRADEX ST                                                     | E         |                       |
| tobramycin ophthalmic                                           | 1         | QL                    |
| tobramycin-dexamethasone                                        | 2         |                       |
| TOBREX OPHTHALMIC OINTMENT                                      | 3         | QL                    |
| TOBREX OPHTHALMIC SOLUTION                                      | 3         | QL                    |
| VIGAMOX                                                         | E         |                       |
| ZYLET                                                           | 3         |                       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>                   |           |                       |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                            | 2         | QL                    |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                           | 3         | QL                    |
| AZOPT                                                           | 3         | QL                    |
| BETIMOL                                                         | 2         | QL                    |
| bimatoprost external                                            | E         | QL                    |
| bimatoprost ophthalmic                                          | E         | QL                    |

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| Drug Name                                                         | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| brimonidine tartrate ophthalmic solution 0.15 %                   | 2         | QL                    |
| brimonidine tartrate ophthalmic solution 0.2 %                    | 1         |                       |
| brinzolamide                                                      | 2         | QL                    |
| COMBIGAN                                                          | 2         | QL                    |
| COSOPT                                                            | 3         |                       |
| COSOPT PF                                                         | E         | QL                    |
| dorzolamide hcl-timolol mal                                       | 2         |                       |
| dorzolamide hcl-timolol mal pf                                    | E         | QL                    |
| ISTALOL                                                           | 3         |                       |
| latanoprost ophthalmic                                            | 1         |                       |
| LUMIGAN                                                           | 2         |                       |
| RHOPRESSA                                                         | 3         | QL                    |
| ROCKLATAN                                                         | 3         | QL                    |
| timolol maleate ophthalmic gel forming solution                   | 1         |                       |
| timolol maleate ophthalmic solution 0.25 %, 0.5 %                 | 1         |                       |
| timolol maleate ophthalmic solution 0.5 % (daily)                 | 3         |                       |
| timolol maleate pf                                                | 2         |                       |
| TIMOPTIC                                                          | 3         |                       |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %                        | 2         |                       |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %                         | 3         |                       |
| TIMOPTIC-XE                                                       | 3         |                       |
| TRAVATAN Z                                                        | E         | QL                    |
| travoprost (bak free)                                             | E         | QL                    |
| VYZULTA                                                           | E         | ST, QL                |
| XALATAN                                                           | E         |                       |
| XELPROS                                                           | 3         | QL                    |
| ZIOPTAN                                                           | 3         | ST, QL                |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |                       |
| CEQUA                                                             | E         | PA, QL                |
| FLAREX                                                            | 2         |                       |
| RESTASIS                                                          | 3         | PA, QL                |
| RESTASIS MULTIDOSE                                                | E         | PA, QL                |
| XIIDRA                                                            | 3         | PA, QL                |

| Drug Name                                                                      | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |                       |
| CIPRODEX                                                                       | 3         |                       |
| ciprofloxacin-dexamethasone                                                    | E         |                       |
| neomycin-polymyxin-hc otic                                                     | 1         |                       |
| ofloxacin otic                                                                 | 2         |                       |
| <b>Respiratory - Drugs for Anaphylaxis</b>                                     |           |                       |
| AUVI-Q                                                                         | E         | QL                    |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml                    | E         | QL                    |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                     | E         | QL                    |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                     | 2         | QL                    |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | E         | QL                    |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | 2         | QL                    |
| EPIPEN 2-PAK                                                                   | E         | QL                    |
| EPIPEN JR 2-PAK                                                                | E         | QL                    |
| SYMJEPI                                                                        | 2         | QL                    |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |                       |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray                             | 3         |                       |
| azelastine hcl nasal solution 0.15 %                                           | E         |                       |
| benzonatate oral capsule 100 mg, 200 mg                                        | 1         |                       |
| benzonatate oral capsule 150 mg                                                | E         |                       |
| cyproheptadine hcl oral                                                        | 1         |                       |
| fluticasone propionate nasal                                                   | 2         | QL                    |
| hydrocodone polst-chlorphen polst er susp                                      | 3         | PA, QL                |
| ipratropium bromide nasal                                                      | 1         |                       |
| levocetirizine dihydrochloride oral solution                                   | 3         |                       |
| levocetirizine dihydrochloride oral tablet                                     | 1         |                       |
| OMNARIS                                                                        | E         | QL                    |
| promethazine hcl oral solution                                                 | 1         |                       |
| promethazine hcl oral syrup                                                    | 1         |                       |
| promethazine-codeine                                                           | 1         | PA, QL                |

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| Drug Name                                                               | Drug Tier | Requirements & Limits                     |
|-------------------------------------------------------------------------|-----------|-------------------------------------------|
| promethazine-dm                                                         | 1         |                                           |
| pseudoephedrine-bromphen-dm                                             | 1         |                                           |
| TESSALON PERLES                                                         | 3         |                                           |
| TUSSICAPS                                                               | 3         | PA, QL                                    |
| XHANCE                                                                  | E         | QL                                        |
| ZETONNA                                                                 | 3         | QL                                        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b> |           |                                           |
| ADVAIR DISKUS                                                           | 3         | QL, RS                                    |
| ADVAIR HFA                                                              | 3         | QL, RS                                    |
| AIRDUO RESPICLICK 113/14                                                | E         | QL                                        |
| AIRDUO RESPICLICK 232/14                                                | E         | QL                                        |
| AIRDUO RESPICLICK 55/14                                                 | E         | QL                                        |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2         | (generic ProAir HFA or Proventil HFA), QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | E         | (VENTOLIN HFA), QL                        |
| albuterol sulfate inhalation                                            | 1         |                                           |
| albuterol sulfate oral syrup                                            | 1         |                                           |
| albuterol sulfate oral tablet                                           | 3         | PA                                        |
| ALVESCO                                                                 | E         | QL                                        |
| ANORO ELLIPTA                                                           | 3         | QL                                        |
| ARNUITY ELLIPTA                                                         | 1         | QL                                        |
| ASMANEX (120 METERED DOSES)                                             | E         | QL                                        |
| ASMANEX (14 METERED DOSES)                                              | E         | QL                                        |
| ASMANEX (30 METERED DOSES)                                              | E         | QL                                        |
| ASMANEX (60 METERED DOSES)                                              | E         | QL                                        |
| ASMANEX (7 METERED DOSES)                                               | E         | QL                                        |
| ASMANEX HFA                                                             | E         | QL                                        |
| ATROVENT HFA                                                            | 3         | QL                                        |
| BEVESPI AEROSPHERE                                                      | 2         | QL                                        |
| BREO ELLIPTA                                                            | 3         | QL, RS                                    |
| BREZTRI AEROSPHERE                                                      | 3         | QL, RS                                    |
| budesonide inhalation                                                   | 2         | QL                                        |
| BUDESONIDE-FORMOTEROL FUMARATE                                          | E         | QL, RS                                    |
| COMBIVENT RESPIMAT                                                      | 3         | QL                                        |

| Drug Name                                                                                                           | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| FASENRA PEN                                                                                                         | 3         | PA, QL                |
| FLOVENT DISKUS                                                                                                      | 1         | QL                    |
| FLOVENT HFA                                                                                                         | 1         | QL                    |
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose | E         | QL, RS                |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT     | 2         | QL                    |
| INCRUSE ELLIPTA                                                                                                     | E         | QL                    |
| ipratropium-albuterol                                                                                               | 2         |                       |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT                                                                      | 3         | QL                    |
| montelukast sodium oral packet                                                                                      | 2         |                       |
| montelukast sodium oral tablet                                                                                      | 1         |                       |
| montelukast sodium oral tablet chewable                                                                             | 1         |                       |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                                                          | 3         | PA, QL, SP            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                                                                      | 3         | PA, QL, SP            |
| PERFOROMIST                                                                                                         | 3         | QL                    |
| PROAIR HFA                                                                                                          | E         | QL                    |
| PROAIR RESPICLICK                                                                                                   | E         | QL                    |
| PROVENTIL HFA                                                                                                       | E         | QL                    |
| PULMICORT FLEXHALER                                                                                                 | 1         | QL                    |
| PULMICORT SUSPENSION                                                                                                | E         | QL                    |
| QVAR REDHALER                                                                                                       | E         | QL                    |
| SEREVENT DISKUS                                                                                                     | 2         | QL                    |
| SINGULAIR ORAL PACKET                                                                                               | 3         |                       |
| SINGULAIR ORAL TABLET                                                                                               | E         |                       |
| SINGULAIR ORAL TABLET CHEWABLE                                                                                      | E         |                       |
| SPIRIVA HANDHALER                                                                                                   | 2         | QL                    |
| SPIRIVA RESPIMAT                                                                                                    | 2         | QL                    |
| STRIVERDI RESPIMAT                                                                                                  | 2         | QL                    |
| SYMBICORT                                                                                                           | 3         | QL, RS                |
| TRELEGY ELLIPTA                                                                                                     | 3         | QL, RS                |
| VENTOLIN HFA                                                                                                        | E         | QL                    |

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| Drug Name    | Drug Tier | Requirements & Limits |
|--------------|-----------|-----------------------|
| wixela inhub | E         | QL, RS                |
| XOPENEX HFA  | 3         | QL                    |
| YUPELRI      | 3         | PA, QL                |

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

|                                                        |   |                |
|--------------------------------------------------------|---|----------------|
| BETHKIS                                                | E | PA, QL, SP     |
| BRONCHITOL                                             | 3 | PA, ST, QL, SP |
| KITABIS PAK                                            | E | PA, QL, SP     |
| PULMOZYME                                              | 2 | PA, QL, SP     |
| TOBI NEBULIZER                                         | E | PA, QL, SP     |
| TOBI PODHALER                                          | 3 | PA, QL, SP     |
| tobramycin inhalation nebulization solution 300 mg/4ml | 2 | PA, QL, SP     |
| tobramycin nebulization solution 300 mg/5ml inhalation | E | PA, QL, SP     |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | E | PA, QL, SP     |

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

|                |   |            |
|----------------|---|------------|
| ADEMPAS        | 2 | PA, QL, SP |
| bosentan       | 2 | PA, QL, SP |
| OPSUMIT        | 2 | PA, QL, SP |
| TRACLEER       | 2 | PA, QL, SP |
| TYVASO         | 2 | PA, SP     |
| TYVASO REFILL  | 2 | PA, SP     |
| TYVASO STARTER | 2 | PA, SP     |

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

|                                             |   |  |
|---------------------------------------------|---|--|
| AMRIX                                       | E |  |
| baclofen oral                               | 1 |  |
| carisoprodol oral tablet 250 mg             | E |  |
| carisoprodol oral tablet 350 mg             | 1 |  |
| cyclobenzaprine hcl er                      | E |  |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 |  |
| cyclobenzaprine hcl oral tablet 7.5 mg      | E |  |
| FEXMID                                      | E |  |
| metaxalone                                  | 3 |  |
| methocarbamol oral                          | 1 |  |

| Drug Name                   | Drug Tier | Requirements & Limits |
|-----------------------------|-----------|-----------------------|
| OZOBAX                      | 3         | PA                    |
| SKELAXIN                    | E         |                       |
| SOMA                        | E         |                       |
| tizanidine hcl oral capsule | 3         |                       |
| tizanidine hcl oral tablet  | 1         |                       |
| VANADOM                     | E         |                       |
| ZANAFLEX                    | 3         |                       |

#### Sleep Disorder Agents

|                              |   |            |
|------------------------------|---|------------|
| AMBIEN                       | E | QL         |
| AMBIEN CR                    | E | QL         |
| BELSOMRA                     | 3 | ST, QL     |
| DAYVIGO                      | 3 | ST, QL     |
| EDLUAR                       | E | QL         |
| eszopiclone                  | 2 | QL         |
| LUNESTA                      | E | QL         |
| modafinil                    | 2 | PA, QL     |
| PROVIGIL                     | E | PA, QL     |
| RESTORIL                     | 3 |            |
| SUNOSI                       | 3 | PA, QL     |
| temazepam                    | 1 |            |
| WAKIX                        | 3 | PA, QL, SP |
| XYREM                        | 3 | PA, QL, SP |
| XYWAV                        | 3 | PA, QL, SP |
| zolpidem tartrate er         | 3 | QL         |
| zolpidem tartrate oral       | 1 | QL         |
| zolpidem tartrate sublingual | E | QL         |
| ZOLPIMIST                    | 3 | ST, QL     |

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| acetazolamide oral .....                      | 16 | ALDACTONE .....                                                                         | 16 | amoxicillin-potassium<br>clavulanate er.....    | 10 |
| ACIPHEX .....                                 | 26 | ALDARA.....                                                                             | 20 | amoxicillin-potassium<br>clavulanate oral ..... | 10 |
| ACIPHEX SPRINKLE.....                         | 26 | ALECENSA.....                                                                           | 14 | amphetamine-<br>dextroamphetamine .....         | 19 |
| ACTEMRA ACTPEN .....                          | 32 | alendronate sodium .....                                                                | 34 | amphetamine-<br>dextroamphetamine er .....      | 19 |
| ACTEMRA SUBCUTANEOUS .....                    | 32 | alfuzosin hcl er.....                                                                   | 27 | AMPYRA .....                                    | 19 |
| ACTICLATE .....                               | 10 | aliskiren fumarate .....                                                                | 16 | AMRIX.....                                      | 37 |
| ACTOS .....                                   | 24 | ALKINDI SPRINKLE .....                                                                  | 31 | AMZEEQ.....                                     | 20 |
| ACULAR.....                                   | 34 | allopurinol oral.....                                                                   | 13 | ANALPRAM HC.....                                | 33 |
| ACULAR LS.....                                | 34 | ALOGLIPTIN BENZOATE .....                                                               | 24 | ANALPRAM HC SINGLES .....                       | 33 |
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| acyclovir oral .....                          | 15 | ALOGLIPTIN-PIOGLITAZONE .....                                                           | 24 | ANALPRAM-HC EXTERNAL<br>LOTION.....             | 33 |
| ACZONE EXTERNAL GEL 5 %.....                  | 20 | ALORA .....                                                                             | 27 | ANASPAZ.....                                    | 26 |
| ACZONE EXTERNAL GEL 7.5 % ...                 | 20 | ALPHAGAN P OPHTHALMIC<br>SOLUTION 0.1 %.....                                            | 34 | anastrozole oral.....                           | 14 |
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| ADDERALL XR .....                             | 19 | ALPHANATE .....                                                                         | 25 | ANDROGEL .....                                  | 31 |
| ADDYI.....                                    | 25 | alprazolam er.....                                                                      | 16 | ANDROGEL PUMP .....                             | 31 |
| ADEMPAS .....                                 | 37 | alprazolam intensol.....                                                                | 16 | ANORO ELLIPTA.....                              | 36 |
| ADHANSIA XR.....                              | 19 | alprazolam oral .....                                                                   | 16 | apap-caff-dihydrocodeine oral<br>capsule.....   | 8  |
| ADLYXIN.....                                  | 24 | alprazolam xr.....                                                                      | 16 | apap-caff-dihydrocodeine oral<br>tablet.....    | 8  |
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| ADMELOG SOLOSTAR.....                         | 23 | altavera.....                                                                           | 27 | APRISO .....                                    | 33 |
| ADVAIR DISKUS .....                           | 36 | ALTOPREV.....                                                                           | 16 | APTENSIO XR .....                               | 19 |
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| ADVATE .....                                  | 25 |                                                                                         |    |                                                 |    |
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|                                                            |    |                                                                 |    |                                                               |    |
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| ARANESP (ALBUMIN FREE) . . . . .                           | 25 | AVAR CLEANSER . . . . .                                         | 20 | benzonatate oral capsule 100 mg,<br>200 mg . . . . .          | 35 |
| ARICEPT . . . . .                                          | 12 | AVAR LS CLEANSER . . . . .                                      | 20 | benzonatate oral capsule 150 mg . .                           | 35 |
| ARIMIDEX . . . . .                                         | 14 | AVAR-E EMOLLIENT . . . . .                                      | 20 | BERINERT . . . . .                                            | 32 |
| aripiprazole oral solution . . . . .                       | 15 | AVAR-E GREEN . . . . .                                          | 20 | BESIVANCE . . . . .                                           | 34 |
| aripiprazole oral tablet . . . . .                         | 15 | AVAR-E LS . . . . .                                             | 20 | betamethasone dipropionate aug<br>external cream . . . . .    | 20 |
| aripiprazole oral tablet dispersible .                     | 15 | aviane . . . . .                                                | 28 | betamethasone dipropionate aug<br>external gel . . . . .      | 20 |
| ARMOUR THYROID . . . . .                                   | 32 | avidoxy . . . . .                                               | 10 | betamethasone dipropionate aug<br>external lotion . . . . .   | 20 |
| ARNUITY ELLIPTA . . . . .                                  | 36 | AVITA . . . . .                                                 | 20 | betamethasone dipropionate aug<br>external ointment . . . . . | 20 |
| ASACOL HD . . . . .                                        | 33 | AVONEX PEN . . . . .                                            | 19 | betamethasone dipropionate<br>external cream . . . . .        | 20 |
| asenapine maleate . . . . .                                | 15 | AVONEX PREFILLED . . . . .                                      | 19 | betamethasone dipropionate<br>external lotion . . . . .       | 20 |
| ashlyna . . . . .                                          | 27 | AYGESTIN . . . . .                                              | 28 | betamethasone dipropionate<br>external ointment . . . . .     | 20 |
| ASMANEX (120 METERED<br>DOSES) . . . . .                   | 36 | ayuna . . . . .                                                 | 28 | BETAPACE . . . . .                                            | 16 |
| ASMANEX (14 METERED<br>DOSES) . . . . .                    | 36 | AZASAN . . . . .                                                | 32 | BETASERON . . . . .                                           | 19 |
| ASMANEX (30 METERED<br>DOSES) . . . . .                    | 36 | AZASITE . . . . .                                               | 34 | BETHKIS . . . . .                                             | 37 |
| ASMANEX (60 METERED<br>DOSES) . . . . .                    | 36 | azathioprine oral . . . . .                                     | 32 | BETIMOL . . . . .                                             | 34 |
| ASMANEX (7 METERED<br>DOSES) . . . . .                     | 36 | azelaic acid external . . . . .                                 | 20 | BEVESPI AEROSPHERE . . . . .                                  | 36 |
| ASMANEX HFA . . . . .                                      | 36 | azelastine hcl nasal solution 0.1 %,<br>137 mcg/spray . . . . . | 35 | bexarotene . . . . .                                          | 14 |
| ASTAGRAF XL . . . . .                                      | 32 | azelastine hcl nasal solution<br>0.15 % . . . . .               | 35 | BEYAZ . . . . .                                               | 28 |
| atenolol oral . . . . .                                    | 16 | azelastine hcl ophthalmic . . . . .                             | 34 | BIDIL . . . . .                                               | 16 |
| atenolol-chlorthalidone . . . . .                          | 16 | azithromycin oral . . . . .                                     | 10 | BIJUVA . . . . .                                              | 28 |
| ATIVAN ORAL . . . . .                                      | 16 | AZOPT . . . . .                                                 | 34 | bimatoprost external . . . . .                                | 34 |
| atomoxetine hcl . . . . .                                  | 19 | AZULFIDINE . . . . .                                            | 33 | bimatoprost ophthalmic . . . . .                              | 34 |
| atorvastatin calcium oral tablet<br>10 mg, 20 mg . . . . . | 16 | AZULFIDINE EN-TABS . . . . .                                    | 33 | BINOSTO . . . . .                                             | 34 |
| atorvastatin calcium oral tablet<br>40 mg, 80 mg . . . . . | 16 | azurette . . . . .                                              | 28 | bisoprolol fumarate oral . . . . .                            | 16 |
| atovaquone-proguanil hcl . . . . .                         | 14 | <b>B</b>                                                        |    | bisoprolol-hydrochlorothiazide . . .                          | 16 |
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| ATRIPLA . . . . .                                          | 15 | baclofen oral . . . . .                                         | 37 | blisovi fe 1/20 . . . . .                                     | 28 |
| ATROVENT HFA . . . . .                                     | 36 | BACTRIM . . . . .                                               | 10 | blisovi fe 1.5/30 . . . . .                                   | 28 |
| AUBAGIO . . . . .                                          | 19 | BACTRIM DS . . . . .                                            | 10 | BONIVA . . . . .                                              | 34 |
| aubra . . . . .                                            | 27 | BAFIERTAM . . . . .                                             | 19 | BONJESTA . . . . .                                            | 13 |
| aubra eq . . . . .                                         | 27 | balziva . . . . .                                               | 28 | bosentan . . . . .                                            | 37 |
| AUGMENTIN . . . . .                                        | 10 | BAQSIMI ONE PACK . . . . .                                      | 24 | bp 10-1 . . . . .                                             | 20 |
| AUGMENTIN ES-600 . . . . .                                 | 10 | BAQSIMI TWO PACK . . . . .                                      | 24 | BREO ELLIPTA . . . . .                                        | 36 |
| aurovela 1/20 . . . . .                                    | 28 | BARACLUDE ORAL SOLUTION . . .                                   | 15 | BREZTRI AEROSPHERE . . . . .                                  | 36 |
| aurovela 1.5/30 . . . . .                                  | 28 | BARACLUDE ORAL TABLET . . . .                                   | 15 | briellyn . . . . .                                            | 28 |
| aurovela 24 fe . . . . .                                   | 28 | BASAGLAR KWIKPEN . . . . .                                      | 23 | BRILINTA . . . . .                                            | 15 |
| aurovela fe 1/20 . . . . .                                 | 28 | bd autoshield duo pen needles . .                               | 23 | brimonidine tartrate ophthalmic<br>solution 0.15 % . . . . .  | 35 |
| aurovela fe 1.5/30 . . . . .                               | 28 | bd ultra-fine insulin syringes . . .                            | 23 | brimonidine tartrate ophthalmic<br>solution 0.2 % . . . . .   | 35 |
| AURYXIA . . . . .                                          | 27 | bd ultra-fine pen needles . . . . .                             | 23 | brinzolamide . . . . .                                        | 35 |
| AUSTEDO . . . . .                                          | 20 | bekyree . . . . .                                               | 28 | BRONCHITOL . . . . .                                          | 37 |
| AUVI-Q . . . . .                                           | 35 | BELBUCA . . . . .                                               | 8  | budesonide er . . . . .                                       | 33 |
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| AVAPRO . . . . .                                           | 16 | benazepril hcl oral . . . . .                                   | 16 |                                                               |    |
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|                                                            |    | BENICAR . . . . .                                               | 16 |                                                               |    |
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| buprenorphine hcl-naloxone hcl ...                                                   | 10 |
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| bupropion hcl oral. ....                                                             | 12 |
| buspirone hcl oral ....                                                              | 16 |
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| butalbital-apap-cafeine oral<br>capsule 50-325-40 mg ....                            | 8  |
| butalbital-apap-cafeine oral tablet ..                                               | 8  |
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| carbamazepine er oral tablet<br>extended release 12 hour. ....   | 11 |

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| clarithromycin oral suspension<br>reconstituted ....         | 10 |
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| clindamycin phosphate external<br>foam ....                  | 21 |
| clindamycin phosphate external<br>lotion. ....               | 21 |
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| clindamycin phosphate external<br>swab ....                  | 21 |
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| CLINDESSE ....                                               | 10 |
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| clobetasol propionate external<br>foam ....                  | 21 |
| clobetasol propionate external<br>gel ....                   | 21 |
| clobetasol propionate external<br>liquid. ....               | 21 |
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|------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------|--------|
| diclofenac sodium er. . . . .                                                                        | 9  | DOXYCYCLINE HYCLATE ORAL<br>TABLET DELAYED RELEASE<br>80 MG. . . . .                      | 10 | ELOCTATE . . . . .                                                                       | 25     |
| diclofenac sodium external gel 1 % . .                                                               | 9  | doxycycline monohydrate oral<br>capsule 100 mg, 50 mg . . . . .                           | 10 | eluryng . . . . .                                                                        | 28     |
| diclofenac sodium external solution .                                                                | 9  | doxycycline monohydrate oral<br>capsule 150 mg, 75 mg. . . . .                            | 10 | EMGALITY . . . . .                                                                       | 13     |
| diclofenac sodium oral . . . . .                                                                     | 9  | doxycycline monohydrate oral<br>suspension reconstituted . . . . .                        | 10 | EMGALITY (300 MG DOSE). . . . .                                                          | 13     |
| dicyclomine hcl oral . . . . .                                                                       | 26 | doxycycline monohydrate oral<br>tablet. . . . .                                           | 10 | emoquette . . . . .                                                                      | 28     |
| DIFICID . . . . .                                                                                    | 10 | doxylamine-pyridoxine . . . . .                                                           | 13 | emtricitabine-tenofovir df oral tablet<br>100-150 mg, 133-200 mg,<br>167-250 mg. . . . . | 15     |
| DIFLUCAN . . . . .                                                                                   | 13 | DRISDOL . . . . .                                                                         | 25 | emtricitabine-tenofovir df oral tablet<br>200-300 mg . . . . .                           | 15     |
| DILAUDID ORAL . . . . .                                                                              | 8  | DRIZALMA SPRINKLE . . . . .                                                               | 12 | enalapril maleate oral . . . . .                                                         | 17     |
| dilt-xr . . . . .                                                                                    | 17 | drospiren-eth estrad-levomefol . . . .                                                    | 28 | ENBREL MINI. . . . .                                                                     | 32     |
| diltiazem hcl er. . . . .                                                                            | 17 | drospirenone-ethinyl estradiol . . . .                                                    | 28 | ENBREL SUBCUTANEOUS<br>SOLUTION . . . . .                                                | 32     |
| diltiazem hcl er coated beads . . . .                                                                | 17 | DUAVEE . . . . .                                                                          | 28 | ENBREL SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE. . . .                                 | 32     |
| diltiazem hcl oral . . . . .                                                                         | 17 | duloxetine hcl oral capsule delayed<br>release particles 20 mg, 30 mg,<br>60 mg . . . . . | 12 | ENBREL SUBCUTANEOUS<br>SOLUTION RECONSTITUTED. . . .                                     | 32     |
| DIOVAN . . . . .                                                                                     | 17 | duloxetine hcl oral capsule delayed<br>release particles 40 mg . . . . .                  | 12 | ENBREL SURECLICK. . . . .                                                                | 32     |
| DIOVAN HCT . . . . .                                                                                 | 17 | DUOPA . . . . .                                                                           | 14 | ENDARI. . . . .                                                                          | 27     |
| DIPENTUM. . . . .                                                                                    | 33 | DUPIXENT . . . . .                                                                        | 21 | endocet . . . . .                                                                        | 8      |
| diphenoxylate-atropine. . . . .                                                                      | 26 | DURAGESIC-100. . . . .                                                                    | 8  | ENDOMETRIN . . . . .                                                                     | 33     |
| DIPROLENE. . . . .                                                                                   | 21 | DURAGESIC-12. . . . .                                                                     | 8  | enoxaparin sodium . . . . .                                                              | 11     |
| DIPROLENE AF. . . . .                                                                                | 21 | DURAGESIC-25. . . . .                                                                     | 8  | enskyce . . . . .                                                                        | 28     |
| DITROPAN XL . . . . .                                                                                | 27 | DURAGESIC-50. . . . .                                                                     | 8  | ENSTILAR . . . . .                                                                       | 21     |
| divalproex sodium er. . . . .                                                                        | 11 | DURAGESIC-75. . . . .                                                                     | 8  | entecavir. . . . .                                                                       | 15     |
| divalproex sodium oral capsule<br>delayed release sprinkle. . . . .                                  | 11 | DUROLANE . . . . .                                                                        | 9  | ENTOCORT EC . . . . .                                                                    | 33     |
| divalproex sodium oral tablet<br>delayed release . . . . .                                           | 11 | DXEVO 11-DAY. . . . .                                                                     | 31 | ENVARUS XR . . . . .                                                                     | 32     |
| DIVIGEL . . . . .                                                                                    | 28 |                                                                                           |    | EPANED . . . . .                                                                         | 17     |
| donepezil hcl oral tablet 10 mg,<br>5 mg . . . . .                                                   | 12 |                                                                                           |    | EPCLUSA ORAL TABLET<br>200-50 MG . . . . .                                               | 15     |
| donepezil hcl oral tablet 23 mg . . .                                                                | 12 |                                                                                           |    | EPCLUSA ORAL TABLET<br>400-100 MG . . . . .                                              | 15     |
| donepezil hcl oral tablet<br>dispersible . . . . .                                                   | 12 |                                                                                           |    | epinephrine injection solution auto-<br>injector 0.15 mg/0.15ml. . . . .                 | 35     |
| DORYX . . . . .                                                                                      | 10 |                                                                                           |    | epinephrine solution auto-injector<br>0.15 mg/0.3ml injection. . . . .                   | 35     |
| DORYX MPC . . . . .                                                                                  | 10 |                                                                                           |    | epinephrine solution auto-injector<br>0.3 mg/0.3ml injection . . . . .                   | 35     |
| dorzolamide hcl-timolol mal . . . . .                                                                | 35 |                                                                                           |    | EPIPEN 2-PAK . . . . .                                                                   | 35     |
| dorzolamide hcl-timolol mal pf. . . .                                                                | 35 |                                                                                           |    | EPIPEN JR 2-PAK . . . . .                                                                | 35     |
| dotti. . . . .                                                                                       | 28 |                                                                                           |    | epitol. . . . .                                                                          | 11     |
| DOVATO . . . . .                                                                                     | 15 |                                                                                           |    | ERGOCAL . . . . .                                                                        | 25     |
| doxazosin mesylate oral . . . . .                                                                    | 17 |                                                                                           |    | ergocalciferol oral capsule . . . .                                                      | 25, 26 |
| doxepin hcl oral capsule. . . . .                                                                    | 12 |                                                                                           |    | ERIVEDGE . . . . .                                                                       | 14     |
| doxepin hcl oral concentrate . . . .                                                                 | 12 |                                                                                           |    | ERLEADA. . . . .                                                                         | 14     |
| doxycycline hyclate oral capsule. . .                                                                | 10 |                                                                                           |    | errin. . . . .                                                                           | 28     |
| doxycycline hyclate oral tablet<br>100 mg . . . . .                                                  | 10 |                                                                                           |    | erythromycin ophthalmic . . . . .                                                        | 34     |
| doxycycline hyclate oral tablet<br>150 mg, 50 mg, 75 mg . . . . .                                    | 10 |                                                                                           |    | escitalopram oxalate oral solution. .                                                    | 12     |
| doxycycline hyclate oral tablet<br>20 mg . . . . .                                                   | 10 |                                                                                           |    | escitalopram oxalate oral tablet. . .                                                    | 12     |
| doxycycline hyclate oral tablet<br>delayed release 100 mg, 150 mg,<br>200 mg, 50 mg, 75 mg . . . . . | 10 |                                                                                           |    | ESGIC. . . . .                                                                           | 8      |

## E

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|------------------------------------------------------------|----|
| EC-NAPROSYN ORAL TABLET<br>DELAYED RELEASE 375 MG. . . . . | 9  |
| EC-NAPROSYN ORAL TABLET<br>DELAYED RELEASE 500 MG. . . . . | 9  |
| ec-naproxen . . . . .                                      | 9  |
| ED-SPAZ . . . . .                                          | 26 |
| EDARBI. . . . .                                            | 17 |
| EDARBYCLOR. . . . .                                        | 17 |
| EDLUAR . . . . .                                           | 37 |
| efavirenz-emtricitab-tenofovir. . . .                      | 15 |
| efavirenz-lamivudine-tenofovir . . . .                     | 15 |
| EFFEXOR XR . . . . .                                       | 12 |
| EFUDEX . . . . .                                           | 21 |
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| lisinopril-hydrochlorothiazide . . . . .                 | 17 | LYUMJEV KWIKPEN . . . . .                                                              | 24 | methylphenidate hcl er (cd) . . . . .                                                                        | 19 |
| lithium carbonate er . . . . .                           | 16 | LYUMJEV VIAL . . . . .                                                                 | 24 | methylphenidate hcl er (la) oral<br>capsule extended release 24 hour<br>10 mg, 20 mg, 30 mg, 40 mg . . . . . | 19 |
| lithium carbonate oral . . . . .                         | 16 | lyza . . . . .                                                                         | 29 | methylphenidate hcl er (la) oral<br>capsule extended release 24 hour<br>60 mg . . . . .                      | 19 |
| LITHOBID . . . . .                                       | 16 | <b>M</b>                                                                               |    | methylphenidate hcl er (xr) . . . . .                                                                        | 19 |
| LO LOESTRIN FE . . . . .                                 | 29 | MALARONE . . . . .                                                                     | 14 | methylphenidate hcl er oral tablet<br>extended release 10 mg, 20 mg . . . . .                                | 19 |
| lo-zumandimine . . . . .                                 | 29 | marlissa . . . . .                                                                     | 29 | methylphenidate hcl er oral tablet<br>extended release 18 mg, 27 mg,<br>36 mg, 54 mg, 72 mg . . . . .        | 19 |
| LODINE . . . . .                                         | 9  | matzim la . . . . .                                                                    | 17 | methylphenidate hcl er oral tablet<br>extended release 24 hour . . . . .                                     | 19 |
| LOESTRIN 1/20 (21) . . . . .                             | 29 | MAVENCLAD . . . . .                                                                    | 19 | methylphenidate hcl oral solution . . . . .                                                                  | 19 |
| LOESTRIN 1.5/30 (21) . . . . .                           | 29 | MAVYRET . . . . .                                                                      | 15 | methylphenidate hcl oral tablet . . . . .                                                                    | 19 |
| LOESTRIN FE 1/20 . . . . .                               | 29 | MAXALT . . . . .                                                                       | 13 | methylphenidate hcl oral tablet<br>chewable . . . . .                                                        | 19 |
| LOESTRIN FE 1.5/30 . . . . .                             | 29 | MAXALT-MLT . . . . .                                                                   | 13 | methylprednisolone oral . . . . .                                                                            | 31 |
| lojaimiess . . . . .                                     | 29 | MAXITROL . . . . .                                                                     | 34 | metoclopramide hcl oral solution . . . . .                                                                   | 13 |
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| LOPRESSOR . . . . .                                      | 17 | MEDROL ORAL TABLET 16 MG,<br>4 MG, 8 MG . . . . .                                      | 31 | metoprolol succinate er oral tablet<br>extended release 24 hour 25 mg . . . . .                              | 17 |
| LOPROX EXTERNAL SHAMPOO . . . . .                        | 13 | MEDROL ORAL TABLET 2 MG . . . . .                                                      | 31 | metoprolol tartrate oral tablet<br>100 mg, 25 mg, 50 mg . . . . .                                            | 17 |
| lorazepam intensol . . . . .                             | 16 | MEDROL ORAL TABLET 32 MG . . . . .                                                     | 31 | metoprolol tartrate oral tablet<br>37.5 mg, 75 mg . . . . .                                                  | 17 |
| lorazepam oral concentrate<br>2 mg/ml . . . . .          | 16 | MEDROL ORAL TABLET THERAPY<br>PACK . . . . .                                           | 31 | METROCREAM . . . . .                                                                                         | 22 |
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| LORTAB . . . . .                                         | 8  | medroxyprogesterone acetate<br>intramuscular suspension prefilled<br>syringe . . . . . | 29 | METROLOTION . . . . .                                                                                        | 22 |
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| losartan potassium-hctz . . . . .                        | 17 | meloxicam oral tablet . . . . .                                                        | 9  | metronidazole external gel 1 % . . . . .                                                                     | 22 |
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| LOTEMAX OPHTHALMIC<br>SUSPENSION . . . . .               | 34 | merzee . . . . .                                                                       | 29 | metronidazole vaginal . . . . .                                                                              | 10 |
| LOTEMAX SM . . . . .                                     | 34 | mesalamine er oral capsule<br>0.375 gm . . . . .                                       | 33 | mibelas 24 fe . . . . .                                                                                      | 29 |
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|                                                                                                             |        |                                                                              |    |                                                                                                 |    |
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| microgestin 1.5/30 . . . . .                                                                                | 29     | MOVIPREP . . . . .                                                           | 27 | neomycin-polymyxin-dexameth<br>ophthalmic ointment . . . . .                                    | 34 |
| microgestin 24 fe . . . . .                                                                                 | 29     | MOXEZA . . . . .                                                             | 34 | neomycin-polymyxin-dexameth<br>ophthalmic suspension<br>3.5-10000-0.1 . . . . .                 | 34 |
| microgestin fe 1/20 . . . . .                                                                               | 29     | moxifloxacin hcl (2x day). . . . .                                           | 34 | neomycin-polymyxin-hc otic. . . . .                                                             | 35 |
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| MINIPRESS . . . . .                                                                                         | 17     | multi-vitamin/fluoride . . . . .                                             | 26 | NEURONTIN . . . . .                                                                             | 11 |
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| MINIVELLE . . . . .                                                                                         | 28, 30 | multivitamin/fluoride oral tablet<br>chewable 0.25 mg, 0.5 mg, 1 mg. . . . . | 26 | NEXLETOL . . . . .                                                                              | 18 |
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| minocycline hcl er oral tablet<br>extended release 24 hour 105 mg,<br>115 mg, 55 mg, 65 mg, 80 mg . . . . . | 10     | mupirocin external . . . . .                                                 | 11 | niacin (antihyperlipidemic) . . . . .                                                           | 18 |
| minocycline hcl er oral tablet<br>extended release 24 hour 135 mg,<br>45 mg, 90 mg. . . . .                 | 10     | mycophenolate mofetil oral . . . . .                                         | 32 | niacin er (antihyperlipidemic) . . . . .                                                        | 18 |
| minocycline hcl oral capsule . . . . .                                                                      | 10     | mycophenolate sodium . . . . .                                               | 32 | niacor . . . . .                                                                                | 18 |
| minocycline hcl oral tablet . . . . .                                                                       | 10     | MYDAYIS . . . . .                                                            | 19 | NIASPAN . . . . .                                                                               | 18 |
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|                                                                                                             |        |                                                                              |    | norgestimate-ethinyl estradiol<br>triphasic oral tablet 0.18/0.215/<br>0.25 mg-25 mcg . . . . . | 30 |

## N



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| NOVOLIN 70/30 RELION .....                                                                  | 24 | olanzapine oral tablet dispersible ..                   | 15 | oseltamivir phosphate oral<br>suspension reconstituted .....        | 15 |
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| NOVOLIN N FLEXPEN .....                                                                     | 24 | olmesartan medoxomil-hctz.....                          | 18 | OSPHENA .....                                                       | 25 |
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| NOVOLOG U-100 VIAL .....                                                                    | 24 | OMNARIS.....                                            | 35 | oxycodone hcl oral capsule .....                                    | 8  |
| NOVOTWIST .....                                                                             | 23 | OMNITROPE .....                                         | 31 | oxycodone hcl oral concentrate<br>100 mg/5ml .....                  | 8  |
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| NUCALA SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR .....                                         | 36 | ONETOUCH DELICA PLUS<br>LANCETS.....                    | 23 | oxycodone hcl oral tablet 5 mg .....                                | 8  |
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## P

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توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស័ព្ទតាមការណែនាំរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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